

# Blanchardstown EQUAL Initiative



## MAKING INTER-AGENCY PROTOCOLS WORK

”THE DEVELOPMENT OF COMMON PROTOCOLS BY AGENCIES  
WORKING WITH CURRENT OR FORMER DRUG USERS:  
A MODEL OF GOOD PRACTICE”

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## FOREWORD

The Blanchardstown EQUAL Initiative envisaged the need for piloting an action which would develop formal 'Common Interagency Protocols' so that pathways, or progression routes to employment would become a more enhanced and seamless journey for the service user in terms of realising this desire.

The eight agencies involved in this pilot initiative had this as a core aim, and with the support of the Blanchardstown Local Drugs Task Force, has successfully developed a model of interagency working which has shown itself to achieve significant change in relation to how organisations interact and co-operate with each other. This in turn has had a positive impact in terms of clients being facilitated in realising their goals as a result of enhanced and structured area based service provision for current or former drug users.

This model of good practice will scope step by step the process used in terms of achieving greater interagency co-operation through the development of common protocols. As the title of this document suggests, 'Making Interagency Protocols Work', will be of significant value to both policy makers and service providers in terms of addressing the question of 'How do you go about achieving this as an aim?'

The steering group of this pilot initiative wishes to stress to the reader that 'process' is crucially important when trying to develop positive interagency co-operation via formal protocols. This is clearly evidenced both in the stages mapped out in this document and in the preliminary evaluation carried out by the independent evaluator, Mr Finbar Mc Donnell of Hibernian Consulting. As stated in the concluding remarks of this report 'the success of the Blanchardstown EQUAL Inter-agency Initiative, the learning gained from examination of the process and the applicability of the models used and developed all illustrate the potential for sustainable change that exists at local level in Ireland.'

In conclusion, 'Mainstreaming and the adaptation of the project by other sectors and or in other areas would confirm the universality of the method and show that achieving quality inter-agency working is far more viable than is sometimes feared.'

**Cathal Morgan**

*On behalf of the Blanchardstown EQUAL Interagency Steering Group*

## INTRODUCTION

The Blanchardstown EQUAL Inter-agency Initiative (the Initiative) began with the recognised need to establish a co-ordinated approach to providing quality supports and services to former and current drug users in the Blanchardstown area. The aim was to bring together statutory and voluntary agencies working with current and former drug users in order to establish clear inter-agency protocols and smooth, seamless working relationships, with a view to enhancing opportunities for the target group to progress towards desirable employment outcomes.

The relevance of this aim goes well beyond meeting the needs of current and former drug users in the Blanchardstown area. There is much discussion in Ireland of joined-up thinking, inter-agency working and transparent structures and protocols, although practical examples of how these can be achieved in real time in local areas are scarce. Blanchardstown EQUAL Inter-agency Initiative offers this short report as a demonstration of just how much can be achieved in a very short time and on a small budget, given interest, commitment and focus. The Initiative hopes that its experience will be of benefit and use to others concerned with promoting maximum co-operation between services so that service users of all kinds can access the greatest possible range of opportunities for progression.

## BACKGROUND TO THE INITIATIVE

### EQUAL and Local Partners

EQUAL is a European Union programme, funded through the European Social Fund, which aims to tackle the factors which lead to discrimination and inequality in the labour market. Blanchardstown is the location for one of 21 EQUAL projects in Ireland. Its action plan identifies three themes:

1. Individual Theme: Developing the employability of individuals
2. Service Providers' Theme: Developing inter-agency common protocols for agencies working with current or former drug users
3. Employers' Theme: Equal opportunities in the workplace.

The Blanchardstown EQUAL Inter-agency Initiative related to the second theme. It was led by the Rehabilitation/Integration Service (R/IS) of the Northern Area Health Board (NAHB). The other partners were:

- Blanchardstown Local Employment Services (LES)
- Bond (Blanchardstown Offenders for New Directions)
- Coolmine Therapeutic Community\*
- Hartstown/Huntstown Community Drug Team\*
- Mountview/Blakestown Community Drug Team\*
- Mulhuddart/Corduff Community Drug Team\*
- Tolka River Rehabilitation Project\*.

The core work of R/IS and those agencies marked with an asterisk (\*) involves providing services to former and/or current drug users. This client group also forms a significant part of the work of the other two agencies. The local FAS office and the VEC are in frequent contact with the participating agencies and collaborated with the Initiative.

Transnational links, an integral part of the EQUAL process, were formed through the Special Interest Group dealing with drugs. The partners were Portugal, Germany and the United Kingdom. These links facilitated effective transfer of experience between the partners, through the use of the tailor made confidential IT Network (1st Class System), information sharing sessions and conferences.

The Initiative was supported by the Blanchardstown Local Drugs Task Force and complements its area action plan.

## **Need for Collaboration**

The EQUAL Inter-Agency Initiative commissioned independent research to ascertain the views of both clients and, primarily, frontline staff as a baseline for judging satisfaction with the level of co-operation and information sharing between the participating agencies.

Research questions concerning the sharing of information required respondents to consider the nature and frequency of inter-agency contact and to identify their concerns about this activity. Results pertaining to the nature of inter-agency agreements showed that personal working relationships were frequently determining inter-agency contact and referral, leading to inconsistencies and problems when the known contact was unavailable. The research results also revealed varying understandings between agencies of the kinds of word-of-mouth and written agreements in use before the EQUAL project began. These findings all gave indirect support to an understanding of the need for a unified agreement protocol.

The research identified the need to increase the level of satisfaction of agency personnel with regard to the sharing of information. That the Initiative achieved this is evidenced by agreement to continue using the protocols after the end of the pilot phase in April 2004 (see below). The research also highlighted the need for lead agency working, in order to minimise both duplication and gaps in service.

Clients interviewed during the research process expressed concerns about issues such as the ownership of information, its release on a controlled, need-to-know basis and the need to be informed about what information is shared, in what circumstances and when. These and the other concerns highlighted by the independent research are addressed in the protocols.

## Rationale, Aims and Objectives

The action plan for the Initiative, drawn up in June 2003 by the R/IS, gives the rationale for the programme:

*As drug users move through the different stages of treatment and rehabilitation, there is a perception that there is not currently a smooth delivery of services between agencies. There is also a perceived lack of co-operation and duplication/overlap of services, all of which create blocks to progression towards the labour market. In short, many agencies perceive clients to fall between gaps and are therefore not in a position to access the appropriate service at a given time.*

The Initiative aimed to ameliorate this situation by bringing together the statutory and voluntary agencies working with current and former drug users in order to establish clear inter-agency protocols and smooth, seamless working relationships, all with a view to enhancing opportunities for the target group to progress towards desirable employment outcomes. The practical expression of these aims translated into three explicit objectives:

- Improvement in the quality of working relationships between all the agencies involved
- Development of a “lead agency” approach to case management, through which one agency would assume the lead role in assisting service users and would also co-ordinate the contributions of other participating organisations
- Development of clear and workable protocols, especially with regard to service/client confidentiality

The Initiative was designed to achieve substantial positive change in the way in which agencies working with current and former drug users in the Blanchardstown area interact with each other. How it fulfilled this task, the learning gained through the use of dynamic, innovative, involving processes and the implications for development and replication of the method are the subject of the remainder of this report.

## PROCESS AND METHOD

### Setting up a Process for Success

The process of creating seamless, fluid relationships between eight public and voluntary service providers involves building trust, ownership and knowledge, as well as working on specific tasks. Concentrating only on producing and agreeing documents is insufficient.

Realising that it needed a dynamic, highly participative process if it was to succeed, the Initiative appointed a neutral independent facilitator in mid-2003. All Initiative meetings and events were held in neutral venues, ensuring maximum levels of equality between the participants. This independent brokerage, along with the ownership created by participative working methods, set the tone for honest and open debate and decision-making. At the same time focus on the task of developing written protocols for inter-agency working created the context for participants to work together, to debate key issues, to explore areas of common concern and to build relationships, all from the perspective of increasing collaboration for the benefit of clients.

This interplay between outcome and process was responsible for creating the conditions for the Initiative to succeed. The model which informed the Initiative identifies five steps for inter-agency work:

1. A common understanding and ground rules
2. Information and resources
3. Strategy and work plan
4. Putting plans into action
5. Evaluating the process and outcomes.

As this report shows, the Initiative took all these steps pro-actively and creatively, using innovative methods to build trust and provide the basis of the protocols to be developed and implemented.

## **Creating a Common Understanding and a Way of Working Together**

The Initiative was developed by a Steering Group comprising senior people from all participating agencies. Although most members of the group knew each other, they had not worked together as a unit prior to the establishment of the Initiative.

The Steering Group structure, though apparently simple, was the foundation for the success of the Initiative:

- The quality and background of the members of the Steering Group was critical. They:
  - ❑ were highly committed to the process because the outcomes were of direct relevance to their main client group
  - ❑ had a high level of ownership of the process because they were also responsible in their organisations for the successful delivery of the outcomes
  - ❑ were able, by virtue of their seniority in their organisations, to take decisions in the Steering Group which had a bearing on their core work
  - ❑ had some prior experience of inter-agency working, for example through their connections with Blanchardstown Area Partnership, Blanchardstown Drugs Task Force and RAPID
  - ❑ had expertise relevant to the Initiative and were prepared to share their knowledge for the benefit of the project
  - ❑ were willing to participate despite the considerable demand on their time and that of their staff
- With a fixed membership of organisational decision-makers and clear ground rules agreed at its outset the Steering Group was able to mature as a body and maximise its effectiveness. Attention to process and communication were priorities from the start. This resulted in the creation of a learning environment, creative problem solving, honest evaluation of outcomes, the emergence of internal leadership and effective decision-making
- The inter-agency nature of the group ensured that all viewpoints were aired and that communication and contracting for decision-making were built in from the beginning

- Emphasis on participation and feedback ensured that the Steering Group canvassed and took into account the views of the agencies, particularly those of frontline staff. It also generated an atmosphere which made it possible for participants to discuss problems and share successes
- Flexibility within the group process enabled some tasks to be tackled by individuals and smaller working groups drawn from the membership of the Steering Group
- The lead agency representative within the group was dedicated to the task and had relevant experience and the expertise to manage the process and drive the action
- The independent facilitator's experience of process consultancy, inter-agency group development and change management also strengthened the working of the Initiative

This high level of commitment and ownership cascaded from the Steering Group throughout the staff of the participating agencies.

## Information and resources

The incremental building of trust provided the basis for honest and open sharing of information about practices and procedures in the various partner organisations and about their concerns with regard to inter-agency working. Since the Initiative as a whole was concerned with improving the flow of information and communication in order to maximise client benefit, the method and the content of the project dove-tailed neatly and ultimately became the model for inter-agency working. Clarity, openness, the input of the lead agency and the independent brokerage provided by the facilitator were all key factors in maintaining the optimum achievable level of information flow and getting the best value from the available financial resources.

The resource allocation for the Initiative was €33,000, comprising a grant from EQUAL and matching funding from the NAHB Addiction Services. This sum was used primarily to pay the facilitator, fund research consultancy and hire meeting facilities. The R/IS and the other participating agencies incurred considerable costs in terms of staff time and effort in preparing for and attending meetings, seminars and training sessions, writing and commenting on the protocols and working on Initiative-related issues with clients.

## Strategy and Work Plan

The first facilitated meeting of the Steering Group, held in September 2003, agreed ground rules for the process and achieved clarity about the objectives and desired outcomes of the Initiative. It identified the key drivers of the process and examined potential blocks. The Steering Group drew up a job description for its members and also clarified how each representative would ensure maximum two-way communication between the Initiative and agency staff.

Over time this process resulted in the adoption of a mission statement for the Initiative:

*“To ensure that clients progress to their full potential via self-development, training, education and employment opportunities, we, the participating agencies will:*

- *co-ordinate our services*
- *use common protocols in our work*
- *model our services on agreed best practice*
- *draw on our range of strengths*
- *work with the community*

*We will provide a continuum of service which encourages client self-determination and which promotes equality, inclusion, progression and empowerment.”*

The wording of the mission statement located the development of protocols and the work of the Initiative firmly in the context of participating organisations’ core concerns. This underlined the relevance of the project to the partners and also ensured that the development of protocols did not become an end in itself.

Inspired by the mission statement the Initiative agreed that it aimed to:

- enhance the services currently provided by participating agencies
- increase communication and referrals between participating agencies
- increase inter-agency collaboration and foster an integrated approach
- use a lead agency approach
- monitor and evaluate the Initiative collaboratively

Detailed objectives under all these headings, and their translation into the Initiative’s written protocols, can be found in the protocol pack (see appendix 1 for list of contents).

Starting from this initial meeting the emphasis on clarity and practicality continued throughout the Initiative and contributed handsomely to its success. Other critical factors included:

- the task was very focussed (protocols to foster co-operation between agencies working with a clearly identified client group in a defined geographical area)
- an action plan with a limited timeframe and tight deadlines concentrated attention on a practical task
- in the absence of an appropriate Irish model for this kind of inter-agency working, inspiration was gained from consideration of the Manchester Alcohol Service. In this model four key providers worked together to provide a service for people with alcohol problems

## Putting Plans into Action

The second full-day meeting of the Steering Group, held in October 2003, discussed the process of developing common protocols. It considered work achieved to date by various sub-groups and agreed the way forward. Subsequent meetings progressed the practical work of drawing up the protocols.

This part of the process culminated in the circulation in December 2003 of a draft of the protocols. The draft provided the basis for two “implementation workshops”, held in January 2004, at which frontline workers from all participating agencies were able to debate and comment on work achieved to date. The workshops were supplemented by discussions and in-service training in each of the participating agencies.

Feedback from the workshops assisted in fine-tuning the draft protocols and also pointed up the need for further joint training and development, particularly to ensure that everyone was fully conversant with the work and ethos of all participating agencies. Meetings also took place in each agency. Both within the agencies and in Steering Group meetings case studies were used to map the client journey through available services and to evaluate how clients’ needs could be served better.

The draft protocols were piloted from February to April 2004, inclusive. In the middle of this period each agency presented its work to the others during two “familiarisation workshops”. These by-passed conventional presentation in favour of innovative methods – site visits, hands-on experience, quizzes, games, videos, roleplays – all of which encouraged real engagement with the subject-matter. The general feeling of participants after the workshops was that for the first time they fully understood what their partner organisations really did.

Essentially the development and piloting of the protocols ran in tandem with other participative activities which increased ownership and communication. This multi-layered approach to fostering inter-agency working – co-operating on joint tasks, planning and engaging in lively and dynamic off-site activities, offering opinion and feedback – was central to the construction of fruitful inter-agency working in Blanchardstown.

The workshop format, used extensively during the Initiative, was a key element in its success. The format enabled personnel from the variety of agencies and organisations involved in the Initiative to build interpersonal relationships, to collaborate on joint tasks, to share information and to take responsibility for their own learning. Critically, the method encouraged agency staff and the Steering Committee to explore areas of common concern, agree common protocols and increase their collaboration, all for the ultimate benefit of the service user.

This building of collaborative relationships facilitated the implementation as well as the development of the protocols and has the potential to inform their further development. Essentially the process used during the Initiative has become the model for inter-agency working among the participating agencies.

## Evaluating the Process and Outcomes

The Steering Group reviewed the Initiative at the end of May 2004. EQUAL also commissioned independent external evaluation of the pilot programme. Both of these exercises showed that the piloting of the protocols had resulted in significant increases in inter-agency co-operation between February and April 2004, while simultaneously increasing understanding and information flow between the organisations. During the pilot period the total number of inter-agency activities almost doubled, from 22 to 40, with three-way meetings proving to be a significantly used new tool. Inter-agency and lead agency referrals also increased steadily.

In its review the Steering Group discussed matters arising from the pilot phase. Members expressed a high level of satisfaction with the protocols, suggesting some amendments and improvements. The level of ownership was demonstrated by the suggestions made for embedding the protocols further into the core work of the participating agencies. The group agreed to:

- continue using the protocols and, over time, to extend their use further within participating agencies
- develop a common template in order to continue to collect information on inter-agency contacts and referrals
- increase the level of training provided within participating agencies on inter-agency knowledge and co-operation
- inform agency management of the content of the review, the changes to the protocols that were proposed and the recommendations made for the next phase of the programme

The group reached the understanding that the future of inter-agency work among organisations working with former and current drug users in the Blanchardstown area lay in realising the vision, mission and objectives of the EQUAL Initiative and in ensuring that the inter-agency working developed through EQUAL becomes the norm. Participants offered a broad range of recommendations for future action to ensure that the piloted working arrangements and methods become embedded within the policy and practice of all the participating agencies, and that clients become more fully involved in the process of inter-agency working. The group also made recommendations for developing a single system to replace the dual system currently in operation (while EQUAL clients are currently those who move between agencies, others are outside this loop). These actions all require the allocation of appropriate resources.

Clients who were engaged in the Interagency Initiative were facilitated in early September 2004 in terms of providing feedback on their experience. The group reported overwhelming support for the initiative (please see preliminary evaluation in the appendices).

Further recommendations involved the consideration of ways of bringing other agencies – and other sections of complex statutory agencies – into the EQUAL inter-agency process. The R/IS, although part of the NAHB, is a dedicated service with devolved decision-making capacity, and so was able to engage fully with the Initiative. Other statutory organisations operating in Blanchardstown have wider client bases and more centralised decision-making structures and so, while supportive, had to remain on the periphery. Finding ways to bring these agencies more fully into the Initiative (e.g. such as devolved decision making) would make it easier for clients to progress through the full range of appropriate services in Blanchardstown.

## LEARNING AND RECOMMENDATIONS

The Blanchardstown EQUAL Inter-agency Initiative fulfilled its objectives on time and within budget. More importantly, it created necessary, valued and sustainable change for the benefit of service users.

The model evolved by the Initiative for developing and maintaining inter-agency working is undoubtedly applicable to similar sectors in Blanchardstown and beyond – indeed, to any situation in which a multiplicity of statutory, community and not-for-profit organisations identify a need for increased communication and the sharing of information. This report has already detailed many of the factors responsible for the Initiative's success, including:

- the innovative and participative working methods
- the motivation and drive provided by the lead agency
- the relevance of the project to all partners in the process
- the independent facilitator
- the openness of participating organisations to considering change in the context of improving client outcome
- the value placed by participants on the Initiative's aims and objectives, and on open and honest communication
- the clarity of both task and process, and of an agreed, time-limited action plan, introduced at the outset
- the high level of ownership, participation and commitment
- the high level of consultation with and involvement of frontline staff

Some specific aspects of learning from the Initiative may be of use and benefit to others. The most important of these appear below:

- *Levels of involvement:* allowance should be made for differing levels of involvement by agencies, depending on whether or not the target client group represents their core concern or is only one among several. It was harder for agencies with particular interests but less specific expertise to remain involved on a basis of equality with those with more detailed knowledge and closer relations with the client group
- *Differing starting points:* as the collaboration between agencies increased it became evident that some organisations required support to engage effectively in the process. For example, larger agencies sometimes lacked appropriate cross-functional communication mechanisms, while smaller agencies may require coaching or additional management support. Building potential for supports of this kind into the process would enhance the achievements of inter-agency working
- *Ongoing support:* initiatives of this kind comprise more than their visible outputs. To develop to their full potential over time they benefit substantially from ongoing support and resources
- *Involving staff in the process:* the links into individual agencies provided by their representatives on a central steering group are enhanced by involving frontline staff as a group at key points in the process

- *Cost of involvement:* as discussed earlier, involvement in a programme of this kind gives rise to substantial costs in terms of staff time which inevitably has to be taken from core activities. This should be recognised in project design and delivery
- *Monitoring and evaluation:* these should not be separate from the process but should be built in from the outset

The future of the EQUAL initiative for the existing group requires:

- *Clear leadership for the process:* this involves negotiated agreement within the core group.
- *Deepening the level of collaboration:* this involves ensuring that agencies stay with the project and do not disengage due to other demands on their resources
- *Involving more fully organisations which so far have been on the periphery:* it would be particularly useful to find ways of including the relevant sections of large statutory agencies which, though supportive, were effectively unable to be fully involved in the Initiative to date
- *Addressing gaps identified during the Initiative:* barriers to full co-operation between some of the participating agencies became apparent during the project, for example the lack of written policy in some agencies and the possible drawbacks of overlapping services. The effectiveness of the Initiative would be enhanced by finding ways to resolve these

Essentially, although the Initiative was predicated on the development and introduction of protocols for inter-agency working, the documents were in effect simply a practical manifestation of the wider and less immediately tangible process of building trust and co-operation. The two core elements – trust and practical systems – are symbiotic. One would have been unachievable without the other.

## Further Development, Dissemination and Replication

As noted above, the participating agencies recognise the potential benefits of embedding the protocols and associated work practices more deeply into their structures and cultures. The Initiative is pursuing resources to enable it to do this. It is also seeking to find ways of involving important statutory agencies which until now have had to remain on the periphery of the project.

Such service developments would assist agencies as well as clients. At present the operation of the protocols can appear procedural, involving much deliberation and form-filling. As the systems become more embedded they will tend to be taken for granted and become almost invisible. Inter-agency co-operation will become smoother, more streamlined and less deliberate, being simply a seamless element of custom and practice and “how we do business round here”. The visible outputs will be less important than the creative possibilities enabled by more collaborative working. The net result will be more efficient use of scarce resources such as time and expertise, and better outcomes for clients.

At the same time the Initiative's method and results have the potential for mainstreaming and replication in other areas and other sectors. For example:

- Similar improvements in inter-agency co-operation could be obtained in services for current and former drug users in other areas
- A similar approach could be applied to improving co-operation among services targeted at other marginalised groups
- The reaction of the Blanchardstown EQUAL Inter-agency Initiative's transnational partners in Portugal and the UK suggests that elements of the project are applicable elsewhere in the EU as well as in Ireland. For example the National Drug Rehabilitation Agency in Portugal are using the experience gained in Blanchardstown in developing their own interagency protocols.

## CONCLUSION

The success of the Blanchardstown EQUAL Inter-agency Initiative, the learning gained from examination of the process and the applicability of the models used and developed all illustrate the potential for sustainable change that exists at local level in Ireland. On a small budget, augmented by the enthusiasm and contributions of participating agencies and the motivation supplied by the lead agency, the Initiative was able to deliver tangible and lasting results in a very tight timeframe. The project's success demonstrates the potential for change that can be realised through the injection of targeted resources such as those supplied in this case through the EQUAL programme. Mainstreaming and the adaptation of the project by other sectors and/or in other areas would confirm the universality of the method and show that achieving quality inter-agency working is far more viable than is sometimes feared.

## ACKNOWLEDGEMENTS

The Blanchardstown EQUAL Initiative Development Partnership wishes to acknowledge with sincere thanks the following for their drive and commitment in realising the success of this action.

### **EQUAL Interagency Steering Group**

#### **Chair**

Cathal Morgan, NAHB Rehabilitation Co-ordinator

#### **Steering Group Members**

Niall Mulligan, Co-ordinator, Mountview/Blakestown Community Drugs Team  
 Ingrid Colvin, Team Leader, Blanchardstown Offenders for New Directions  
 Niamh Moynihan, NAHB Rehabilitation/Integration Service Team Manager  
 Marie Mc Kay, Co-ordinator, Mulhuddart/ Corduff Community Drugs Team  
 Clive Burkett, Programme Manager, Coolmine Therapeutic Community  
 Terry Mc Cabe, Blanchardstown EQUAL Co-ordinator  
 Oscar Traynor, Co-ordinator, Hartstown/ Huntstown Community Drugs Team  
 Joseph Doyle, Co-ordinator, Blanchardstown Local Drugs Task Force  
 Gerry Keogh, LESN Co-ordinator, Blanchardstown Local Employment Service  
 Sandra Losty, Manager, Tolka River Rehabilitation Project

#### **Facilitator/ Report Writing**

Rita Burtenshaw of Burtenshaw Kenny Associates

#### **External Evaluator**

Finbar Mc Donell of Hibernian Consulting

#### **Action Researcher**

Dr Cormac Sheehan

#### **Facilitator for Client Focus Group Session**

John T. Lavelle

#### **Project Administration Support**

Margaret Hughes, Blanchardstown EQUAL Initiative Administrator

#### **Match Funding**

The Northern Area Health Board Addiction Service

## APPENDIX I: CONTENTS OF PROTOCOL PACK

The EQUAL Inter-agency Initiative's Protocol Pack contains the rationale, mission and aims of the protocols, alongside the following documents:

- *EQUAL Inter-agency Initiative Protocol on Lead Agency Working*
- *EQUAL Inter-agency Initiative Confidentiality Policy*
- *EQUAL Inter-agency Initiative Release of Information Form*
- *EQUAL Inter-agency Initiative Referral Form*
- *EQUAL Inter-agency Initiative Referral Criteria*
- *EQUAL Inter-agency Initiative Guidelines for Multi-Agency Meetings with a Client*
- *EQUAL Inter-agency Initiative Multi-Agency Individual Care Plan*

## APPENDIX II:

### **Preliminary Evaluation\*: Innovative Actions with Organisations Supporting People into Employment**

#### **5.1 Introduction**

As well as working directly with end target groups, the Blanchardstown EQUAL project was interested in supporting greater co-operation between agencies that work with these target groups. One action was identified in this regard – the fostering of increased practical co-operation between the different organisations that work with current or former drug users in Blanchardstown.

#### **5.2 Action 8: Development of Common Protocols by Agencies working with Current or Former Drug Users**

##### **5.2.1 Innovative Idea of Action**

The rationale for this action was set out in the plan prepared by the action in early-2003: 'As drug users move through the different stages of treatment and rehabilitation, there is a perception that there is not currently a smooth delivery of services between agencies. There is also a perceived lack of co-operation and duplication/overlap of services, which can block client progression ... In short, many agencies perceive that clients fall into gaps and are not in a position to access the appropriate services at a given time'.

Given this situation, the action was 'designed to bring together agencies (voluntary and state) to establish a co-ordinated approach to providing quality supports and services for former/current drug users. In broad terms, the idea is to bring all agencies that work with former/current drug users together to establish clear inter-agency protocols as well as working relationships. The aim is a substantial change in how agencies interact with each other and with the target group'.

The action also started from a belief that, while public sector inter-agency co-operation is much discussed and encouraged, good interaction is rare in practice. For this reason, this action was needed on the ground.

The three explicit objectives envisaged for the action at its outset were:

- improvement of the quality of services offered by the agencies involved;
- development of a 'lead agency' approach to case management, i.e. one agency would take a lead role in assisting service users and would co-ordinate the input of other support agencies;
- development of a clear and workable protocol with regard to service/client confidentiality;

\* This evaluation is preliminary as it reflects work achieved to date by this action. As the work of the action is ongoing, further outcomes will be added in the context of ongoing evaluation of the entire Blanchardstown EQUAL Initiative by Hibernian Consulting.

The action was led by the Northern Area Health Board through its Rehabilitation/ Integration Service. Other partners in the action were:

- the three Blanchardstown Community Drug Teams (CDTs), namely Mountview/ Blakestown CDT, Hartstown/Huntstown CDT and Mulhuddart/Corduff CDT;
- Blanchardstown Local Employment Service (LES);
- BOND (*Blanchardstown Offenders for New Directions*);
- The Coolmine Therapeutic Community;
- The Tolka River Rehabilitation Project;

At the outset of the action, consideration was given to the idea of also involving FÁS, VEC and the Department of Social and Family Affairs, and preliminary discussions were held in this regard. However, given the timeframe of the EQUAL project, it was decided to restrict the pilot action under EQUAL to the agencies listed, at least in the first instance.

### **5.2.2 Description of Work Undertaken**

The action commissioned research to ascertain the views of both clients and, primarily, frontline staff as a baseline for judging satisfaction with the level of inter-agency information sharing and co-operation prior to the Initiative. It aimed to add to understanding of the nature and frequency of the sharing of information between services in Blanchardstown, as well as gauging levels of satisfaction amongst agency staff and clients in relation to interagency co operation.

Questions related to sharing information encouraged respondents to consider the nature and frequency of inter-agency contact and to identify their concerns about this activity. Results on the nature of inter-agency agreements supported the idea of a unified agreement protocol, by showing that personal working relationships often determined inter-agency contact and referral, leading to inconsistencies and problems when a known contact was unavailable. The research results also revealed different formal and informal relationships and understandings between agencies, based on word-of-mouth and written agreements, before the EQUAL project began.

The research identified a need to increase the level of satisfaction of agency personnel with regard to the sharing of information.

Given that a significant amount of work was required under the action with the different agencies involved, it was decided to work with a neutral, independent facilitator throughout the action. A facilitator was appointed in mid-2003 and met the participant agencies individually during Autumn 2003. Two one-day sessions were also organised with all of the organisations involved in the action participating.<sup>1</sup>

Arising from this work, a document was produced in December 2003 containing:

- A more detailed exposition of the aims of the action;
- Draft inter-agency protocol with regard to lead agency working;
- Draft inter-agency protocol with regard to client confidentiality;
- A draft form to facilitate the release of information between agencies;

<sup>1</sup> Ms. Rita Burtenshaw of Burtenshaw Kenny Associates

- A draft form to facilitate inter-agency referral;
- Draft criteria to cover inter-agency referral;
- Draft guidelines to cover multi-agency meetings with a client;
- A draft form to contain information relating to 'individuals' care plans;

This 23-page document formed the basis for two workshops in January 2004 with frontline workers from the eight agencies involved in the action. These presented the protocols and other documentation to the staff and received feedback on them. The workshops were supplemented by training provided to frontline staff within each of the organisations, i.e. each frontline worker therefore received information and training on the new protocols twice.

To support this training, and to provide easy access to a summary of key points in the larger document, a leaflet was prepared by the action in early-2004, summarising the actions and the draft protocols. This was widely circulated *within* the organisations involved.

Despite having the inter-agency workshops, the frontline staff felt they wanted further knowledge of the other organisations involved, i.e. while they knew their missions and objectives, they felt they did not really know, in practical terms, what the other organisations did.

This led to two 'familiarisation' workshops at end-March 2004 (during the period when the draft protocols were being piloted), where each agency was asked to present its work using innovative means (i.e. role plays, use of props, visits to sites etc. rather than through a conventional presentation). Some 23 people attended the first of these workshops and 37 people attended the second. These workshops were considered a great success by the staff involved, the general feeling being that people really understood, for the first time, what their partner organisations on the action did.

Having agreed the draft protocols and supporting documentation, and become familiar with each other's organisations, the protocols were piloted over a three month period, from February to April 2004. Minor clarifications to when and how the protocols apply (e.g. when is a three-way meeting necessary?) were made in response to issues arising during the pilot phase.

Data collected on inter-agency co-operation over the period is shown below.

**Table 5.1:**

Indicators of Inter-Agency Co-operation between Organisations involved in 'Protocols' Action Activity

<b>Activity</b>	<b>February</b>	<b>March</b>	<b>April</b>	
Number of Inter-agency referrals	22	25	26	
Number of 3-way meetings	0	7	10	
Number of Lead Agency referrals	0	2	4	
Total number of Inter-agency Activities	22	34	40	

Table 5.1 shows that, from a situation where there were no three-way meetings or lead agency referrals taking place, both of these activities began following introduction of the protocols and grew in number over the pilot period. There was also an increase in inter-agency referrals over the period.

Data on interagency activity subsequent to the pilot period is still being collated and will be utilised by the steering group in terms of ongoing monitoring and evaluation.

A review day for the action was held on 28th May 2004. The following areas of positive impact were identified by the Lead Agency via the monthly reports provided by each agency.

- The three-way meetings were consistently reported as being positive both for introducing clients to new agencies and for the resolution of issues arising for clients between agencies;
- The move to a 'lead agency' approach was cited by half of the agencies involved as having clarified roles and focused the client interventions. It was felt the lead agency now lets the other services know where they stand;
- All agencies reported an increase in communication and activity between the agencies involved, and the emergence of a greater understanding of the range of different services that exist, and their roles;
- The structures put in place around referral were welcomed;
- It was felt that the confidentiality protocol provides clear parameters within which agencies can work.

A number of concerns were also raised:

- The new systems require more paperwork (although complaints in this regard decreased as people got used to the new systems);
- It was felt that even more three-way meetings were appropriate, i.e. more such meetings would have prevented some difficulties arising;
- One service encountered a difficulty in getting clients to agree to the protocols;
- It can be difficult to explain the confidentiality protocol to clients;
- Not all staff in all agencies were following the protocols fully;
- The multi-agency approach can be confusing for some staff and some clients;
- The new approaches take time to develop, to embed and to implement;

However, the overall conclusions of the managers involved were that the objectives of the pilot action had been achieved and that the gradual embedding of the protocols in the practices of the different organisations would have positive long-term implications for clients.

A number of amendments were made to the protocols and the supporting documentation following feedback provided at the 28th May review meeting. Revised versions of all documents were circulated in June 2004.

A meeting between the Evaluator and frontline staff from the eight agencies was held in mid-July 2004. Their overall view echoed that of the managers, i.e. that the protocols were useful and would improve the combined service being provided to the client group. Their support for the continuation of the protocols shows that the issue identified at the outset (i.e. a need to increase the level of comfort of agency staff in relation to sharing information) has at least partly been addressed by the protocols. As well as the concerns listed above, a number of further issues were raised:

- The need for a shortened or summary version of the protocols that could be displayed in offices;
- A need for further training – the feeling being that it takes a considerable amount of time to embed the new ways of working;
- A need for a mechanism to flag problems arising, e.g. if an agency does not respect another agency's lead role in relation to a particular client;
- A suggestion that some case studies on inter-agency co-operation would provide a good mechanism for the dissemination of good practice.

Clients were also interviewed during the research process and a number expressed concerns about issues such as the ownership of information, its release on a controlled, need-to-know basis and the need to be informed about what information is shared, in what circumstances and when. These concerns were taken into account in the development and revision of the protocols during the project.

A facilitated focus group session was held with clients in early September 2004. All eight clients who attended the session had been referred via the Interagency Initiative. The group reported a high degree of awareness in relation to the confidentiality and lead agency protocols. They acknowledged that this was a better way of working and questioned “why this protocol was not used everywhere when it had so many advantages for the service users?”

### **5.2.3 Outputs**

The following items were agreed, on an inter-agency basis, between the eight agencies involved in this pilot action, working with drug users in Blanchardstown:

- Protocol on Lead Agency Working
- Policy on Confidentiality
- Inter-agency Release of Information Form
- Inter-agency Referral Form
- Inter-agency Referral Criteria
- Guidelines for Multi-agency Meetings with a Client
- Guidelines for Multi-agency Individual Care Plans.

These documents are available at the project website – [www.equal-blanchardstown.ie](http://www.equal-blanchardstown.ie)

The action also led to a measurable increase in the number of inter-agency referrals, three-way meetings and lead agency referrals in Blanchardstown.

### 5.2.4 Dissemination and Mainstreaming

The first work as regards the dissemination and mainstreaming of this action took place with the organisations directly involved. As stated above, these organisations felt the action had worked well and had the potential to improve services to clients, through its facilitation of greater inter-agency co-operation.

At the review meeting of 28th May 2004, the organisations agreed to a number of actions to embed the work of the action into their organisations. These included:

- A decision to continue to use the protocols, after the pilot action ended;
- A decision to extend the use of the protocols further in the organisations (i.e. so that they would apply to more clients – but, given the organisations involved, this still related to the drug user target group);
- A decision to continue to collect information on inter-agency contacts and referrals on a more formal basis and to develop a common template in this regard;
- A decision to increase the level of training provided within the organisations as regards inter-agency knowledge and co-operation;

A number of other issues were noted for future discussion, e.g. the inclusion of inter-agency co-operation in people's job descriptions and in induction processes; the provision of mentors to support this work; and the possible placement of people from the different organisations involved in each other's organisations for periods of time.

Once the decisions listed above to embed the protocols further had been implemented in the eight organisations involved in the pilot, it was felt that there was the potential to include other organisations in the process.

These actions were agreed by the Steering Group for the action on 19th July, when a detailed set of actions for embedding the protocols in the organisations involved, and their possible extension to other organisations, was agreed.

Senior management in all eight agencies involved 'signed off' on the protocols by 10th September 2004. This facilitated a formal launch of the model of good practice developed under this action within the eight agencies on October 1st 2004.

To record the work under this action in a form that would be accessible to organisations not involved in the pilot action, a document was produced by the facilitator for the action in September 2004.

Internationally, the EQUAL Initiative, as an EU development programme, aims to enhance practice and policy across the Union, to substantially affect how individuals move towards the labour market. There is a strong emphasis on the need for projects to work with EQUAL partners in other EU Member States. The Blanchardstown EQUAL Initiative has three objectives in its transnational relationships.<sup>2</sup>

<sup>2</sup> C/f. Blanchardstown EQUAL Initiative Action and Financial Plan 2002-2004, March 2003 - pp. 51/52

1. To facilitate and reinforce collaboration between Blanchardstown EQUAL and other EQUAL projects by providing a central, shared resource and networked linkages for the transfer of experience and information between partners.
2. To facilitate effective collaboration and transfers of experience between the local partners, target groups and participants, with similar groups in the transnational partnership.
3. To link and integrate the transnational partnership with actions in the Blanchardstown EQUAL plan in order to add value, both in Ireland and in the projects of the other partners.

Blanchardstown EQUAL has representation on all special interest groups developed under its transnational partnership. In particular this 'protocols' action has developed strategic links in the transnational group addressing issues relating to drug users. Specific partner projects in this group are located in Portugal, Germany and the UK.

There are a number of important outcomes which this interagency action has achieved in relation to these objectives.

1. The '1st class system' is a confidential IT Network designed to allow transnational partners communicate/provide information in relation to work being undertaken by their EQUAL projects. Information on the development of interagency protocols was disseminated to the transnational partners via this system.
2. Both an information sharing session and discussion regarding this interagency action was facilitated at a March 2004 transnational seminar of those partners working with drug users. The action found this session particularly useful in receiving feedback from its transnational partners on striking a balance between formal and informal interagency co-operation.
3. A detailed and comprehensive presentation on the action was made at the i-Work International Conference in Reading, England, in March 2004.
4. Draft guidelines on developing formal interagency co-operation were discussed at a meeting of those partners working with drug users in Portugal in April 2004.
5. Information on the interagency protocols formed part of a presentation made by Blanchardstown EQUAL at a Portuguese international conference on integration in April 2004.
6. The lead agency of this action co-facilitated a one-day session in Brussels on developing guidelines for 'formal interagency co-operation' and 'consultation with service users', with its transnational-partners. The transnational group working with drug users had produced two documents dealing with these subject areas by September 2004, to be formally adopted in November 2004.
7. Agencies connected with the transnational group on drug users described the process used/learning outcomes achieved by this action as being particularly useful. The following quote is from a UK-based therapeutic community offering residential rehabilitation to drug and alcohol free service users.

*"As the resettlement manager of Yeldall Manor, a Christian drug and alcohol rehabilitation centre, I have responsibility for overseeing the transition of men in recovery from care into the community and as such work with several different agencies. Having experienced some complications with a statutory agency over the sharing of information concerning the disclosure of using, I was particularly interested in the concept of the interagency protocols. Hearing it explained gave me the confidence to return to the agency to try to establish something similar. As a result of this, I understand that Yeldall Manor is the only agency that this statutory organisation has such an agreement with, and this has strengthened our working relationships."*<sup>3</sup>

<sup>3</sup>Ms Mandy Steevens, Resettlement Manager, Yeldall Manor Therapeutic Community, Reading, England.

### 5.2.5 Comment on Action

This action provides an example of both process and context-oriented innovation, as defined by the EQUAL programme. The action has been innovative from a process perspective in that it involved the creation of new processes involving eight organisations working together to support drug users in Blanchardstown. It was innovative as regards context in that the new processes both stemmed from, and drove, changes in the ways the organisations saw themselves and their work. Further embedding of the protocols over time has the potential to generate further context innovation and to change these organisations' 'existing settings' (or 'views of the world') to some extent.

Given the timeframe for the action, and the limited budget, the action has had considerable success in generating increased co-operation between eight service delivery organisations in Blanchardstown work with drug users. The work involved organisations of different sizes, coming from both the public and community/voluntary sectors. The data gathered by the action show that inter-agency co-operation increased substantially following the introduction of the new protocols in Spring 2004. Meetings with both the managers and the frontline staff involved in the action indicate that the protocols developed were welcomed by the service organisations involved in the action.

Generating change in how organisations work is difficult, and this has been evident across the Irish public sector in recent years. The goal of inter-agency co-operation ('joined-up government') has proven difficult to achieve in practice. Specific aspects of the process under this action which appear to have been important in allowing the change to occur are as follows:

- The appointment of a neutral facilitator at the outset may have allowed all of the organisations to feel their views would be equally valued in the process. A facilitator from one of the large organisations, for example, could have generated suspicion from the smaller, community-based groups;
- While there was a neutral facilitator, the action also had a lead driver in the Northern Area Health Board. The process needed a sense of urgency and a single leader ensured that the process had sufficient energy to succeed;
- The development of an action plan at the start of the work meant that there was an agreed end-goal for the action, even if the precise definition of this was for the organisations involved to work out during the pilot. Also, the end-goal (protocols to allow improved inter-agency co-operation) was widely perceived as addressing an issue which needed to be addressed by the organisations involved;
- The action was overseen by a committed Steering Group;
- The action demanded a considerable amount of work on the part of the managers and the frontline staff of the organisations involved, and the people involved were generally willing to put in this effort;
- A high level of communication and consultation throughout the process were key factors in the work. Insofar as time allowed, frontline staff were involved in the process and the atmosphere generated allowed people to talk about problems arising as well as successes;
- In any change process, some level of resistance can be expected. In this case, the action brought together organisations with different missions and cultures, and generated extra paperwork and meetings. Ongoing communication, early 'successes' and a defined action plan were the tools that overcame any resistance arising. As the pilot action went on, the level of resistance appeared to fall, and the new ways of working became established;

- The changes that were occurring during the pilot process, and afterwards, were reinforced by the documents produced and by the involvement of the wider group. The process of getting the eight agencies to formally 'sign off' on the new processes institutionalised the new ways of working in September 2004;

A number of the organisations involved in the action noted that, while the action was aimed at developing inter-agency protocols, it turned out that the protocols were just a practical manifestation of a wider process in which trust was built up between the organisations involved. Without this trust, the protocols on their own would not have facilitated change.

The action appears to have a high potential for further dissemination and mainstreaming. This is so in a number of ways:

- There is potential for the organisations involved to embed the protocols and the associated work practices more deeply into their structures and cultures. Both because organisations recruit new people on an ongoing basis, and because the normal internal cultures of organisations can be expected to re-assert themselves over time, the action cannot be successful if viewed as a one-off event (after which inter-agency co-operation occurs) rather than as the start of a process to support inter-agency co-operation. For example, the 'familiarisation workshops' need to be repeated at defined intervals;
- There is potential to involve other organisations that deal with current/ former drug users in Blanchardstown, including organisations working more directly on labour market issues (e.g. FÁS and the Department of Social and Family Affairs) and others;
- There is every reason to believe that similar improvements in inter-agency co-operation could be obtained in other parts of Ireland for drug users. In particular, there is an onus on the health authorities and the Drugs Task Force to ask if this pilot action can be extended to other areas;
- While this action focused on drug users, there is no reason to believe that similar work could not occur (and services be improved) in relation to other target groups;
- The reaction of the Portuguese and UK partners of the Blanchardstown project indicate that this action contains elements of learning that may be useful not just in a national perspective but at an EU level;

**Finbar Mc Donnell**

*Hibernian Consulting*

## The eight agencies involved in developing this interagency model are:

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### **Bond:**

37/37A Coolmine Industrial Estate, Dublin 15.

Tel: 8208414 Fax: 8208446

Provides: Programmes, services and supports to young people involved in offending behaviour and/or leaving prison. You need to be aged between 16 – 25 yrs.

### **NAHB Rehabilitation / Integration Service:**

22A Main St., Blanchardstown, Dublin 15.

Tel: 8604841 / 8604842 Fax: 8604840

Provides: Assessment of drug rehabilitation needs with follow on referral and ongoing support to the client.

### **Mulhuddart / Corduff Community Drug Team:**

Parlickstown House, Mulhuddart, Dublin 15.

Tel: 8216601 Fax: 8216177

Provides: Key working, treatment options, counselling, rehab, drop in, life skills, outreach, acupuncture, harm reduction, referral/liaison and support.

### **LES/Joblink:**

HQ, Dillon House, 106 Coolmine Industrial Estate, Dublin 15.

Tel: 8206379 Fax: 8206383

Provides: Mediation/Guidance and supports to those most distanced from the labour market via referrals for training, education and employment.

LES Outreach contact points:

Mountview: Tel: 8226000 / Parlickstown: Tel: 8226003

Corduff: Tel: 8226012 / Blakestown 8226008

### **Tolka River Rehab Programme:**

Unit 3A, Corduff S.C., Dublin 15.

Tel: 8115100 / 6305847 Fax: 6405847

Provides: A day rehabilitation programme for people who are stabilised on methadone and who wish to return to education, training or employment. You need to be 18 years of age or over and eligible under current FAS Community Employment criteria. This service is prioritised for those who are resident in the Mulhuddart / Corduff area.

### **Hartstown / Huntstown Community Drug Team:**

Unit D, Coolmine Industrial Estate, Dublin 15.

Tel: 8222385 / 8212981 Fax: 8213636

Provides: Drug awareness programmes in primary / secondary schools. Key working with individuals and families. Referral / liaison to treatment options and support groups / other services.

### **Coolmine Therapeutic Community:**

HQ, 19 Lord Edward St., Dublin 2.

Tel: 6794822 Fax: 6793402

Provides: Day and residential programmes for substance abstinent clients, outreach, prison work, group and 1:1 counselling. Assessment and Induction takes place at Lord Edward Street.

### **Mountview / Blakestown Community Drug Team:**

105 Coolmine Industrial Estate, Dublin 15.

Tel: 8219140 Fax: 8216177

Provides: Advice and information, referral to treatment and rehabilitation options and other services. Education, massage and acupuncture, advocacy and support, special support groups.

This initiative was also endorsed and actively supported by the Blanchardstown Local Drugs Task Force.



**northern area  
health board**  
bord saínte an  
limistéir thuaidh

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