DESCRIPTION OF THE PRACTICE

1. Title of the practice

Inter-sectoral working group

2. Organisation responsible for the practice

Directorate-General for Social Affairs and Child Protection, Hungary

3. Contact person(s)

Name / E-mail	Teodóra Ráczné Németh, Head of Methodology Department nemeth.teodora@szgyf.gov.hu

4. Summary of the practice

A working group involving stakeholders from different sectors was set-up at national level to improve the detection of children at risk.

This was instigated following the re-organisation of children's services in Hungary. Following this re-organisation a move towards more integrated approaches to identifying children at risk was introduced.

A working group was set-up involving:

- Director General for Social Affairs and Child Protection (Methodology Department),
- Education services
- Health services
- Police
- Justice system
- regional authorities
- non-governmental service providers (in social and child care).

This working group was set-up to improve the understanding of the different roles and methods of coordination between the services when working with children who may be at risk and require referral to child protection services. This includes better implementation of an inter-sectoral signalling system of children at risk.

The working group was set-up in 2017, with stakeholders meeting twice a month to define their different competences in connection to the child. Since then they have been in constant contact with each other and have been invited to each other's trainings, courses, and use each other's knowledge in professional materials.

The key issues addressed during debates concerned:

1. Responsibilities
2. Borders of competences
3. Effective communication methods

One of the ways this was carried out was through the creation of ambassadors within the different services. These ambassadors receive training from child protection services and can disseminate better understanding of the signs of risks for children within the services in which they operate.

5. National/regional/local context of the practice
The project was implemented from the national level, bringing together representatives of the different services for this working group.

6. Staff involved
Senior leaders from the different services.

7. Target group
Professionals of these sectors who are working with children.

8. Aims of the practice
To improve the recognition of risks to children among the different services so that they may share this information with child protection services.

9. Issues for social services

Service Integration/ Cooperation across services	X	Service Planning		Contracting	
Technology		Skills development (of the workforce)		Quality of services	
Others: _____					

ANALYSIS OF THE PRACTICE

10. Status

Pilot project (ongoing)		Project (ongoing)	X	Implemented practice (restricted areas)	
Pilot project (terminated)		Project (terminated)		Widely spread practice/rolled out	

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- *Micro level practice:* practice that involves individuals at local level
- *Meso level practice:* practice that involves organisations or communities
- *Macro level practice:* practice that involves large population groups

Meso: The project connected the organisations through a working group.

12. Leadership and management of the practice

Description of the leadership of the practice, considering the following criteria:

- *Collaborative management*: shared between large partnerships, often of central, regional and local representation
- *Organisational management*: by one organisation
- *Professional management*: managed by a single person
- *Shared management*: shared with no defined leadership

Organisational: The Directorate-General for Social Affairs and Child Protection, Methodology Department, led the practice.

13. Engaging stakeholders in the practice

Description of the engagement of stakeholders, considering the following criteria:

- *Individual practice*: individuals have sought practice change
- *Network approach*: one or more organisations develop a network
- *Collaborative approach*: large collaboration with relevant stakeholders

Network approach: A network was established through the working group for sharing knowledge.

14. Involvement of service users and their families

Description of the involvement of service users, considering the following criteria:

- *Team involvement: service users and carers were part of the practice team*
- *Consultative: a consultative body of users was set up for an on-going dialogue and feedback*
- *Involvement in care: person-centred approaches to care/support*

N/A

15. Costs and resources needed for implementation

Description of how the practice is financed, considering the following criteria:

- *Within existing resources:* staff time and other resources are provided 'in-house'
- *Staffing costs:* costs for staff investment
- *Joint/Pooled budgets:* two or more agencies pool budgets to fund services
- *Funded project:* external investment

Minimal costs for catering and travel costs.

16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- *Multi-method:* use of both a qualitative and a quantitative approach
- *Single method:* qualitative or quantitative approach
- *Audit:* looks at data sources such as existing medical records, and/or other routinely collected service data.
- *Informal:* refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- *No evaluation*
- *An evaluation is planned*

A research based evaluation was to be carried out initially, with more regular evaluations after as the cooperation has continued.

17. **Measurable** effects of the practice and what it has achieved for…

Service users	
Formal care givers	
Informal carers	
Organisations	

Other	

18. <u>Anticipated or 'aspirational'</u> effects of the practice and what it has achieved for…	
This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.	
Service users	Improved coordination between the services should enable earlier identification of children at risk, where child protection services can then intervene.
Formal care givers	Clearer competences and better understanding of their responsibilities.
Informal carers	More relevant information of dangerous situations and available services.
Organisations	The working group and ambassadors have increased cooperation between the different services.
Other	

19. How the practice has changed the way the service is provided (lessons learned)
The first steps of developing more efficient cooperation have begun, by increasing communication between the organisations.

20. Sustainability of the practice
Description of whether the practice is sustainable, considering the following criteria: *Potential for sustainability:* practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?   *Organic sustainability:* service users have been empowered to take the practice forward   *Established:* the project has been operational for several years
The project involves minimal costs and the cooperation is expected to continue.

21. Transferability of the practice
Description of whether the practice has been transferred, considering the following criteria: *Transferred:* transfer to other regions, countries, service user groups, etc.   *Potential for transferability:* there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed
Similar methodologies could be applied elsewhere.