

Children's Services Combating poverty, promoting wellbeing

**Good Practices in Multi-Agency Work and
Children's Participation from Belgium,
Denmark, France, Finland, Iceland, Ireland and
Spain**

ESN is the independent network for social services in Europe. Our mission is to help change the lives of the most vulnerable in society through the delivery of quality social services. We bring together the people who are key to the design and delivery of vital care and support at the local level to learn from each other and contribute their experience and expertise to building effective European and national social policy.

Introduction

In the framework of the Europe 2020 Strategy, the Commission has planned to publish an EU Recommendation on Child Poverty and Well-Being. ESN hopes that this will give vulnerable children visibility in the context of the general target to lift 20 million people out of poverty and social exclusion and in EU policies on early school-leaving (also subject of Europe 2020 target) and early childhood education and care (ECEC).

In this context, ESN is seeking to ensure recognition within the Recommendation of the importance of multi-agency work between services working with children and the participation of children in decisions affecting their lives. With this aim, ESN held the seminar 'Investing in Children' in November 2011. It explored the relationships between ECEC services and specialist children's services, such as child protection, and their impact on the alleviation of poverty and the improvement of children's well-being.

Social services have a particular responsibility for safeguarding children, which is legally established in many countries. Beyond this, their work impacts on children's lives in many ways – through support to children, parents, carers and the wider community from infancy, through education and into adulthood. This role gives social services professionals a valuable insight into the lives of children, particularly the most vulnerable. Social services are above all concerned to put the best interests of the child according to Article 3 of the UN Convention on the Rights of the Child before other considerations and to strive to provide care and support that is timely, effective and supportive. Social services are committed to ensuring equal opportunities for every child whatever his/her life situation and irrespective of ethnic origin, faith or disability.

ESN Members in different countries are responsible for a varied mix of universal and specialist services for children and families. Supporting and helping children from difficult backgrounds to realise their potential is one of the most challenging areas of social work. Social services across Europe work with children who are vulnerable, children who are underachieving at school, those in the care of the State or leaving care, those with special education and health needs and unaccompanied children seeking asylum. Local public social services are therefore among the main guarantors of the rights of vulnerable children.

ESN has asked its Members for examples of good practice in two key areas: multidisciplinary work between social services, education and health and the participation of children in local decision-making affecting their lives.

2. Multidisciplinary work between various services working with children

Key services should be well-coordinated to ensure that professionals have an understanding of what each service offers, how to help a child and their family access the full range of services and have the confidence to work with professionals from other services. A child's needs can be rarely solved solely by one service, so all the actors need to work together, especially in cases where a child is from a disadvantaged background and facing multiple problems of health, income, family behaviour/structure, housing etc.

2.1. Services intervening with youth at risk of committing crime

Aarhus, Denmark

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At the Municipality of Aarhus (ESN Member), various local departments cooperate in order to improve work with the most vulnerable children and youth who are at risk of committing crime.

One of these cooperation projects is SSP (Schools, Social Services and Police) based on a national programme. It focuses on strategic decisions regarding crime prevention for young people at risk. These discussions take place mainly through:

- ≈ seven local crime prevention forums, where street-workers, social workers and police handle and coordinate initial casework on groups and individuals in the local communities
- ≈ contingency and awareness programs developed in schools
- ≈ and coordinated interventions with social services.

Likewise, the PSP (Psychiatric Services, Social Services and Police) is a forum, which deals with individual cases, where psychiatric problems result in dangerous behaviour.

Several other cooperation projects in Aarhus also aim to reduce youth crime:

- ≈ In the Youth Offending team, social services and the police work together on cases where young people are charged with having committed serious crimes. This is a trial of a model that originated in the UK.
- ≈ The Exit-programme for gang-members is a project that aims to support young people to leave a gang. Through a partnership, the programme provides security, housing and an income for ex-gang-members.
- ≈ The East Jutland Police Force, The Department for Children and Youth (Daycare, schools and leisure), the Department of Social Services and Employment and East Jutland Police have a joint project, which aims to prevent radicalisation among young people. It offers counselling to frontline social workers and volunteers, conducts surveys and risk assessments, and facilitates contact between mentors and young people at risk of radicalisation.

2.2. Integrated education, health and social services at local level LAEP “Roule Bonhomme” in Mainvilliers, Eure et Loir, France

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LAEP “Roule Bonhomme” is an innovative structure that unites different professionals working for various complementary services at local level so as to provide an education programme for all children (aged 0-4). Participation is entirely free and voluntary. Any child can participate (universal access) but the programme is tailored to each child’s specificities (progressive intensity according to the needs). Because the partnership that the programme created is very strong and innovative, it is considered an example of best practice in France in regards to inter-service cooperation and collaboration.

“Roule Bonhomme” was founded in the wider framework of an urban regeneration programme in Mainvilliers, Eure et Loir in 1992. Initially intended as a resource to help children experiencing educational deficiencies and/or whose environment provided little stimulation, it has developed new missions to include parenting issues. Its aim is to develop the parent/child relationship through communication and play, so as to promote social, ethnic and cultural diversity. Peer relationships (between parents as well as between children) are a key factor.

This structure guarantees:

- Anonymity and confidentiality regarding beneficiaries
- Participation of adults on a voluntary basis
- A neutral, non-judgmental staff of professionals
- The absence of therapeutic aims

The project has received the LAEP (*lieu d'accueil enfant-parent*, reception centre for children and parents) certification given by the CAF (*Caisse d'Allocation Familiale*, family allowance fund) in 2006 and has had a convention with the latter ever since (renewed in 2008).

A team is multidisciplinary and highlights the inter-service cooperation that gave rise to this initiative: an educator for young children working for the local PMI (*département*-based mother and child health services) supervises the teaching programme during activity periods, a nurse for young children, also from the PMI, is present every second session, two social workers from the CAF are there three times a month, two TISF (*techniciennes en intervention sociale et familiale*, social and family intervention technicians) from a local association, two qualified professionals from the infant and child psychiatry department of a local hospital are available according to users’ needs, a psychologist and a pedagogical counsellor from the national school system come periodically to ensure communication with schools.

In total, there are three adults present at all times for each session, and the complete team meets for supervision and assessment. Practice review sessions run by a psychologist occur six times a year. In addition, a steering committee comprising all the different services involved meets regularly.

2.3. Early open cooperation in services

Website of Finnish National Institute for Health and Welfare (THL): <http://www.thl.fi/thl-client/pdfs/d4782cad-3b09-471b-b80c-bb42f6f07ee6>

“It is never too early to be open, to cooperate and to encourage dialogue”

This programme is based on early open co-operation between professionals and including children and families.

The basic principles of dialogical networking have been utilized in a long-term development program in two Finnish municipalities: Rovaniemi, a mid-size town in Lapland, and Nurmijärvi, a rural town in Southern Finland. The methods have been developed together with local decision-makers, practitioners and clients for six years. It is now implemented in every sector involved in work with children, adolescents and families. These are social services including day-care, health services (including the Finnish universal maternal and early childhood clinics and school health), educational services including early childhood education and schools, as well as youth services. It is embedded in the municipal political strategy and led by a team of each sector director. A full time coordinator helps to link activities vertically and horizontally. A pool of trained facilitators gathers various professionals and service users into dialogical network sessions.

The model is based on dialogical networking principles¹. The focus is on listening to the view of both the client and the cooperative partner. The open expression of one's professional worries and asking for help from the parent and other professionals is guided by the model of “Taking up your worries” developed by Tom Erik Arnkil and Esa Eriksson in the VerDi team of The Finnish National Institute for Health and Welfare (THL)². All personnel have been trained into the basic methods of “Take up your worries” and other sophisticated dialogical methods. Ongoing training makes sure new personnel learn these forms of cooperation.

The programme is now being offered to other municipalities with the idea of them setting up a learning dialogue with Nurmijärvi and Rovaniemi, supported by the VerDi team.

2.4. Area Children's Services Committees (Ireland)

Website: <http://www.dcy.gov.ie/viewdoc.asp?DocID=1394&mn=chid&nID=6>
[http://www.dcy.gov.ie/documents/publications/CS_handbook\[ENGLISH\]lowres.pdf](http://www.dcy.gov.ie/documents/publications/CS_handbook[ENGLISH]lowres.pdf)

The first multi-agency Children's Services Committee Ireland was established in 2007 as part of the National Children's Strategy. The rationale behind it was to encourage improving the lives of children and families through better inter-agency activity, planning and cooperation. There are now 13 such committees in place and the aim is to have 20 by the end of 2012 and ultimately one in each City/County Development Board Area, whose boundaries are the same as the Local Authorities. All major agencies working on behalf of children and young people (0-18) should be represented on the Children Services Committee (CSC).

¹ These are described in the book: *Dialogical Meetings in Social Networks; Systemic Thinking and Practice*, by Jaakko Seikkula and Tom Erik Arnkil, 2006.

² See e.g. Arnkil TE: *Early intervention - anticipation dialogues in the grey zone of worry*.

The Agenda for Children's Services is the government body that has influenced the direction of the Children Services Committees. It identifies national outcomes for children and helps in their realisation by cooperating with member agencies, identifying local needs and priorities as well as developing a work plan with clearly defined objectives, indicators and actions.

2.5. Multidisciplinary work between education, health and social services in the early years
–Espai Familiar Caixa Del Colors, Diputacion de Castellon, Spain
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The Espai Familiar, supported by the Diputacion de Castellon (ESN Member) is mainly an educational resource for families with children aged 9 months to 3 years who are not enrolled in school. It provides a meeting place for the families themselves where they can meet professionals from 3 different sectors; education, health and social services who can help them resolve any problems and doubts regarding their child's education. The main aim of the family centre is to help families resolve any problems they may encounter in bringing up their children in the most autonomous possible way. To achieve this, the centre allows families to find peer support and gives them access to educational, health and social resources.

The Espai is supported by the regional Ministry of Education and the University, the regional Ministry of Welfare besides social welfare professionals working in childcare, family, social work and paediatric services. Professionals working at Espai come from a variety of professional backgrounds: educators and teachers, psychologists, paediatricians and family nurses, and social workers.

Families come from diverse socio-economic and cultural backgrounds. Most choose the Espai Familiar because they are very concerned with their child's early years learning. The economic crisis has meant that parents on a very low income but with a lot of free time have turned to the Espai because they do not know how best to support their child's education. Some families also attend the Espai following a referral from paediatric services, specialist family work and child care services. The Espai also helps families at risk, such as abused women and teenage mothers. The support provided for families at risk is carried out with discretion and confidentiality. All families speak and relate to each other as equals.

3. Children's participation

Social services are committed to informing and consulting the child and parent or carer fully of their situation, the decision-making processes affecting them and what care and support is available. In addition, participation is one of the guiding principles of Art. 12 of the UN Convention on the Rights of the Child (UNCRC). Therefore, children's participation in all areas of policy-making that affect them should be promoted at different levels of government. There should be adequate training for professionals working with children to facilitate the meaningful participation of children in policy-making. Likewise, ESN recognises that it is equally essential to implement the child's right to engage in recreational, leisure and cultural activities in line with Art. 31 of the UNCRC. As we shall see, this right is implemented by ESN Members in various European countries, such as Belgium.

3.1. Participation of youth in decision-making in Aarhus, Denmark

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In 2007 the municipality of Aarhus first set up the embryonic city youth council as a way of involving young people in the city in matters affecting them. Since then, every year 31 young people between the ages of 13 and 17 have been elected to the city youth council. The main objective has been to involve young citizens in everyday matters affecting them, such as schools, leisure activities, health and culture. By having a city youth council, Aarhus has a formal forum in which they can get a different perspective on issues affecting children and young people, that can be heard and discussed in meetings of the City Council.

The city youth council is a formal consulting party in the decision-making process and every year they send up to 4 proposals to the Council, which is obliged to discuss them. The city youth council elects its own youth mayor, who meets with the mayor of Aarhus on a regular basis. It is composed of 31 elected members from each of the 9 school areas of Aarhus (each school area having 3 or 4 representatives) and meets five times a year. In addition, they have a common meeting with the adult city council once a year.

3.2. *We believe in you, so should you* handbook

Website of Finnish National Institute for Health and Welfare (THL): <http://www.thl.fi/thl-client/pdfs/d4782cad-3b09-471b-b80c-bb42f6f07ee6>

This is the first handbook in Scandinavia for children and youth in alternative care and it was created by the Selviytyjät- Survivors – focus and development group. The group consists of 12 volunteer youth and young adults aged 16-25 who are or have been in foster care. It meets once a month for 4-6 hours with a psychologist as a mentor and a general manager. The group works under the Finnish NGO Pesäpuu - *Centre of Expertise in Child Welfare* and is financed by the Finnish Slot Machine Organisation (RAY).

According to psychologist Johanna Barkman, “the inclusion of young people in the development process is essential, as they speak from experience and their opinions have been tested over and over again.”

The basic elements of the group are six-fold: 1) Curiosity: every young person is interesting. 2) Respect: a time and space for sharing, as the participation of everyone is deemed important; each and every one can make a difference. 3) Trust: This is born of deeds, not words. 4) Empowerment: The experiences of participation have long term effects in a young person's life. 5) Diversity: there is strength in diversity and everyone can learn from each other. 6) Potential: every person is full of possibilities.

“Every young person in care should have hope and dreams. A dream to make life worth living and hope to carry these dreams forward” (In: Messages from young people to young people)

In 2010 the Survivors-group started to work on the *We believe in you, so should you* handbook. In the autumn of 2010 the group arranged the first seminar for children and youth in care to be held in Finland. The seminar participants had a lot of important ideas

which had a major impact on the book. The group then edited the book which was finally published and presented in October 2011 to 800 participants of the national conference of the Finnish Central Union for Child welfare. Partners in the handbook project were the Finnish Central Union for Child welfare and the Ombudsman for Children in Finland. Finnish media have shown huge interest in the handbook and members of the group have appeared on national television and radio and in several newspapers and magazines; they have also presented on international forums in Sweden, Denmark, Czech Republic and Canada.

3.3. Participation of young people in decision-making in Mosfellsbaer, Iceland

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Mosfellsbaer's Youth Council provides a forum for discussion and cooperation between young people aged 13-20 years in the municipality. It ensures that the voice of young people is heard by the administration of the municipality and the town council, strengthens ties between pupils/students and the town authorities, and educates young people about voting and representation in a democracy.

The Youth Council has been operating since 2008 and consists of three representatives from each secondary school and three representatives from each upper secondary school. Meetings are held once a month during the school year and one meeting is held in common with the Town Council representatives.

Issues discussed in meetings are leisure, sports, education, but also a number of issues related to transport, planning and environmental issues directly affecting young people. Members decide the agenda but submit the issues for consideration to the town council. The youth council tries to adapt to current trends and is now using Facebook and text messaging to prepare the meetings.

3.4. Youth decision making in Ireland

Website:

<http://www.dcy.gov.ie/viewdoc.asp?fn=%2Fdocuments%2FChildYouthParticipation%2FCoMhairlenanog.htm&mn=chit&nID=3>

There is a 'Comhairle na nOg' (youth council) in every City/County Development Board Area. Young people (12-18) are facilitated to hold elections, agree work plan and meet to discuss, plan and progress their work plan. They are also the main consultation vehicle for the area they represent.

3.5. Children's participation in health services, Andalusia, Spain

Website:

http://www.juntadeandalucia.es/salud/sites/csalud/contenidos/Informacion_General/c_4_c_6_participacion_infantil_juvenil/consejo_salud_menores

In 2005 the regional health ministry of Andalusia passed a decree regulating the right of the child and young people to be provided with healthcare according to their needs and establishing the Health Council for Children and Adolescents.

The decree recognises the right of the child to receive health care in conditions according to their age, their right to privacy, informed consent, accompanying, and information at the hospital. The Health Council aims to facilitate the participation of minors in health policies

and establish measures to improve their health care, special measures for vulnerable children and looks at the implementation of the decree. Among the main actions has been training for health professionals in hospitals on how to provide minors with information (since up to now every manual was addressed at adults).

Four main projects have been developed:

1. An e-Forum in which children can discuss aspects of healthcare, emotional well-being (relations, feelings, self-image...), lifestyles (sexuality, consumption, use of ICTs...), environment (user-friendliness of spaces, promotion of changes...).
2. The participation of children in the design of Healthcare services to make them child-friendly, training for professionals on children's rights.
3. Inclusion of skills related to child healthcare for the accreditation of health centres and professionals.
4. Establishment of a regional children's council where children can express their views on health services design.

3.6. Children's participation in leisure and recreational activities, Belgium

Contact: Julien Van Geertsom, President of the Belgian Federal Public Planning Service for Social Integration

Belgian Public Social Welfare Centres have been running throughout 2010 and 2011 specific measures to combat child poverty mainly aimed to promote the social and cultural participation of children, such as parenting help (health care, hygiene, nourishment, reconciliation between work and family life), school services (school costs, homework classes), psychological support for children or parents (consulting a specialist, handling stress, emotions and grief), paramedical support (hearing aids and glasses), support for buying pedagogical equipment or specific actions for children (excursions and subscriptions to sports clubs).

Conclusion

This paper has given an insight into multi-agency work between universal and specialist children's services and policy frameworks promoting the participation of children in decisions affecting their lives. ESN explored these issues at its Autumn Seminar 2011 'Investing in Children' (14-15 November) and has fed into the European Commission's planned recommendation on child poverty. In December 2011 ESN attended a stakeholder consultation with the European Commission and several national government officials on the development of the Recommendation. With the examples of good practice presented in this paper, ESN is seeking to ensure the recognition of the importance of multi-agency work between services working with children and the establishment of policy frameworks promoting the participation of children in decisions affecting their lives.

Further information is available from the ESN website: <http://www.esn-eu.org/e-news-nov11-autumn-seminar1/index.htm>. Please refer to presentations on UK, France and Hungary for country case studies of cooperation between early childcare services and child protection services.

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