Interagency Working Agreement (IWA)

March 2013
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1. Introduction

This document presents the Interagency Working agreement (IWA) between a range of statutory and community/voluntary sector agencies that work with children and young people up to 18 years of age. Presently the Agreement is being piloted in the Mulhuddart/Corduff area of Blanchardstown. The agencies involved include those who a) are responsible for directly providing services to children and/or their families, b) have a particular responsibility for safeguarding and promoting the welfare of children.

The intention is that this IWA will serve as a working agreement for future application to other parts of Blanchardstown. It is also envisaged that this agreement can be used/adapted regionally and nationally to support similar inter agency collaborations.

It is intended to pilot the IWA and review within the first year of implementation.

This section sets out the background to this draft working agreement, including the origins, representation and reference to both national context and other agreements already in existence.

1.1 Origins

Blanchardstown has a strong history of effective interagency working. This has helped to build trust, foster understanding, develop a shared purpose to complex issues, leadership and clarify roles/responsibilities. This is aligned to best practice interagency co-operation (e.g. Children Acts Advisory Board Guidelines, 2009).

In recent years, collaborations in Blanchardstown have become more formalised. A number of the collaborations in Blanchardstown have influenced national policy. For example, the Blanchardstown Interagency Protocol Initiative (BIPI) is acknowledged within the National Drugs Rehabilitation Strategy and the formulation of the National Drugs Rehabilitation Implementation Committee (NDRIC) implementation structure.

This more structured approach emerged:

- To ensure that a clear recorded process of working collaboratively was developed, and
- To respond to increasing recognition at national level that children/families often require services and supports from different agencies in order to address complex issues
- To formalise working to prevent the escalation of issues.

In early 2009, a number of agencies working with children at risk and their families in the Blanchardstown area identified the need for a formal Interagency Working Agreement (IWA) which would underpin the implementation of effective interagency working. This was to document and to strengthen collaborative approaches. The experience of working with the family focus groups established in Corduff and Mulhuddart in particular helped to inform the process.

The focus of the agreement is on children and young people aged up to 18 years in the Mulhuddart/Corduff area of Blanchardstown. These communities were chosen because of the high
levels of social exclusion that they experience which has led to a range of prevention and intervention services working with children and young people in these communities.

**Representation**

An interagency working group was established comprising of representatives of key voluntary and statutory agencies.

The following agencies are represented in the working group:

- Fingal Children’s Services Committee
- HSE, 17/18 Wellview Green, Mulhuddart
- HSE, Community Development Department
- Barnardos Springboard, 22 Corduff Park
- Barnardos Child and Family Services, Church Road, Mulhuddart
- Genesis Family Therapy Services, Blackcourt Road, Corduff
- Foroige BYS WEB Project, Buzzardstown House, Mulhuddart
- Foroige- Mulhuddart Community Youth Project, Mulhuddart Community Centre
- Blanchardstown Local Drugs Task Force
- Safer Blanchardstown, Fingal County Council, Blanchardstown Town Centre.

Full contact details for each of the above agencies are presented in Appendix three to this document.

A broader consultation group has also connected with and informed the work at different stages. This included representation from the working group and the following other agencies:

- HSE
- National Education and Welfare Board (NEWB)
- Corduff Community Development Project
- Garda Juvenile Liaison Officers
- Home School Community Liaison
- Aistear Beo
- Corduff Community Childcare Ltd
- Mulhuddart Community Development Project
- Respond Housing Association
- Together Opportunities for Education (TOFE) School Completion Project.

1.2 **National Context**

The agencies involved were very aware of the current thrust nationally to ensure that children and young people are fully supported to address the needs and issues that they face. This involves multi agency working, dovetailing of systems and structures and wrap around services. As part of this, the following national structures and policies influenced the development of this agreement:

1. **HSE Children First** which states that “No one professional has all the skills, knowledge or resources necessary to comprehensively meet all the requirements of an individual case. It is essential,
therefore, that all professionals and organisations involved with a child and his/her parents/carers deliver a co-ordinated response”

“Effective interagency cooperation has a number of benefits, including:

(i) ensuring provision of a comprehensive response to all concerns about children.

This includes the pooling of resources and skills at all stages of intervention, from initial enquiry to assessment and case management, including early identification and prevention.

(ii) avoiding gaps in the service response, especially in cases where information might otherwise remain concealed or unknown

(iii) providing mutual support for professionals on complex cases.”

(Source: Children First National Guidance for the Protection and Welfare of Children: Section 4)

Children’s First guidance clearly states the importance of multi disciplinary, interagency working and sharing of information across all sectors as being central to the protection of children. It also places a strong emphasis on timely early intervention.

2. The Agenda for Children’s Services, specifically the requirement that: “services must be holistic in their orientation and fit together in an integrated fashion”.
(Source: The Agenda for Children’s Services: December 2007. P. 26)

3. The Department for Children and Youth Affairs (formerly the Office of the Minister for Children and Youth Affairs) work relating to the establishment of children’s services committees nationally, which aim to:

a) avoid duplication of effort.

b) support sensible collaboration in service delivery

c) provide an opportunity to assess the gaps sometimes caused by agency or service boundary.

(Source: Foran P. & Hargaden M, Presentation Under 18’s Services Group June 2010)

4. Fingal Children Services Committee

The IWA is currently a sub group of the Fingal Children Services committee with a remit of developing an interagency working agreement that professionals working with children under the
age of 18 years and their families can utilise and work in a more collaborative way in the best interests of children. It seeks to establish a universal way of sharing information within the boundaries of data protection.

5. The **National Children’s Strategy Implementation Group** statement that; “Children, young people and their families will receive the support and services they need to create better futures for children through all local agencies and organisations working together.”

(Source: National Children’s Strategy Implementation Group, 2009).

6. The **National Service Delivery Framework**

The Differential Response Model has informed the development of the new National Service Delivery Framework.

The new National service Delivery Framework seeks to deliver service within a coordinated, multidisciplinary and multiagency framework. This framework will:

- Have an integrated system of children’s services that will establish processes and procedures that have children’s well being as their focus at all levels.
- Provide a framework for information sharing between core agency services and other services.
- Support and encourage referrers to work collaboratively to use their resources in the best interests of children
- Have a clear and consistent referral pathways for children and families which are based on assessed need and with responses appropriate in meeting these needs. The local area pathways (LAP) function is to create a network of community, voluntary and statutory providers so as to improve access for children and families to support services at all levels of need

The NSDF has established 3 referral pathways (LAP) which are as follows:

**Pathway 1: Community Response**

A child welfare concern comes to the attention of a service provider or professional working in the community. It may not meet the threshold of ‘reasonable grounds for concern’8 to warrant a referral being made to the HSE. The community service provider or professional speaks with the family about the possibility of connecting the family to services in their local community. Advice may be sought from voluntary service providers, public health nurses or primary care services in this regard. Where these may not be appropriate to meet the family and the child’s needs, a referral to a more specialist service (eg. Addiction services, Child Psychiatry) through the family’s GP is explored.
Pathway 2: Family Assessment Response

A referral is made to the social work department due to concerns and information coming to the attention of a service provider, professional or member of the public which indicates ‘reasonable grounds for concern’ about a child in accordance with Children First. These concerns will relate to the possible abuse or neglect of a child. Alternatively, a pattern of ongoing welfare concerns may have been observed which are not being resolved. Where the referrer is working with the family, they discuss that a referral will be made by them to the HSE social work department, and that a member of the assessment team will be getting in touch if the referral is accepted. The duty social worker will contact the referrer to let them know the plan following receipt of the referral so that the family can be kept updated. If the referral does not meet the threshold of ‘reasonable grounds for concern’, the duty social worker will contact the referrer and explore referrals to community based services.

Where a referral is accepted and does not relate to a serious child protection concern, an initial family assessment is carried out with the child and their family by a social worker from the HSE or a member of assessment team from Barnardos or Daughters of Charity who are contracted by the HSE to undertake these specific assessments. This assessment does not focus on confirming a reported incident(s) but rather on an assessment of the family’s needs. At the end of the assessment the family will have the option of accepting any services offered unless in the view of the assessing worker, not to do so would place the child at risk.

A key focus of assessments undertaken with families will be the identification of support needed and where necessary, connecting families to services in the community. The process is voluntary, however if a family do not wish to participate in a family assessment, the case will be returned to the HSE, Where a Social Worker will carry out an Initial Assessment.

Pathway 3: Child Protection Response

A referral is made to the HSE social work department which indicates the possibility that a child may have been abused or neglected and that the nature of this abuse is serious. A family may also have indicated that they do not wish to accept a family assessment response (path 2). The types of referrals which will require a child protection response by the HSE include the following:

- Notification of child abuse from An Garda Siochana indicating that a crime against a child has been committed and a criminal investigation has commenced;
- All cases of child sexual abuse, non-accidental injury, serious physical abuse (pattern of ongoing abuse/ evidence of bruising) and chronic neglect;
- Repeated referrals and history of child protection involvement with the HSE;
- Family are uncooperative and have made minimal to no improvement in the care they are providing to their child(ren);
- Any other referral which in the professional opinion of the Social Work Team Leader requires an investigative response.

It is estimated that an investigative response would be appropriate in 10-20% of all referrals received by the HSE each year. All other accepted referrals will receive a family assessment response (path 2).

The model below illustrates the proposed National Service Delivery Framework for sharing information and agencies working collaboratively together in the best interests of child welfare and protection.

**Figure 1.1 National Service Delivery Framework Model**

It is envisioned that the IWA could provide community responses for families seeking support services at pathway 1 and link families with support services following assessments at pathways 2 & 3.

The Mulhuddart/Corduff Interagency Working Group worked to develop and construct a working agreement which would fit with all these policies, legislation and frameworks and which would provide an effective structure for the sharing, recording and storing of information between agencies working in these two defined local areas.
2. Basis of the Agreement

This section presents the basis of the draft agreement including:

- Application
- Purpose
- Principles
- Shared values
- Criteria for participation
- Overview of the model.

2.1 Application

The agreement outlines the process of collaborative work between agencies who are responsible for directly providing services to children and/or their families, and/or have a particular responsibility for safeguarding and promoting the welfare of children when:

- Children or young people are engaged with a service, but may need additional supports
- Children or young people are not engaged with any service and request support.

2.2 Purpose

The purpose of the agreement is to:

- Provide coordinated support when a number of services are required to work with a family/young person
- Ensure that all children and young people who require services have access to them
- Ensure that there is effective collaboration between services providing the range of appropriate services to children and young people and their families
- Ensure that collaboration is based on professional working through codes of ethics and high standards
- Avoid duplication of service provision
- Improve outcomes for children and young people through timely identification, assessment, interventions and referrals
- Promote a consistent approach to collaborative work with children and young people.

This working agreement aims to support our role in early intervention and prevention.
2.3 Principles

The agreed principles for the work of the IWA are:

1. **Utilising Child-Centred Approaches**

   We subscribe to the principle that the child or young person operates at the centre of a system which includes the family and community to which they belong. This is illustrated in *Figure 2.1* below:

![Figure 2.1](attachment:image.png)

This approach is based on Bronfenbrenner’s socio ecological model of children’s lives, which takes account of the complexity of children’s lives, in other words the relevance of the family and community systems within which they live.

This model requires that work with children and young people is carried out with reference to both family and community systems which impact on the outcomes for children and young people. In addition, families should be informed about options and encouraged and supported to identify and achieve their own goals. Services should adapt to meet family needs rather than vice versa. The family will be respected including the importance of confidentiality, sharing of information will only be done on a need-to-know basis as outlined in this document.

2. **Operate from a holistic approach**

   No one service can meet all the needs of children and young and collaborative interagency working is in the interest of children and families. There is a shared responsibility across a range of services and sectors to ensure that expertise, services and supports are made available to children and families when they need them. In addition, a holistic view of the families needs should be undertaken looking at the wide variety of needs they may have.

3. **Building on Strengths**
Often we focus on problems for families and work to develop solutions. However, this approach fails to identify and strengths and successes of a family which may often be the foundations for more longer lasting change. A positive approach also makes it easier for families to engage and stay committed.

4. **Adopt an Integrated Approach**
Supports for the family will be developed through the coordination of planning, decision making and resources with the multiple agencies and disciplines involved. Good communication will occur with the multiple agencies professionals and families involved. Individual skills, knowledge and expertise should be shared to provide the best possible outcomes for children/families. This also provides opportunities for growth and understanding for all involved.

5. **Participation**
Agencies need to participate fully in the process. At the start, this may require a significant amount of time. However, as time goes on it is likely to save time for agencies and improve outcomes for families.

6. **Work to promote accessible services**
Support will be given to families to ensure access to timely and appropriate services.

7. **Diversity is recognized**
Families have diverse background, needs and abilities. These should be respected and considered reviewing potential supports.

8. **Shared Responsibility and Mutual Respect**
Agencies will work together to find solutions for a family. Each agency respects the work undertaken by other agencies. In addition, the role of the family is respected in the process

9. **Accountability is promoted**
Efficient, effective and equitable use of resources to achieve positive outcomes is promoted. The IWA should be accountable to the families that use it. Families should be informed to the greatest extent possible of any activities that might affect them and activities should be recorded. The review of outcomes will allow us to enhance our practice and understand what approaches work best.

10. **Preventative Approaches**
Early intervention aimed at preventing crises is promoted

2.4 **Shared Values**
The agreement is based on the shared value that our work with children and families is child centered. We agree that this involves:

- Establishing a voluntary relationship with children and families, in as far as is possible
• Building positive relationships
• Involving children and families in decision making (child/family led)
• Respecting the rights of families
• Supporting the child/family to influence the service that is delivered, in as far as possible
• Advocating for children and families, highlighting inadequacies and gaps in services.

Our collaborative work together is carried out in the spirit of mutual support and respect. We agree that this involves:

• Basing our work on evidence, taking action when it is required
• Working together in the best interests of the family/children
• Trusting each other to work in the best interests of the child
• Supporting each other as colleagues
• Sharing information, fears and concerns, facilitating ‘joined up’ information gathering with consent
• Being open to challenge and addressing conflict as it emerges.

We recognise that this represents a flexible approach to working which embeds our work within the community.

Professional integrity and discretion underpins all sharing of information with consent.

2.5 Criteria for Participation

All agencies wishing to participate in the IWA must meet the following criteria:

• Subscribe to HSE Children First Guidelines
• Operate an internal child protection policy and procedures
• Ensure that all relevant staff have completed child protection training
• Appoint a Designated Child Protection Officer (DCPO)
• Complete the IWA Consent Process that facilitates the IWA model
• Agree to the information sharing guidance within the IWA that comply with statutory Data Protection requirements
• Garda Vetting policy in place
• Ensure appropriate senior officer or board of management for each agency sign off on the Memorandum of Understanding (appendix 2), agreeing to the above criteria for participation.

1 Guidance on vetting employees can be found at http://www.dataprotection.ie/docs/Guidance_Note_on_data_protection_considerations_when_vetting/1095.htm
3. Overview of the IWA Process

3.1 What kind of support can be provided?
The IWA can support people

1. Whom are having trouble accessing services they require
2. Whom are unsure about the most appropriate services for their needs
3. If an agency is working with child/young person whom requires a multi-agency response then support can be provided in coordinating this process

A referral is appropriate if support can be provided through one of the three ways outlined above.

3.2 Whom can access this support?
Children and young people aged from 0-18 years and their family members. Currently the IWA is only open to residents in the Corduff and Mulhuddart areas during the pilot phase. Referrals would also be accepted for children/families attending services within Corduff/Mulhuddart but not necessarily living in this catchment area.

3.3 What type of concerns can be sent to the IWA?
The type of appropriate concerns to refer to the IWA are as follows:

- Suicide/self harm
- Mental health
- Non school attendance
- Behaviour issues
- Emotional difficulties
- Bullying
- Educational difficulties
- Developmental delay
- Separation and loss
- Substance misuse
- Social isolation
- Relationship difficulties
- Family difficulties
- Sexuality
- Anxiety and stress

Please Note:
The IWA is aware that concerns about children and young people can come to the attention of agencies in a number of ways. These include observation in the community, concerns raised by family/friends/neighbours. The IWA would like to see a process whereby specific indicators of need can be shared (without consent) to ensure that a young person/family are identified as needing support and therefore don’t fall through the gaps. There is not a sufficient legal basis for such processing at this time but that the IWA is reviewing the early warning IT system being developed by the LANS project in Limerick which proposes to allow the HSE to receive certain information from the NEWB and the Gardai to see if a similar system would be feasible for Dublin.
3.4 Overview of the Model
There are 7 sequential steps in the IWA process as follows:

1. A concern is identified
2. A Referral is made. There are two separate pathways depending on whether a referral is:
   a. A Self Referral
   b. A Primary Contact Agency Referral with consent.
      (See model below for these pathways)
3. The IWA Panel review the referral
4. Initial Interagency Consent achieved allowing information to be shared with Lead Agency
5. Coordinated Response: Comprehensive Assessment completed by Lead Agency and Case Coordination meeting held to develop Support Plan
6. Review of Progress on Support Plan
7. Case Closure

Figure 3.1 below illustrates these steps of the model.
Figure 3.1  Diagram of Stages 1-7 of the IWA Process

A concern is identified

Through family/young person

Self referral is made through an IWA Referral Form

Consent Form (form 3) completed with the family with support from the IWA to allow information sharing with a Lead Agency

IWA Panel reviews referrals

IWA Coordinated Response: Comprehensive assessment completed by Lead Agency and Case Coordination Meeting held to develop Support Plan

Review of Progress of Support Plan completed

Case Closure

Through agency (Primary Contact)

IWA Referral Form completed by agency with family/young person

Consent Form (form 3) completed by the Primary Contact to allow information sharing with a Lead Agency
### 3.5 Roles in the IWA

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<tr>
<th>Role</th>
<th>Responsibilities</th>
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<tbody>
<tr>
<td><strong>Primary Contact</strong></td>
<td>a. Provides awareness of IWA process and thus point of entry to IWA</td>
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<td></td>
<td>b. Completes the Referral Form and sends it to the IWA Coordinator</td>
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<tr>
<td><strong>Lead Agency</strong></td>
<td>a. Appoints the Lead Practitioner from within agency</td>
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<td></td>
<td>b. Ensure that information held about a child/family is meeting Data Protection Guidelines</td>
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<td><strong>Lead Practitioner</strong></td>
<td>a. Be central contact point between child/family and other agencies involved and IWA Coordinator</td>
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<td></td>
<td>b. Prepare Family/Young person for Case Coordination Process</td>
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<td>c. Complete Assessment</td>
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<td></td>
<td>d. Organise Case Coordination Meeting (may require liaison with IWA Coordinator)</td>
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<td></td>
<td>e. Chair Case Coordination Meetings and prepare agenda</td>
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<td></td>
<td>f. Complete Support Plan with Other Agencies</td>
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<td>g. Circulate Support Plan and Form 3 including any updates to other agencies</td>
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<td></td>
<td>h. Ensure consent forms are completed and up to date</td>
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<td><strong>Young person/Family</strong></td>
<td>a. Express their needs and supports required</td>
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<td></td>
<td>b. Participate in Case Coordination Meetings</td>
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<td></td>
<td>c. Attend services provided</td>
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<tr>
<td><strong>Named Agencies on Support Plan</strong></td>
<td>a. Follow up on outlined agencies for their agency as named on Support Plan</td>
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<td></td>
<td>b. Nominate representative to attend Case Coordination Meetings</td>
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<tr>
<td><strong>IWA Coordinator</strong></td>
<td>a. Centrally receiving and documenting referrals for review by IWA Panel</td>
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<td></td>
<td>b. Liaise with family to gather intitial Form 3 consent</td>
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<td></td>
<td>c. Liaise with services to check whom is capable to take on Lead Agency role</td>
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<td></td>
<td>d. Support Lead Practitioners in organising Case Coordination Meetings</td>
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<td></td>
<td>e. Provide support to ensure appropriate follow on referrals and effective Case Coordination Meetings are occuring</td>
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<td>f. Support lead practitioners to ensure the level of service involvement corresponds at all stages to the needs of children and families (more when need is high or less if need decreases)</td>
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<td><strong>IWA Panel</strong></td>
<td>a. To review referrals received</td>
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<td>b. To advise on the most appropriate course of action</td>
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<td>c. To make recommendations on the appointment of the Lead Agency</td>
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<td></td>
<td>d. To suggest resolutions for gaps and blocks encountered or refer to the Childrens Services Committee/HSE where no appropriate resolution can be found</td>
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3.6 Outline of the Processes Involved

1. The Referral Process
2. The Consent Process
3. The Assessment Process
4. The IWA Panel
5. Development and Review of the Support Plan
6. Case Closure and Evaluation
7. Information Sharing Guidance
8. Gaps and Blocks Process

The next part of this document will look at each of these different processes.
4. The Referral Process

4.1 Making a Referral
Referrals can be made by an agency or a family via a Referral Form (see Form 1: IWA Referral Form).

1) Contact coordinator to request a referral form and/or check suitability of referral to the IWA
2) Complete referral form in full with consent section fully completed and forward to IWA
   coordinator

4.1.1 Self Referrals
A family can complete a referral form independently or with the support of an IWA agency. An
information leaflet has been drafted to support parents with this process (see Appendix xxx?? One).
The IWA Coordinator should be contacted to request a referral form and/or to check suitability for
the IWA process. The family completes the Referral form with Consent form attached and sends it to
the IWA Coordinator (details on referral form). Where an agency is not involved in the referral then
an assessment form is completed at a later stage. The Referral is reviewed by the IWA panel and an
appropriate agency is agreed to complete the assessment.

4.1.2 Agency Referrals
The agency that becomes aware of a concern is known as the primary contact. It is the Primary
Contact that would usually complete the referral form with attached consent form (Form 1).

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<th>Role of the Primary Contact</th>
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<td>• The primary contact refers to the primary agency that a) raises initial concern or b) who</td>
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  provides core supports or services to a child/family. ² |
| • The primary contact will complete the referral form including consent section and the Initial |
  Assessment Form (see Form 2) for the IWA process- through this a full view of the families’ |
  Need’s will be ascertained. Parental consent is required if this process is being completed with |
  a young person. |
| • If a child protection concern arises during the referral and assessment process, it is the |
  responsibility of the DCPO in the Primary Contact’s Agency to report the concern to HSE (this |
  does not require consent). |

² The primary contact for a child/family may change depending on which agency provides most significant
support for a child/family at any given time. Therefore, after the initial interagency discussions, it may be
decided that a more appropriate organisation take on the primary contact role.
5. The Consent Process

5.1 What is consent?

It is extremely important that families and young people are aware of what they are consenting to. Consent refers to an individual’s agreement or approval of a certain specified action or actions, e.g. support, storing personal information, sharing personal information etc.

Consent can only be given by a person who

a) has the legal age to give their consent;

b) when the person has been provided with all the necessary information; and

c) when the person has the decisional capacity.

It is important to note that consent is a fluid and ongoing process and it can be withdrawn at any stage.

5.2 Stages of Consent

<table>
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<th>Table 5.1 Stages of Consent</th>
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<tr>
<td><strong>Type of Consent Required</strong></td>
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<td>Stage 1</td>
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<td>Stage 4</td>
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<td>Stage 5</td>
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³ It has generally been agreed that information relating to the development and progression/review of a care plan and the attendance and engagement at services/appointments is relevant information to share.
5.3 Withdrawal of Consent
The parent/guardian can withdraw their consent to share information at any stage. This should be noted via the Form 4: Withdrawal of Consent Form.

It is important that the Lead Practitioner tries to ascertain why the family wants to disengage from collaborative working. If possible, concerns or issues that have lead to the request of disengagement should be addressed by the organisations concerned. However, the family has the final say and if they want to disengage, then the Withdrawal of Consent Form (see FORM 4) should be signed and returned to the Lead Practitioner and a copy to the IWA Coordinator.

5.4 Review of Consent
All consent forms should be reviewed at least every 6 months by the lead agency. In addition, if new agencies are invited to participate in an Interagency Care Plan then a new Form 3: Interagency Consent for Release of Information Form should be completed.
6. The Assessment Process

6.1 Definition of an Assessment
An assessment is a process of gathering key information about a family that enables an understanding of the readiness for change, current issues and strengths present. An assessment is an ongoing process which should be repeated over time to capture the changing nature of a family’s status. The assessment is a key step in developing a Support Plan for a child/family.

6.2 Framework for the Assessment of Children in Need and their Families
It has been suggested nationally⁴ that the Framework for Assessment of Children in Need and their Families assessment model be adopted. There are 3 sections as follows Childs Developmental Needs, Parenting Capacity and Family and Environmental Factors. The full framework is illustrated in Figure 6.1 below.

Figure 6.1 Framework for the Assessment of Children in Need and their Families

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⁴ The IWA strives to follow best practice. Currently the Framework for the Assessment of Children in Need and their Families has been suggested as a national model. However, if this changes at a national level then it is proposed that the IWA would continue to follow the National best practice.
6.3 Stages of Assessment
The IWA process has 2 stages of Assessment:

1) The Referral Form and Initial Assessment
   The purpose of the initial assessment is to provide the IWA Panel with sufficient information to determine what service(s) are required to meet the child/family’s needs. In addition, it should provide a short history for the purpose of identifying immediate needs and risk factors and level of urgency.
   
   **FORM 1 – IWA Referral Form** contains a short section on the three main areas from the Signs of Safety and brief screening questions regarding current contact with child protection and supports required to enable participation. It should be completed by the Primary Contact with the family or by the family themselves.

2) The Comprehensive Assessment
   The purpose of the comprehensive assessment is to identify the family’s needs and develop a framework that will be required for the Support Plan. It will also identify services that will and should be involved in a Support Plan/Case Coordination Meeting and where specific assessments are required by professional such as mental health etc. Finally any immediate risk factors should be identified.
   
   **FORM 5 - IWA Comprehensive Assessment** discusses each of the areas of the Signs of Safety in detail and also contains a section on risk assessment looking at risks at the child, parent and family level. The comprehensive assessment should be completed by the Lead Practitioner with the family.
7. The IWA Panel

The IWA Review Panel is primarily concerned with the identification of potential appropriate services for IWA referrals. This is achieved through a thorough discussion about the needs identified in the IWA referral form.

7.1 Areas of Focus for the Group:
- To review referrals received by the IWA.
- To advise on the most appropriate course of action for each child/family based on their expertise
- To discuss and make recommendations on the appointment of the Lead Agency
- To review and advise on any Gaps and Blocks Forms received

7.2 Membership of the IWA Review Panel

<table>
<thead>
<tr>
<th>Agency</th>
<th>Agency Representative</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Name HSCL</td>
<td>???? HSCL Teacher</td>
<td>Education</td>
</tr>
<tr>
<td>School Completion Programme, Dublin 15</td>
<td>Margaret O’Hara SCP Coordinator</td>
<td>Education</td>
</tr>
<tr>
<td>HSE Child Protection Social work department Dublin 15</td>
<td>Tara O’Connor Team leader**</td>
<td>HSE Child Protection/Statutory</td>
</tr>
<tr>
<td>HSE Primary care Team Dublin 15</td>
<td>Barbara McDonagh Team Leader</td>
<td>HSE Primary Care/Statutory</td>
</tr>
<tr>
<td>HSE Family Support Service Dublin 15</td>
<td>Evelyn Murphy FSW Coordinator</td>
<td>HSE Family support work</td>
</tr>
<tr>
<td>Barnardos Child and Family services Mulhuddart Dublin 15</td>
<td>Holly Gillen Project Leader**</td>
<td>Voluntary</td>
</tr>
<tr>
<td>Blanchardstown Gardai</td>
<td>Mick Molloy JLO</td>
<td>Gardai/Statutory</td>
</tr>
<tr>
<td>Forioige Youth Service</td>
<td>Niamh Quinn</td>
<td>Community</td>
</tr>
<tr>
<td>HSE Community development</td>
<td>Teresa Nyland Acting Team leader/ John Peelo</td>
<td>HSE Community development/Statutory</td>
</tr>
<tr>
<td>IWA Case Coordinator</td>
<td>Louise McCulloch IWA Coordinator</td>
<td>Community</td>
</tr>
</tbody>
</table>

** Both these members are also on the DRM Team and as such can provide a link into the DRM, National Service Delivery Framework
7.3 Role of the Chairperson
The role of the Chairperson is to chair IWA Review Panel meetings and to have the capacity to act as spokesperson as required.

The role of the Chairperson will rotate among the partner agencies on a yearly basis.

7.4 Frequency of Meetings
The IWA Review Panel will meet monthly to ensure referrals are reviewed in a timely fashion. It is expected that meetings will last a maximum of 2 hours.

7.5 Content of Meetings
There is a standing agenda for the IWA Panel Review Meetings as follows:

- Present/Apologies
- Review of decisions on cases from previous meeting and updates
- New referrals
- Gaps and Blocks Forms
- AOB

7.6 Review of Referrals
Referrals will be reviewed in line with the Panel Review Form (FORM 6). This will allow a consistent approach to be applied with each case.

Information on cases will not be distributed by email prior to the meeting as per Data Protection Guidelines and information presented to the group will be done with the consent of the individuals and as anonymous as possible and on a need to know basis.

7.7 Meeting Statistics
A brief written report will be collated from each meeting by the IWA Coordinator:

- Statistics on referrals such as no. of referrals received including types of issues being referred and status.
- Demographic details on referrals i.e. age of children, gender, area (Mulhuddart/Corduff)
- Breakdown of type of Gaps and Blocks being experienced

No identifying information about the children/families concerned will be contained in this report.

8.1 Coordinated Responses
If it is determined by the primary contact that a child/family requires support and services from a number of agencies, a meeting of relevant agencies to discuss the case is called. This requires the consent of the family via Form 3 and where possible, the family are involved in this meeting. Agencies not involved in the IWA may be involved but should be outlined on Form 3.

The specific needs of the child/family are then considered and relevant agencies are identified to undertake focused work and outlined on Form 7 - Section B: Support Plan. The Support Plan will outline the interventions agreed, referrals required and timeframe outlined to review the intervention/issue/action identified. A Support Plan should be developed with realistic goals and address the needs of the child/family. All actions and timescales should be clearly outlined on the plan\(^5\). This is known as targeted interventions. In the event that information or needs are not clear, then another course of action may be agreed, such as to monitor and review.

8.2 Determining the Lead Agency and Lead Practitioner

8.2.1 Determining the Lead Agency
The Lead Agency will be responsible for coordinating the care of the child/family. A lead agency should be identified by the agencies involved with the support of the IWA using the criteria outlined below.

<table>
<thead>
<tr>
<th>Criteria for Determining Lead Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>If more than one service is involved, then the criteria for determining the most appropriate Lead Agency, should include:</td>
</tr>
<tr>
<td>- Intensity and regularity of contact/future contact with family/young person</td>
</tr>
<tr>
<td>- Capacity of service provider</td>
</tr>
<tr>
<td>- Family/Young person preference</td>
</tr>
<tr>
<td>- Recommendations from IWA Panel</td>
</tr>
</tbody>
</table>

*All agreements should be noted on the persons file and Support Plan

8.2.2 Determining the Lead Practitioner
Once a service is established/agreed as the Lead Agency, then the role of Lead Practitioner should be appointed from within the agency. The preference of the child/family should be met where feasible.

\(^5\) Participating agencies will respect and comply with the Information Sharing Guidance throughout this process
## 8.3 The Role of the Lead Practitioner

<table>
<thead>
<tr>
<th>Lead Practitioner Outline and Duties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The Lead Practitioner is generally appointed from within the Lead Agency, but both positions may change over time, by agreement at Case Coordination Meetings. Any changes should be recorded on IWA Form 7- Section D: Lead Practitioner Handover</td>
</tr>
<tr>
<td>2. The Lead Practitioner will complete the Comprehensive Assessment</td>
</tr>
<tr>
<td>3. The Lead Practitioner will ensure that the Form 3 is completed and up to date and circulated to other agencies involved including any changes</td>
</tr>
<tr>
<td>4. The Lead Practitioner assigned to the child/family will manage and co-ordinate the implementation of a Support Plan as agreed at a Case Coordination Meeting and be the central contact point between child/family and other agencies involved and IWA Coordinator.</td>
</tr>
<tr>
<td>5. The Lead Practitioner will organise Case Coordination Meetings and invite the agencies involved (may require liaison with IWA Coordinator). Families and agencies can also request a meeting through the Lead Practitioner.</td>
</tr>
<tr>
<td>6. The Lead Practitioner should prepare the family/young person for the Case Coordination Process and outline the purpose and aims of a Case Coordination meeting to all the services involved.</td>
</tr>
<tr>
<td>7. The Lead Practitioner takes responsibility for both chairing Case Coordination Meetings, preparing an agenda and recording Support Plan actions.</td>
</tr>
<tr>
<td>8. The Lead Practitioner should maintain a full case file for the child/family containing assessment, Support Plan and any updates/agency reports</td>
</tr>
<tr>
<td>9. As soon as possible after a meeting, the Lead Practitioner should enter decisions and actions on the Support Plan, and circulate the updated Support Plan to other agencies involved and the family.</td>
</tr>
<tr>
<td>10. The Lead Practitioner is responsible for monitoring and following up on referrals and general goals and responding to issues or blocks as these arise. Any identified gaps and blocks should be sent to the IWA Coordinator via a Gaps and Blocks Form (see FORM xxx)</td>
</tr>
<tr>
<td>11. The Lead Practitioner is responsible for ensuring the Support Plan is reviewed with the child/family at agreed intervals of at least every 6 months and updated as required. All changes will be circulated to the child/family and other agencies involved.</td>
</tr>
</tbody>
</table>

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6 In the event that assignment of this role cannot be agreed then agencies should contact the IWA Coordinator. In addition, the IWA Coordinator should be informed of any changes to these roles.
8.4 Case Coordination Meeting

A Case Coordination Meeting is any meeting which takes place between two or more agencies involving the child/family in relation to the development, progression or review of the Support Plan of a child/family. The general purpose of a Case Coordination Meeting is to support child/family involvement, review progress and ensure clarity in relation to the Support Plan and to foster a coordinated approach among agencies, ensuring sufficient supports and reducing duplication. The specific purpose(s) of a Case Coordination Meeting should be outlined such as:

a. Development of a Support Plan\(^7\)

b. Support Plan Review\(^8\)

c. Change of Lead Practitioner\(^9\)

The Lead Practitioner should organise and chair the meeting, provide a brief overview of what has taken place to date (where relevant) and outline the purpose and aims of the meeting. Agencies involved should confirm their attendance and identify their agency representative prior to the meeting.

Participating agencies and their staff will comply with Data Protection legislation throughout the process (see Information Sharing Guidance).

8.5 Review of the Progress

The Support Plan should be reviewed at least every 6 months via a Case Coordination Meeting to check on progress of actions and the relevance of goals set and will be held with the agencies involved in the Support Plan of the family. The IWA Form 7- Section C: Case Coordination Review Meeting should be completed. The IWA Coordinator, agencies involved and child/family should receive a copy of the Form 7: Section C from the meeting.

The IWA Coordinator may enquire as to progress with a Support Plan prior to a Case Coordination to review a plan.

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\(^7\) IWA Form 7- Section A: Cover sheet and Section B: Support Plan should be completed

\(^8\) IWA Form 7- Section C: Case Coordination Review Meeting should be completed

\(^9\) IWA Form 7- Section D: Lead Practitioner Handover should be completed
9. Case Closure and Evaluation

9.1 Defining a Case Closure
The IWA recognizes five circumstances in which a case closure may occur:

- The Family’s Assessed Issues have been resolved conclusively. This may occur when
  - The Support Plan goals are met
  - The Family are able to independently access supports
- A referral to child protection is required and the case is not appropriate for the IWA
- Additional Services are not needed or wanted by the family at this time
- The family disengages from the process\(^{10}\)
- The family moves to another area outside the IWA remit

9.2 Process for Case Closure
When a case closure scenario occurs, the IWA Form 8 Case Closure Form should be completed with the family and a copy sent to the IWA Coordinator.

9.3 Evaluation Process
This section is in development

\(^{10}\) Attempts should be made to try and make contact with the family through a number of different methods.
10. Information Sharing Guidance

All agencies should have appropriate policies and procedures setting out the circumstances where they can legally share information.

All staff participating in the IWA process must be aware of this Information Sharing Guidance, as well as any additional policies and procedures from their own agency or National Guidance such as Children First. Service providers are responsible for ensuring that their staff comply with all Data Protection requirements and in-house policies.

10.1 What information is appropriate to share?

It is important that all services involved agree a definition of what information is considered appropriate and necessary to share based on the role and responsibility of staff attending and engaged in the interagency care planning process and the role and function of their agencies.

It has generally been agreed that information relating to:

a) the development and progression/review of a care plan and
b) the attendance and engagement at services/appointments is relevant information to share.

Information should only be shared on a need to know basis and where relevant with the specific agencies involved in a person’s care and as named on Form 3: Interagency Consent for Release of Information Form. In addition, the family should ideally see the information to be shared prior to it being circulated or be present at Case Coordination Meetings to participate in the discussion.

10.2 How will Information be shared?

All agencies involved in a persons Support Plan should have a copy of:

1) The most up to date Support Plan/Review
2) Progress Update from other agencies involved regarding their specific action on the Support Plan (including attendance and engagement)
3) Completed Form 3: Interagency Consent for Release of Information Form

[11] If the client disengages, then the relevant agency should notify the other agencies involved in the Support Plan as soon as possible.
<table>
<thead>
<tr>
<th>Type of Information</th>
<th>Responsibility to Share and to Whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Plan/Review of Plan</td>
<td><strong>Lead Practitioner</strong> to share after a Case Coordination Meeting or in between meetings if any updates are made to all agencies involved in the Support Plan and IWA Coordinator</td>
</tr>
<tr>
<td>Progress Update</td>
<td><strong>Agencies involved in the Support Plan</strong> should provide regular updates on their specific actions from Support Plan including any noted progression, whether appointments are kept or disengagement occurs. This information should be sent to the Lead Practitioner, IWA Coordinator and other agencies involved in the Support Plan</td>
</tr>
<tr>
<td>Form 3: Interagency Consent for Release of Information Form</td>
<td>The <strong>Lead Practitioner</strong> has responsibility for completing this Form with the Young Person/Family. The Lead Practitioner should circulate this form after completion to the IWA Coordinator and all other agencies involved in the Support Plan. If any additional agencies/people are added then it should be re-circulated to the above.</td>
</tr>
</tbody>
</table>

10.3 Acquiring/reviewing/withdrawing consent

10.3.1 Acquiring Consent to share information

Before any interagency communication takes place, Form 3: Interagency Consent for Release of Information Form should be completed. The agencies/people with whom information can be shared should be outlined and the type of information to be shared should be named i.e. interagency care plan, attendance at appointments etc.

10.3.2 Reviewing Consent to share information

Form 3: Interagency Consent for Release of Information Form should be reviewed with the parent/guardian at regular intervals of not more than six months by the Lead Practitioner. If any additional agencies are invited to join the process, then the consent of the parent/guardian must be obtained beforehand via this form.

9.2.3 Withdrawal of Consent to Share Information

Parents/Guardians can at any time withdraw consent to share information and their participation in the collaborative process. This should be done in writing via Form 4: Withdrawal of Consent Form

10.4 Limits to Confidentiality

It is important to note that confidentiality can never be absolute and absolute confidentiality should never be promised to a child/family. Such limits are necessary in the interest of public and/or individual safety.
Each participating agency must explain, at the beginning of contact with a child/family, that a number of limits to confidentiality apply. Each agency working with a child/family should complete Form 2: Interagency Confidentiality Statement as part of this process.

### Limits to Confidentiality

- If the worker has any indication that a child or young person is at risk of personal harm or injury
- If the worker has any indication that the parent/carer is at risk of personal harm or injury which may impact on the child/young person.
- If there is any indication whatsoever of child abuse
- If the worker and/or the agency’s files are required by law or for child justice reasons (subpoena, court order, ombudsman etc). Only the relevant data specified in the subpoena/court order shall be disclosed.

In the circumstances above information should be shared with the relevant authority i.e. Social Work, An Garda Siochana or the Courts as appropriate.

### 10.5 Sharing Information with Other Agencies/Family Members

Agencies may only disclose the information agreed with the parent/guardian on receipt of the signed Interagency Consent for Release of Information Form (see FORM 3). For communication outside of IWA agencies, the same process should be adhered to i.e. a Form 3 naming the specific agency and information should be signed by the parent/guardian.

Best practice recommends that the parent/guardian should view court or similar reports before they are provided to a consented third party.

In addition, where 3rd party medical information is included (such as family history), if identifying information is included then this should be removed before circulating the information to other agencies as consent may not be obtained from 3rd parties.

### 10.6 Sharing Information within each Agency

Issues discussed between a staff member and child/family may be discussed with other members of the team as appropriate and/or necessary. It is important to note that confidentiality is between the child/family and the organisation rather than between the child/family and any particular member of staff. Following this, case specific information will be shared with the staff team as relevant and necessary.

This provides workers with a forum to discuss in a professional manner, issues that may be difficult and complex for the worker (as well as for the child/family) and allows the team to offer support and guidance to the worker. Children/families indirectly benefit from the combined experiences of the team.

Shared confidentiality also means that the whole team is aware of issues facing the child/family, enabling other workers to offer appropriate interim support if the child/families worker is not available. The child/family benefits from a uniform response from all team members. The Worker should inform children/families of their agencies policy on sharing information when they first engage with the service as outlined on Form 2.
10.7 Dealing with Formal/Informal Enquiries
Services should have a clear policy on dealing with both formal and informal enquiries relating to children/families and this must be understood by staff, volunteers and children/families alike. Information should not be shared with an individual/agency unless they are named on the Form 3: Interagency Consent for Release of Information Form.

10.8 Modes of Sharing Information

10.8.1 Sharing information by telephone
The staff member must establish and be satisfied with the identity of the person requesting the information and check if the individual or their agency is named on Form 3: Interagency Consent for Release of Information Form.

If unsure then the number of the person should be taken, checks made and the call returned. The number can also be checked and this could possibly help to confirm the identity of the person.

10.8.2 Sharing information by Fax
Faxed messages containing sensitive case information should only be sent to specified individuals at confirmed numbers while the recipient waits at the fax machine. All faxes should contain cover sheets stating the person whom the fax is intended for. Receipt of fax should be confirmed by phone.

10.8.3 Sharing Information by Email
Ideally e-mails containing sensitive data should be sent via encrypted email. Where that is not feasible, the data should be contained in an attachment, such as a word document, that can be password protected. The use of a complex password or passphrase would ensure the security of the document. The password itself should be communicated to the recipient via other means than e-mail.

10.8.4 Sharing Information by Post
In relation to the sending of child/family information through the post, if it is sensitive data, then it is recommended that letters are sent by registered post.

10.9 Data Retention
The Data Commissioner suggests that agencies holding information about families/children to comply with the following provisions concerning personal data12:

- the data shall have been obtained for one or more specified, explicit and lawful purpose(s),
- the data shall not be further processed outside the remit of the IWA guidelines below,
- the data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they were collected or are further processed, and
- the data shall not be kept for longer than is necessary.

10.9.1 Secure Storage of Personal Data
As per Data Commissioner guidance the following storage guidelines should be followed:

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12 Further information is available at http://www.dataprotection.ie/viewdoc.asp?DocID=859
**Hardcopy Data:** All notes relating to contact between staff and child/family must be held in a locked filing cabinet in a locked room. This cabinet must only be used for holding children/families files. Only workers who deal directly with children/families and the manager/coordinator of the agency may have keys for the cabinet or access to the files.

**Electronic Data:** Where notes are retained on computer systems, there should be a closed system that is protected by double entry security passwords and only accessible to relevant staff and kept in a locked room.

**10.9.2 Responsibilities for Record Retention**

The IWA recommends that all agencies engaged in the IWA process have a policy on data retention. Individual agencies are responsible for the data collected by them (as each agency would be considered a separate Data Controller under the Data Protection Acts).

In addition, the Lead Practitioner will hold a full case file including updates from each agency involved. The IWA Coordinator should only have a copy of information relating to progress (support plan, review of support plan, updates on actions) for each family/child for the purposes of tracking progress.

**10.9.3 Coding of Cases by the IWA Coordinator**

All referrals received by the IWA Coordinator are allocated a case reference number and both a hard-copy file and an electronic case record is created even if the referral is subsequently found to be inappropriate for whatever reason.

Names will be converted to codes as follows:

- Area
- case number  M = Mulhuddart
- month  11 = November
- year  12 = 2012

**10.9.4 Timeframe for Storage of Records**

The Data Protection legislation does not stipulate what constitutes ‘no longer than is necessary’ in relation to storage of records. Best practice states that records should be stored for at least seven years. Therefore the IWA proposes to store documents for seven years (or longer where required by law). Care will be taken to ensure records are disposed of carefully and securely and where possible all documents will be shredded. The IWA will maintain a file outlining disposal of data and will include the following information: the case number of the family, the name of the person whom authorized the destruction of the file, the date of destruction and an outline of how the file(s) were destructed.

**10.10 Dealing with Accidental, Planned or Deliberate Disclosure of Information**

Wrongful disclosure can occur in at least two ways. It can be by either

a) Act- where confidential information is deliberately passed on to a third party.

b) Omission- where confidential information is disclosed to a third party through negligence.

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13 The IWA notes that the current HSE Policy recommends that all records relating to children and family should be retained forever. This is particularly relevant for any information relating to child protection.
The follow up process must ensure that the service user is informed and steps taken to ensure the incident is not repeated. The service provider must comply with the requirement to notify the office of the Data Commissioner of particular breaches of confidentiality as specified by the Data Commissioner (see Data Security Breach Code of Practice).

10.11 Children/families Access to Files
As separate data controllers, each agency should have a policy in place regarding family access to files.

Children/families and in some cases, their significant other/s have the right to view information/files relative to them (see Freedom of Information Act 1997; Data Protection Act 1988; and individual agencies policy on information management).

All requests should be made in writing. Families should be supported with their application by their Worker, if requested.

Under section 4 of the Data Protection Acts, an individual is entitled, upon making a written request to an organisation, to obtain the following:

a) a copy of the personal data,
b) a description of the purposes for which it is held,
c) a description of those to whom the data may be disclosed and d) the source of the data unless this would be contrary to public interest.

The child/family has a right to receive a copy of his/her personal data under the Data Protection Acts within a period of 40 days from receipt of the request and upon payment of a maximum fee of €6.35.

10.12 Report Writing and Recording of Case Notes
As interagency meetings with a child/family may not happen weekly it is important that progress is recorded so that it can be easily recalled at future meetings. All agencies should strive to achieve the following best practice guidance for report writing and recording of case notes and have a policy in place around this.

In summary:

1) Written records should be clear and brief.
   - All records should be written in a way that the family is able to understand
   - Records should include only essential and relevant details
   - Records should use complete sentences
2) Written records should be timely. Where possible, they should be recorded shortly after the event. Case notes should also be recorded regularly, staff should aim to complete notes at least on a weekly basis.
3) Written records should be accurate and complete. Records should be clear, unambiguous and include the date (day/month/year)
4) Events should be described sequentially

14 Further guidance on access requests can be found on the Data Protection website at the following link: http://www.dataprotection.ie/viewdoc.asp?m=y&fn=/documents/responsibilities/3j.htm
5) Where notes have been made in a written form and used in a meeting (i.e. case meeting) these should include the printed name and signature of the persons completing the records.
6) Any alterations should be made by striking a line through the incorrect information and initialling and dating. The use of correction fluid is not permitted.
7) Records must be objective and factual and describe what is observed/ evidenced. If an incident has not been observed, but is relevant to child/family care, then it must be clearly stated i.e. ‘the child/family reports that…’. If for some reason a more subjective statement needs to be made, the recorder should acknowledge that this is a subjective opinion.
8) Where possible records should use the child/family own words
9) Written records should be readable and written legibly, preferably in black or blue ink.
10) The following common errors in record keeping should be avoided
   - Dates, time and signature omitted
   - Illegible handwriting
   - Ambiguous abbreviations. Abbreviations should not be used unless approved in advance by management
   - Phone calls not recorded
   - Use of correction fluid
   - Completion of records many days after the event
   - Unprofessional terminology, colloquialisms, jargon and clichés
   - Opinions mixed with facts
   - Lack of detail/too much detail.

10.13 Disputes regarding Sharing of Information

Where a dispute arises concerning the sharing of information, services should meet to review what information has been requested and why. The requesting agencies should be able to justify their need for the information and its context in relation to their own role with a child/family. The lead practitioner should verify the request, discuss the issue with the family, and agree a collective response. Any actions arising out of the sharing of the information need to be documented on the Support Plan.
11. Gaps and Blocks Process

11.1 Purpose of Process
The Gaps and Blocks Process can provide support if difficulties arise with the progression of a Support Plan specifically relating to structural blocks/gaps in service provision. Through the process it is hoped that potential resolutions/solutions can be found.

11.2 How it works

11.2.1 An IWA Response
Step 1: The Lead Practitioner should complete Form xxx: Gaps and Blocks Form and send it to the IWA Coordinator

Step 2: The IWA Coordinator will contact the relevant services and see if a resolution can be found

Step 3: If unsatisfactory, then the issue will be brought to the IWA Panel for suggestions

Step 4: The IWA Coordinator will follow up on any suggestions and hopefully a resolution can be found

**The Lead Practitioner will be kept informed of the actions and outcomes at each of the steps above. In turn the Lead Practitioner will keep the family informed.**

11.2.2 A Higher Structure Response
Step 1: If the above process is unsuccessful, then the IWA Coordinator will send the issue to the Fingal Childrens Services Committee via Form 8: Gaps and Blocks Form outlining the actions undertaken to resolve the issue to date.

Step 2: The Fingal Childrens Services Committee will discuss the issue at their next meeting and provide a response on the steps they propose to the IWA Coordinator.

Step 3: The IWA Coordinator should provide the response to the IWA Panel and Lead Practitioner. In turn the Lead Practitioner will inform the family.

A diagram of the process can be seen in Figure 10.1 below.

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15 Unless an alternative structure becomes operational such as the Advisory Groups as mentioned in the Child and Family Services Structure
11.3 Consent

The issue should be named at all times without naming the family or any identifying information such as problems accessing drug or alcohol treatment for mother.

However, if at any stage further information is required that may identify the person then a Form 3: Interagency Consent for Release of Information Form should be completed first.
Add in at later date

11.4  - prioritising referrals

11.5  - troubleshooting for agency/agency difficulties. Agency/family difficulties,

11.6  - comments and complaints process- ysys, trust in care,

11.7  Governance and monitoring process
Section Two: IWA Forms

Form 1: IWA Referral Form
Form 2: Interagency Confidentiality Statement
Form 3: Interagency Consent for Release of Information Form
Form 4: Withdrawal of Consent Form
Form 5: Comprehensive Assessment Form
Form 6: Panel Review Form
Form 7: IWA Support Plan, Review Form and Lead Practitioner Handover
Form 8: Case Closure Form
Form 9: IWA Evaluation Form (in development)
Form 10: Gaps and Blocks Form
IWA Form 1: Referral Form

Family/Child Information

Name of Child/Family
Address
Phone    Mobile    Email

Referral Agencies Information

Name of Child/Family
Name of Referral Agency
Name of Referrer
Referrers role
Phone    Mobile    Email

Has the referrer discussed this referral with the parents/guardian of the child being referred? Please tick the appropriate box:

Yes    No

Signature of referrer/Individual    Date

Please complete the following section for the child/young person in need of support

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Address</th>
<th>Male/Female</th>
<th>Age</th>
<th>D.O.B</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of adult/parent/carer</th>
<th>Relationship to child</th>
<th>Address if different to above</th>
<th>Contact tel No.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Reason for Referral

Please state main reason why support is sought

<table>
<thead>
<tr>
<th>Reason for Referral</th>
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</tbody>
</table>
Is any support required relating to the child/young person’s developmental needs
(Topics you may want to refer to include: health, education, emotional/behavioural development, identity & self care, family & social relationships, social skills)

Is any support required relating to Parenting
(Topics you may want to refer to include: parenting skills, parent/child relationship issues)

Is any support required relating to the Family structure or environment in which they live
(Topics you may want to refer to include: parent/family functioning, housing needs, employment and income needs, family’s integration in the community)

Key Support Priorities for the Family

Does the family currently have an active case with child protection?
Yes ☐ No ☐

Please Outline

Has the child/family currently or historically been involved with any other Agencies?

<table>
<thead>
<tr>
<th>Name of Family Member</th>
<th>Organisation</th>
<th>Nature of contact</th>
<th>Contact Person</th>
<th>Telephone No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

Participation Supports Required
Does the family have any of the following needs

<table>
<thead>
<tr>
<th></th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language support</td>
<td></td>
</tr>
<tr>
<td>Learning difficulty support</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Physical difficulty support</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Mental health support</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>
**Parental & Adult consent: (Parent/legal guardian to sign)**

Please tick boxes below when you have read and understood the statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Ticked</th>
</tr>
</thead>
<tbody>
<tr>
<td>I/we understand the details of the IWA and agree for the information contained in this referral form to be shared at an IWA referral meeting for the purposes of sourcing me/my child with support services.</td>
<td></td>
</tr>
<tr>
<td>I have read and understood the IWA ‘Guide for Parents’ which highlights the limits to confidentiality</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Please return this completed form to:
IWA Coordinator
c/o BLDTF
2nd Floor, Parkside
Main Street
Mulhuddart
Dublin 15
Phone: 018249590
Email: iwareferrals@gmail.com
1. Every client has the right to have information he or she supplies maintained in the strictest confidence. To that end, we do not release information to outside agencies or individuals without the direct consent of each individual client.

2. However, there are some situations where we are required to breach confidentiality without client consent. In general the situations where we are required to act are:
   a. If the worker has any indication that a child or young person is at risk of personal harm or injury
   b. If the worker has any indication that the parent/carer is at risk of personal harm or injury which may impact on the child/young person
   c. If there is any indication whatsoever of child abuse
   d. If the worker and/or the agency’s files are required by law or for child justice reasons (subpoena, court order, ombudsman etc). Only the relevant data specified in the subpoena/court order shall be disclosed.

3. If you give us permission to share information about you (by signing the ‘Interagency Consent for Release of Information Form’), we will only share what is essential to enable you to receive the most appropriate service.

4. We will tell you exactly what information is being shared about you and with which agencies (where feasible).

5. Information will not be passed from one agency to another without your consent.

6. Information may be shared with relevant persons within this agency on a need to know basis to support your care

7. It has been discussed locally that the following information about you may be useful to share: a) the interagency action (care) plan (to other agencies involved) and information relating to identified needs/progress on the plan (although you should be in attendance at meetings to voice their own needs), b) attendance and engagement (whether attendance at scheduled appointments or engagement with other agencies occurs),

8. At any time, you may withdraw your consent, in writing, to the release of information about you.

9. You have the right to access any data held about you including a description of the purposes for which it is held, how it was obtained and to whom it may be disclosed. This must be done by written request and a response received within a period of 40 days from receipt of the request.

<table>
<thead>
<tr>
<th>Parent/Guardian signature:</th>
<th>Date</th>
<th>/</th>
<th>/</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Signature:</td>
<td>Date</td>
<td>/</td>
<td>/</td>
</tr>
<tr>
<td>Agency Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As some of the information that agencies hold can be sensitive, the following consent records the shared understanding that the information which each agency holds is:

- Used fairly and legally
- Only used for the purposes for which it was collected
- Adequate, relevant and not excessive
- Correct and up to date
- Kept on record for as long as is needed
- Processed in accordance with a person’s rights
- Stored safely.

Service User Name: [Insert Service User Name]  
D.O.B.: [Insert Date of Birth]

I (name) give my consent to (name agency): [Insert Agency Name]

and the manager/coordinator of the above agency to release the following information: [Insert Information to be Released]

to the following agency (please tick):

- HSE Primary Care
- JLO
- Genesis
- Barnardos
- Home School Community Liaison

Name: [Insert Name]  
Agency/Relationship: [Insert Relationship]

Please Note:

1. Information passed on to any of the above listed agencies/people must not be passed on to further organisations/people without my expressed consent.
2. I have been made aware of, and understand, my rights under Freedom of Information Act, 1997 and the Data Protection Act, 1988. This includes my right of access to data concerning me.
3. This release of information will remain valid from the date of my signature below and until such time as I choose to withdraw my consent to any or all of the above listed agencies.
4. It may be rescinded at any time upon my request to the manager/coordinator of the agency or to my assigned key worker.
5. You have the right to access any data held about you including a description of the purposes for which it is held and to whom it may be disclosed. This must be done by written request and a response received within a period of 40 days from receipt of the request.

Parent/Guardian signature: [Insert Signature]  
Date: [Insert Date]

Staff Signature: [Insert Signature]  
Date: [Insert Date]

Agency Name: [Insert Agency Name]
IWA Form 4: Withdrawal of Consent Form

This form should be recorded on your file and attached to the original Interagency Consent for Release of Information Form.

I wish to withdraw consent for my information to be shared between: 


and to disengage from collaborative working with these agencies.


Date consent withdrawn: 


Parent/Guardian signature: Date


Staff signature Date


Agency name
## IWA Form 5 Comprehensive Assessment

### SECTION A: Demographic Details

#### 1. Comprehensive Assessment

<table>
<thead>
<tr>
<th>Date Commenced</th>
<th>Date Completed</th>
<th>Case No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### 2. Details of Child Referred

<table>
<thead>
<tr>
<th>Name</th>
<th>M</th>
<th>F</th>
<th>D.o.B</th>
<th>Age (approx)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

#### 3. Details of Family members

<table>
<thead>
<tr>
<th>Name</th>
<th>M</th>
<th>F</th>
<th>D.o.B</th>
<th>Age (approx)</th>
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</thead>
<tbody>
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</table>

### SECTION B: Reason for Assessment

#### 3. Reason for Comprehensive Assessment

*Describe as fully as possible the nature of the problem, support needed or concerns being reported*
## SECTION C: Current/Historical Involvement

Please refer to the agencies listed below as a guide:

<table>
<thead>
<tr>
<th>Genesis</th>
<th>PHN</th>
<th>CAMHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnardos</td>
<td>GP</td>
<td>Aistear Beo</td>
</tr>
<tr>
<td>Youth Service (Foroige)</td>
<td>Area Medical Officer</td>
<td>Psychologist</td>
</tr>
<tr>
<td>Teen Counselling</td>
<td>Hospital</td>
<td>Child Psychiatry</td>
</tr>
<tr>
<td>SASSY</td>
<td>Primary Care</td>
<td>Early Intervention Team</td>
</tr>
<tr>
<td>Strengthening Families</td>
<td>HSE Wellview Family Support</td>
<td>Pieta House</td>
</tr>
<tr>
<td>Young Person Probation</td>
<td>Child Care Worker</td>
<td>HSE Wellview Family Support</td>
</tr>
<tr>
<td>Gardai/JLO</td>
<td>Social Work</td>
<td>School/Preschool (including HSCL)</td>
</tr>
<tr>
<td>NEWB/SCP</td>
<td>Youthreach</td>
<td>Specialist Services</td>
</tr>
<tr>
<td>CWO</td>
<td>Adult Services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Names of agencies currently involved with the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency</td>
</tr>
<tr>
<td>---------------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Names of agencies historically involved with the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency</td>
</tr>
<tr>
<td>---------------</td>
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<tr>
<td></td>
</tr>
<tr>
<td>5. Child Developmental Needs</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>Please give details including strengths and current needs across the following dimensions</td>
</tr>
</tbody>
</table>

(a) Health
child’s physical and mental health and well being

(b) Education.
child’s progress/performance in school, how they engage with curriculum, homework, attitude to education etc...

(c) Emotional and behavioural development.
child’s ability to express feelings, develop significant attachments with family/other’s, adapt to change, deal with stress, resolve conflict, manage their behaviour etc...

(d) Identity
(child’s sense of self, self esteem, identity, sense of belonging with family, peers, wider community etc...)

(e) Family & Social Relationships
(child’s ability to form significant and healthy relationships with family, peers, adults, schools etc...)

(f) Social Presentation
(E.g. social skills, ability to engage with groups, appropriateness of dress for age, gender, culture etc...)

(g) Self care skills
(personal hygiene, ability to wash, dress, toileting etc...)
### SECTION E: Signs of Safety: Parents/Carers Strengths and Needs

#### 6. Parents or Carers ability to respond appropriately to the child’s developmental needs

*Record strengths as well as difficulties/challenges*

<table>
<thead>
<tr>
<th>(a) Basic care</th>
<th>Parents strengths and/or difficulties to meet the basic care needs of their child</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) Ensuring safety</td>
<td>Parents strengths and/or difficulties to keep their child safe</td>
</tr>
<tr>
<td>(c) Emotional warmth</td>
<td>Strengths or challenges/difficulties within the parent/child relationship, attachment, nurture etc</td>
</tr>
<tr>
<td>(d) Stimulation</td>
<td>Level of stimulation the child receives in the home, any identified strengths or difficulties around how parent and child interact/engage, play, spend quality time together, appropriate toys/games in the home etc...</td>
</tr>
<tr>
<td>(e) Guidance and Boundaries</td>
<td>Parents strengths and/or difficulties around guidance and boundaries with their child</td>
</tr>
<tr>
<td>(f) Stability</td>
<td>Level of consistent routine and structure in the home. Any parental strengths/difficulties around maintaining a stable home environment for the child</td>
</tr>
</tbody>
</table>

#### 7. State any issues affecting parents or carers capacities to respond appropriately to the child’s needs.
### SECTION F: Signs of Safety: Family and Environmental Factors

8. Family and environmental factors which may impact on the child and family.  
*Please give details of history and current situation.*

(a) Family history and functioning

(b) Social resources: wider family; community resources; social integration

(c) Housing

(d) Employment, income (please include information concerning financial difficulties)

### SECTION G: Child Family and Lead Practitioner Views

9. Childs View  
Where appropriate, state the child’s response to information contained in this assessment and child’s version of events and/or comments.

10. Parent View  
State the parents/carers views and/or comments on the information contained in this assessment?

11. Risk Statement  
State what the child/family are immediately worried about or what is the primary reason for concern.

11. Lead Practitioner Analysis / Summary Of Comprehensive Assessment *(must always be completed)*
**SECTION H: Child and Family Risk Assessment**

14. Child and Family Risk Assessment - Please tick if any of the following is applicable for the child/family referred:

**Child who is:**
- Pregnant
- A carer
- Homeless (Youth)
- Involved in violence/crime
- Abusing drugs/alcohol
- At risk of neglect or some form of abuse
- Educational problems / out of school
- Separated, seeking asylum
- Extremely distressed, expressing suicidal thoughts or self harming

**Parents: (Children of parents)**
- Abusing drugs or alcohol
- With mental health problems/expressing suicidal thoughts or self harming
- Whose accommodation is unstable or unsuitable including homelessness

**Family / Household: (Children of families)**
- With a known abuser
- With someone involved in crime
- Where domestic violence is a factor
- Experiencing intimidation
- Family members have history of causing serious harm to others

**Other please specify**

If any of the above concerns are an issue for this family please refer them for appropriate support immediately.

**SECTION I: Consent**

16. Date

<table>
<thead>
<tr>
<th>Signature of Lead Practitioner completing assessment</th>
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<table>
<thead>
<tr>
<th>Agency of Lead Practitioner</th>
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<table>
<thead>
<tr>
<th>Signature of parent/Carer:</th>
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</table>
### IWA Form 6 - Panel Review Form

**What agencies are currently involved?**

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<tr>
<th>Agency Name</th>
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**Is there any current contact with or referral to child protection?**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
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</table>

**Are there any child protection concerns present?**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
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</table>

**Is a referral to child protection required?**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
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</table>

**Is this a self referral?**

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
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</table>

**Whom to complete assessment with Suggested Lead Agency:**

<table>
<thead>
<tr>
<th>Agency Name</th>
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</table>

**What additional services are required for the family?**

<table>
<thead>
<tr>
<th>Service Name</th>
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</table>

**Any further recommendations:**

<table>
<thead>
<tr>
<th>Recommendation</th>
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</table>

**Priority**

- High ☐
- Medium ☐
- Low ☐

**Any other comments:**

<table>
<thead>
<tr>
<th>Comment</th>
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</tbody>
</table>
Section A: Cover Sheet

Child/family Details:

Child Name: ____________________________

D.O.B. / / 

Parent/Carer Name: (a) ____________________________ Parent/Carer Name (b) ____________________________

Relationship: ____________________________ Relationship: ____________________________

Address: ____________________________

Telephone: ____________________________

Lead Practitioner: ____________________________

Agency: ____________________________

Date of first contact: / / 

Agreed Review date: / / 

Checklist:

☐ Assessment Complete

☐ Confidentiality Statement Signed

☐ Release of Consent for Information Form Signed
## Section B: IWA Support Plan

### Professionals Present

<table>
<thead>
<tr>
<th>Agency</th>
<th>Representative</th>
<th>Contact Details</th>
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</tbody>
</table>

### Child Developmental Needs

<table>
<thead>
<tr>
<th>Goals (What do you want to see happen in this area?)</th>
<th>Strategies/Actions: (What is it that you are going to do?)</th>
<th>Timing/Responsibility: (Who will do it and when?)</th>
</tr>
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</table>

**Outcome to Date:**

### Parents/Carers Strengths and Needs

<table>
<thead>
<tr>
<th>Goals (What do you want to see happen in this area?)</th>
<th>Strategies/Actions: (What is it that you are going to do?)</th>
<th>Timing/Responsibility: (Who will do it and when?)</th>
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</table>

**Outcome to Date:**

### Family and Environmental Factors

<table>
<thead>
<tr>
<th>Goals (What do you want to see happen in this area?)</th>
<th>Strategies/Actions: (What is it that you are going to do?)</th>
<th>Timing/Responsibility: (Who will do it and when?)</th>
</tr>
</thead>
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</tbody>
</table>

**Outcome to Date:**
## Risk Assessment

<table>
<thead>
<tr>
<th>Goals (What do you want to see happen in this area?)</th>
<th>Strategies/Actions: (What is it that you are going to do?)</th>
<th>Timing/Responsibility: (Who will do it and when?)</th>
</tr>
</thead>
<tbody>
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</table>

### Outcome to Date:

---

I am satisfied with the manner in which this support plan has been developed and with the agreements that have been reached with my involvement and/or on my behalf.

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
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Signed (Parent/Guardian): 

Signed (Lead Practitioner): 

---
### Section C: Case Coordination Review Meeting

#### Child Family Details:
- **Childs Name:**
- **D.O.B.:** / / 

#### Parent/Carer Details:
- **Parent/Carer Name:** (a)
- **Parent/Carer Name:** (b)
- **Relationship:**

#### Professionals Present

<table>
<thead>
<tr>
<th>Agency</th>
<th>Representative</th>
<th>Contact Details</th>
</tr>
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<tbody>
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</tbody>
</table>

#### Location:

Previously Agreed Actions | Update/Outcome
---|---
1 |  
2 |  
3 |  
4 |  
5 |  
6 |  

I am satisfied with the manner in which this review has been conducted and with the agreements that have been reached with my involvement and/or on my behalf.

#### Date:

/ / 

Signed (Parent/Guardian):

Signed (Lead practitioner):
### Section D: Lead Practitioner Handover

<table>
<thead>
<tr>
<th>Previous Lead Practitioner:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Newly Agreed Lead Practitioner:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
<td></td>
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</tbody>
</table>

| Signed (Parent/Guardian):       |                      |                      |
|                                |                      |                      |

| Signed (Lead practitioner):     |                      |                      |
|                                |                      |                      |

| New Lead practitioner:          |                      |                      |
|                                |                      |                      |

| Date:                          | /                    | /                    |
|                                |                      |                      |
IWA Form 8 – Case Closure Form

This form must be completed at the conclusion of the IWA process and a copy sent to the IWA Coordinator

<table>
<thead>
<tr>
<th>Personal Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Family Name(s)</td>
</tr>
<tr>
<td>Case Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lead Agency Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Practitioner</td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Phone</th>
<th>Mobile</th>
<th>Email</th>
</tr>
</thead>
</table>

Please record Progress/Outcomes Achieved:

- 
- 
- 

Please record any unresolved issues/needs:

- 
- 
- 

Reasons for Closure:

- Assessed problem resolved conclusively
- Referral to Child Protection required
- Additional services not wanted or needed at this time
- Family has disengaged from the process
- Family has moved to an area outside the IWA

Date: / / 

Parents/carer’s Signature (Where feasible):

Lead Practitioner Signature:

Lead Agency Name:
IWA Form 10 – Gaps and Blocks Form

This form is for recording where there are structural blocks or gaps in service provision when trying to access support for a family. Please do not identify the child/family. If more detailed information is required then consent to share this information must first be sought via the IWA Form 3. Please ensure that you have discussed potential solutions with other agencies involved before completing this form and referring the matter to the IWA Review Panel via the IWA Coordinator.

Date: 

Lead Practitioner: 

Agency: 

Phone Mobile Email 

Please provide a brief overview of the gaps/blocks experienced and the reason why a local solution is not obtainable at this time


Please list the actions and communications taken thus far to resolve the issue:

<table>
<thead>
<tr>
<th>Action (refer to agencies contacted)</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Can you make any practical solutions on how this may be resolved:


Please ensure that steps have been taken to try and resolve this issue at a local level before submitting this form. If the IWA Panel can see no potential solution or if the issue persists then the issue will be sent to the Childrens Services Committee for discussion

Lead practitioner signature 

Date / /
Section Three: Appendices

Appendix One: Parent Leaflet

Appendix Two: Memorandum of Understanding

Appendix Three: Working Group Contact Details
Appendix Two: Memorandum of Understanding

IWA MEMORANDUM OF UNDERSTANDING

Between (Name of service) and
the Interagency Working Agreement (IWA)

1. Purpose of this document:
This Memorandum of Understanding outlines the intentions of both (name of service) and the IWA for a shared commitment to work collaboratively in the development of supports for children/families in the Blanchardstown Area and to implement the agreed local guidelines to facilitate this process.

2. Commitment to the Criteria for Participation and Principles:
(name of service) agrees to the IWA Criteria for Participation

<table>
<thead>
<tr>
<th>Criteria-Child Protection/Information Governance</th>
<th>Confirmation V</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSE Children’s First Guidelines are adhered to</td>
<td></td>
</tr>
<tr>
<td>An internal child protection policy and procedures are in place</td>
<td></td>
</tr>
<tr>
<td>All relevant staff have completed child protection training</td>
<td></td>
</tr>
<tr>
<td>An Area DCPO is in place</td>
<td></td>
</tr>
<tr>
<td>Garda Vetting policy in place(^{16})</td>
<td></td>
</tr>
<tr>
<td>Agreement to follow the IWA Information Sharing Guidance when working with other agencies under the IWA including consent forms, assessment forms etc</td>
<td></td>
</tr>
</tbody>
</table>

Commitment to the following principles:
(name of services) agrees to the following IWA principles

\(^{16}\) Guidance on vetting employees can be found at http://www.dataprotection.ie/docs/Guidance_Note_on_data_protection_considerations_when_vetting/1095.htm
Client centred approaches will be utilized
A holistic approach will be operated
Family's strengths will be built on
An integrated approach will be adopted
Participation in the process is key

Accessible services will be promoted
Diversity will be recognized
Shared responsibility and mutual respect with other agencies
Accountability is key
Preventative approaches will be promoted

### 3. Period of arrangement

This Memorandum of Understanding will operate unless otherwise agreed between the (name of service) and the IWA, until such time as a written statement from either party advises otherwise.

The arrangement may be renegotiated at any time during the period of arrangement, with the agreement of both parties.

### 4. The parties agree that:

The guidelines that have been developed locally will be implemented within the spirit of this agreement and as outlined in the IWA document.

This is not a legally binding document and its provisions do not create rights, obligations or duties for either party.

The document merely records the mutual intentions of the parties to work together collaboratively for the benefit of the community.

This Memorandum of Understanding was negotiated between:

Name: ____________________________________________________________________________
Position: __________________________________________________________________________
Signature: ___________________________ Date: ______________

and

Name: ____________________________________________________________________________
Position: __________________________________________________________________________
Signature: ___________________________ Date: ______________
### Appendix Three: Working Group Contact Details

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contact</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fingal Children’s Services Committee</td>
<td>Peter Foran</td>
<td><a href="mailto:Peter.foran1@hse.ie">Peter.foran1@hse.ie</a></td>
</tr>
<tr>
<td></td>
<td>01-8951204</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSE, 17/18 Wellview Green, Mulhuddart, Dublin 15</td>
<td>Beryl Walsh</td>
<td><a href="mailto:berylwalsh@hse.ie">berylwalsh@hse.ie</a></td>
</tr>
<tr>
<td></td>
<td>01-8262878</td>
<td></td>
</tr>
<tr>
<td></td>
<td>086 8227391</td>
<td></td>
</tr>
<tr>
<td>Barnardos Springboard, 22 Corduff Park, Dublin 15</td>
<td>Patricia Murphy</td>
<td><a href="mailto:patricia.murphy@barnardos.ie">patricia.murphy@barnardos.ie</a></td>
</tr>
<tr>
<td></td>
<td>01 – 8262434</td>
<td></td>
</tr>
<tr>
<td></td>
<td>086 8121733</td>
<td></td>
</tr>
<tr>
<td>Blanchardstown Local Drugs Task Force</td>
<td>Louise McCulloch</td>
<td><a href="mailto:louise@bldtf.ie">louise@bldtf.ie</a></td>
</tr>
<tr>
<td></td>
<td>01-8249590</td>
<td></td>
</tr>
<tr>
<td>Safer Blanchardstown, Civic Offices, Grove Road, Dublin 15</td>
<td>Philip Jennings</td>
<td><a href="mailto:philip.jennings@fingalcoco.ie">philip.jennings@fingalcoco.ie</a></td>
</tr>
<tr>
<td></td>
<td>0862934827</td>
<td></td>
</tr>
<tr>
<td>WEB Project, Buzzardstown House, Mulhuddart, Dublin 15</td>
<td>Caitrin McGrath</td>
<td><a href="mailto:caitrin.mcgrath@foroige.ie">caitrin.mcgrath@foroige.ie</a></td>
</tr>
<tr>
<td></td>
<td>086 8209891</td>
<td></td>
</tr>
<tr>
<td>Barnardos Child and Family Services, Church Road, Mulhuddart, Dublin 15</td>
<td>Holly Gillen</td>
<td><a href="mailto:holly.gillen@barnardos.ie">holly.gillen@barnardos.ie</a></td>
</tr>
<tr>
<td></td>
<td>01 8204033</td>
<td></td>
</tr>
<tr>
<td>Genesis Family Therapy Services, Blackcourt Road, Corduff, Dublin 15</td>
<td>Nora Martin</td>
<td><a href="mailto:managergenesis@gmail.com">managergenesis@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>01 – 8202764</td>
<td><a href="mailto:nora@genesis.therapy.ie">nora@genesis.therapy.ie</a></td>
</tr>
<tr>
<td>Mulhuddart Community Youth Project, Mulhuddart Community Centre,</td>
<td>Niamh Quinn</td>
<td><a href="mailto:Niamh.Quinn@foroige.ie">Niamh.Quinn@foroige.ie</a></td>
</tr>
<tr>
<td></td>
<td>086 3831321</td>
<td></td>
</tr>
</tbody>
</table>
| Church Road, Dublin 15 | HSE, Community Development, Ballygall Health Centre, Seamus Ennis Rd, Finglas, Dublin 11 | Dr Teresa Nyland  
01 8643022  
087 9183628 | teresa.nyland@hse.ie |