

# Disability Services Queensland

delivering quality services and  
building supportive communities

## Child Safety Research Forum: DSQ/DChS MOU



## Overview

**Working in partnership**

**Successful inter-agency collaboration**

**Challenges**

**MOU: communication; transition from care**

**Practice guidelines**

**Joint training**



## **Working in partnership**

**Child protection as a whole-of-government responsibility**

**Prevention and early intervention vs statutory intervention**

**Areas of expertise**

**Partnerships as pre-requisites for collaboration**



# Definitions and models of interagency collaboration

**Inter-agency collaboration: a specific type of partnership that focuses on the capacity of the partners to deliver/achieve a common goal or purpose**

**Practice is often difficult to achieve and maintain**

**Elements of successful interagency collaboration (1)**

(1) Robinson, Rosenberg, Steel and Stainbeck (2003)



## **Elements of successful interagency collaboration:**

**Recognition and definition**

**Clear concrete goals**

**Effective informal relationships**

**Policies and procedures**

**Training**

**Collaboration perceived as mutually beneficial**

**Shared responsibility**

**Coordination**



## **Recognition and definition**

**There must be a shared recognition of the need for collaboration (not just lip service)**

**There must be a shared definition of the meaning of partnership (ie of the necessity for a combination of expertise, knowledge and resources)**



## **Clear concrete goals**

**These form the basis of successful collaboration**

**Goals need to be formalised**

**There is a need to ensure interpretations are shared**

**There is a need to establish: what we trying to achieve, for whom and under what conditions; what success looks like**

**Goals need to be underpinned by formal structures and relationships and by appropriate governance structures**



## **Effective informal relationships**

**These are equally as important as formal structures**

**They include:**

- clarifying roles**
- developing trust**
- sharing anxieties**
- conflict resolution**
- identifying resources and needs**

**Informal relationships are important at all levels: locally (front-line staff, managers) and centrally**



## **Policies and procedures**

**Staff need to know what is expected of them by their own agency**

**They need to know what they can expect of other agencies**

**They need to know how the policies and procedures of the two agencies intersect.**



# Training

**Across-agency training can be a powerful catalyst for collaboration**

**It is a mechanism to:**

- ensure everyone hears the same messages**
- identify areas where understandings differ**
- identify barriers to collaborative practice**
- develop consistent, but locally-tailored, solutions**
- enhance relationships**



## **Collaboration perceived as mutually beneficial**

**The reasons for collaboration must be clear**

**The stated benefits must outweigh the perceived costs**



# Shared responsibility

**Participating organisations should share equal responsibility to ensure that one organisation does not dominate the partnership**

**This requires clarity around broader individual and organisational roles and responsibilities and a willingness to respect and seek to understand differing viewpoints**



## Coordination

**A mechanism (or mechanisms) for coordinating the responsibilities of the partnership is required to ensure that skills and resources are utilised appropriately.**



## Specific challenges

### **Agency level:**

- **Alignment of stated missions and objectives of agencies (disability vs child protection focus)**

### **Officer level:**

- **Shared on-the-ground definitions of ‘disability’ and ‘in need of protection’**
- **Child safety officers: not specifically trained to understand the needs of children with a disability**
- **Disability officers: not child protection workers**



# Specific challenges

## **Child level:**

### **Children with a disability in care:**

- behaviour may be manifestation of effects of abuse, trauma and attachment issues etc as well as or rather than the disability**



## **The MOU**

**The MOU is ONE mechanism, at the formal level, to support working in partnership and inter-agency collaboration**

**It assists with:**

- identification of shared goals**
- specifying the benefits of collaboration**
- specifying how coordination will occur**
- identifying relevant policies and procedures**
- specifying the nature of shared responsibilities**



## **The MOU between DSQ and DCHS**

**Overview: the MOU sets out principles and respective roles and responsibilities to support the provision of services to children and young people with a disability who are at risk of harm or in need of protection**

**It is signed by the Directors-General of the two agencies**

**It has a built-in monitoring, reporting and governance arrangements**

**It provides the formal framework for working together.**



## **The MOU between DSQ and DCHS**

**Scope/aim: to promote effective communication and collaborative service provision between DSQ and DChS**

**Target group: children and young people with a disability who are at risk of harm or in need of protection**

**Context: the protection of children and young people and provision for their well being is most effective when provided through partnerships, based on agreed principles**



# The MOU between DSQ and DCHS

**Principles include: effective partnerships optimise integrated and coordinated case planning and service delivery**

**Roles and responsibilities summarise, for each agency, relevant core business, including legislative underpinnings:**

**- DSQ: lead agency in relation to disability issues with a responsibility to promote the safety and well-being of CWD**



# **The MOU between DSQ and DCHS**

**- DChS: lead agency for the whole-of-government response to child protection**

**Schedules to MOU: these specify how the agencies will work together in specified circumstances (currently schedules are in place regarding communication and transition from care)**

**A separate protocol has been agreed for responding to families who require out-of-home care for their child for reasons of the child's disability**

**(A multi-lateral MOU underpins the delivery of the 'Evolve' inter-agency service)**



# The schedules: communication

## **The communication schedule acknowledges:**

- **The need to develop/enhance a culture of collaboration**
- **That barriers to effective communication can occur due to a range of structural, cultural and systemic factors**
- **The need to work together to overcome barriers through the effective identification of problems and the implementation of shared solutions**
- **Information sharing protocols**



# Communication action plan

## **Collaboration:**

- **Provide relevant information**
- **Undertake eg training to promote awareness of roles and responsibilities of both organisations**
- **Develop and disseminate procedures for sharing information about children with a disability known to DSQ who enter the child safety system**
- **Continued joint participation in Evolve inter-agency services**



## **Communication action plan**

### **Overcoming barriers:**

- Jointly implement transition from care planning process**
- Jointly implement collaborative decision making around children requiring out-of-home care for reasons of their disability**
- Be responsive to requests to share skills and expertise (eg training, communication materials)**
- Promote the MOU via intranets and joint information sessions and/or workshops**



## **The schedules: transition from care**

### **This schedule:**

- Relates to young people with a disability who have a disability as defined under the *DSA* and who have been supported by DChS primarily in out-of-home-care placements.**
- Specifies the referral process from DChS, DSQ's response commitment, eligibility confirmation processes and, for eligible young people, DSQ's support and involvement in the DChS planning process**



## **The schedules: transition from care**

- Specifies the information DSQ may be able to provide regarding adult disability services**
- Confirms that DSQ can assist to ensure appropriate funding submissions are made**
- Confirms that DChS is responsible for referral to GAAT if appropriate**
- Specifies roles at the transition point –across the time of the young adult’s 18<sup>th</sup> birthday and subsequently**



## **Practice guidelines**

**Practice guidelines, intra-agency policies and procedures, and other supporting documentation are other FORMAL mechanisms for supporting partnerships and collaboration.**

**For transition from care, DSQ has DSQ policy and procedures that specify the detail of DSQ staff roles and responsibilities. Similarly DChS has relevant sections in the practice manual.**

**These ‘drop down’ from, and support, the MOU**



# Joint training

**Training is also a FORMAL mechanism for supporting partnerships and collaboration**

**Implementation of the MOU, its schedules, and other collaborative processes require shared information sessions, discussion and work-shops**

**Implementation at the local level supports the development and maintenance of locally-based partnerships and relationships**



# Relationships

**Relationships can be specified FORMALLY  
but need to work INFORMALLY**

**They are required at all levels**

**They require ongoing development and  
nurturing**

**They require trust, respect and commitment**



# Summary

**The MOU is an important element in the formalisation of collaboration and partnerships, providing high level authority**

**It is essential that the MOU and other formal structures are operationalised through the development of informal local partnerships**

**The 'Evolve' inter-agency service has provided significant learnings about the detail of effective collaboration, at both formal and informal levels**