EU-Project "FACT FOR MINORS. Fostering Alternative Care for Troubled minors"

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Capacity Building_WS2

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Theoretical Aspect and practical guidance for professionals working with children with mental health disorder hosted by alternative care communities.

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1.CAPACITY BUILDING. THEORETICAL ASPECTS.

The term "Capacity Building" is often used in association with the terms "capacity development" or "capacity strengthening" to describe a continuous improvement process of individuals in the economic, institutional and management area.   The term "Capacity Building" refers to an internal process within a specific organization that could be strengthened or speeded up by the action of external inputs in order to enhance capabilities by exploiting existing ones.

It's important to note that C.B. is different from a traditional learning process carried out through training courses: the latter work on each individual's skills and competences while a C.B. Process works on the organization as a whole system.   Therefore, C.B. includes all the human resource development activities and management activities *(e.g. strategic management, organizational reengineering, knowledge management, information management,* etc.)[1].

The Capacity Building concerns practitioners, institutions, community and networks. It's defined as:

> ➢ Strengthening of knowledge, expertises, skills of social players;

> ➢ Promoting the empowerment of decision makers and policy-makers;

> ➢ Promoting of a more dynamic relations and strengthening cooperation between the existing resources and the local context with the view to create higher mutually beneficial through the adoption of a greater inclusive approach[2].

Thus, it seems clear that the difference between a capacity building process and a traditional learning process is that the latter concerns the competences of each individual professional whereas the capacity-building actions target an improvement of the whole network of actors involved. Therefore, it is not intended as a means to indicate the most appropriate approach to address the needs of minors targeted by the project since that is a matter for each individual professional.   Minors targeted by the project present a variety of problems/issues: that's why the therapeutic and socio-educational care of these minors is assigned to different institutions and services. By involving a diversity of professional figures in fact, the project represents a major asset for any given community, an undeniable added value capable of meeting the needs of troubled minors. Unfortunately, the division of roles and responsibilities between the various institutions and actors in regards to these "special" cases is rarely well

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[1] Voce dizionario Treccani. Lessico del XXI Secolo (2012).

At the International level, a number of the most commonly used definitions contained in official documents: "The establishment of an environment conducive to the institutional development, which involves the society participation, the human resources development and the improving of system for managing, through appropriate political and legal structure". (**UNDP *United Nations Development Programme1991***); "Capacity of human, scientific, technological, organisational, institutional and financial capital that belongs to a Nation"; "The key objective of a C.B. Actions is to strengthen the abilities to evaluate and guide the crucial issues relating to the political choices and methods of implemented between several options for developing" (***Agenda 21***, cap. 37); The capacity of individuals, institutions and society to implement functions, solve problems, to achieve the objectives sustainably (2006 **UNDP**)"; This shows the wide variety of apporach and views about the subject.

[2] http://www.undp.org/cpr/iasc/content/docs/UNDP Capacity Development.pdf UNDP Capacity Development Practice Note, April 2006, p.3.

defined and this may cause uncertainty about who should be responsible for what. Another major problem is the lack of common procedures, tools, and terminology used to make a diagnosis. This leads to a certain difficulty in formulating judgments that guide the actions of social workers, teachers, psychologists and psychiatrists. As a result, minors with special needs do not receive proper care, often entailing severe consequences – both in clinical terms, resulting in a rise in chronic diseases; and in social terms, with children becoming more vulnerable and at risk of future delinquency.

That being so, the key issue isn't to refer to the specific role and capabilities of individual actors: the crucial issue is the concept of "integration" which includes the ability to work with other actors, to share objectives, to include different areas of expertise within the same system.

The concept of "integration" means an efficient coordination among the different bodies working with the same objective: to meet the various needs of minors targeted by the project. The aim is to reduce complexity, unnecessary duplication and operational delays with a view to facilitate dialogue between the various professional figures and to achieve shared solutions.

These considerations refer to the targets set in the *EU Call for proposals JUST/2015/RCHI/AG/PROF*, in response to which the project *"Fact for Minors"* has been developed[3].

The great challenge for the Project is to develop and test a new multidisciplinary approach able to integrate and coordinate the specialisation of each professional figure with that of others by adopting a new holistic and inclusive approach. This is a very complex process which implies the identification of common procedures, tools, and terminology.

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[3]The assistance and protection for children in alternative care community with psychiatric disorders requires a multidisciplinary and integrated approach between all services involved in the taking charge of this minors by enhancing the cooperation between these actors. The many elements of suffering which characterise minors targeted by the project require complex measures that involve different professionals and expertises which result fragmented among the different Juvenile Justice Services and educational agencies. But the real situation is very far from the expectations: the therapeutic, and socio-educational care of these children are assigned to different institutions and agencies and the division of roles and responsibilities between the various agencies and actors in regards to these "special" cases is rarely well defined and this may cause uncertainty about who should be responsible for what. The lack of common procedures, tools, and terminology used to make a diagnoses, making it difficult to formulate judgements that guide the actions of social workers, teachers, psychologists and psychiatrists. As a result, children with special needs do not receive proper care, often entailing severe consequences for them– both in clinical terms, with the growth of chronic diseases; and in social terms, with children becoming more vulnerable and hence at risk of future delinquency. Hence, the "integration" is a crucial element in the planning and implementation of a response programme in order to build a curative alliance between children and their families. The lack of cooperation between the Juvenile Justice Service and other agencies involved in taking charge of those minors represents a strong element of criticality both to the interventions planning in criminal proceedings and to the provision of report for the judical authorities responsible for the procedure.

The key elements to be followed for an efficient capacity building-action are set out in more detail below:

1.The Capacity-building process will be conducted on two levels: one based on cultural aspects and the other on working methods. It's necessary to modify professional behaviour and *habitus* by putting forward significant changes to the working practices, formal agreements and laws underlying the cultural organisation.

2. The Capacity-building action is addressed to service operators; it will be carried out through training and co-planning initiatives with a view to modifying certain elements regarding cultural organization that adversely affect the results achieved.

3. Finally, the Capacity-building action will engage different institutions (both public and private) that work with and for children in alternative care community. This will be implemented through co-planning initiatives in order to increase knowledge, share information and strategies, establish a common language about prevention and rehabilitation.

The basic idea of this reflection is that the "*specialized approach*" is doomed to failure because it may not meet the needs of the user (in terms of time and methods). On the contrary, the adoption of *networking* represents the most appropriate and effective response to the special needs of minors targeted by the project with the involvement of all stakeholders.
The integration between different services can be carried out in several ways: through the identification of clear guidelines and determining uniform procedures relating to certain areas; training courses and workshops open to all stakeholders focusing on a specific issue, etc.
These forms of integration can be approached in an horizontal manner rather than a vertical one. The "horizontal approach" means that all relevant stakeholders are on an equal level in making decisions regarding the coordination of activities (through "Formal Agreements"). If a "vertical approach" is used, all the decisions are taken by a single authority that provides guidelines and operational guidance for the others.
 It's possible to identify different forms of integration between services according to the areas and subjects involved. It's important to underline that in addition to implementing coordination actions, new services and operational procedures are created.

In order to put the concept of integration into practice, the following criteria should be considered:

> • *Negotiation and planning of the strategic positioning* of each of the subjects within the network in order to specifically define their roles;
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> • *Common language and terminology* between the various agencies and actors. Each subject puts in place its own strategy, a specific project, organizational framework and language. It seems necessary to start a process of negotiation with a view to improve integration through the development of "operational guidelines".
>
> • *Verification and redesign of interventions through the* involvement of the key actors of the project. The critical aspects concern: a possible idealization of the networking and the distrust towards and superstitions towards the people which make up these networks.
> As regards to the first aspect, a "magical power" has often been attributed to the network: actors and administrators appealed for the functioning of the network to the presence (and the absence) of formal agreements, procedures and protocols.
> As to the second aspect, it appears necessary to pool specific knowledge and competencies in one specific field with others who have complementary competencies. This creates an improvement of the response actions and the cooperation with other services or departments that may have relevant responsibilities.

There are two approaches to the development of a network:

a) *Formal approach*

All the actors involved within a network in various capacities shall be identified and recognized. It's possible to list all the actors with which one is habitually in contact . The formal network is composed of a set team of actors[4].

b) *Goal oriented approach*

These kind of networks present a variable structure: the strategies of cooperation aim to implement a part of the activities. This is the reason why this kind of network is marked by discontinuous relations and the cooperation between the actors is limited to specific cases and conditions.

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[4] "Memoranda of Understanding" certify the awareness of every single actors about the need for dialogue about the achievment of the ultimate goal shared with all those involved: the well-being of the users.

It should be stressed that the development of a network contains some problematic issues:

1. From the specific area of expertise to the general objective.
Generally, in the bureaucratic system the job and the specific tasks are determined in order to ensure the best possible outcome to the users.

2. The exchange of informations among the actors of the networks:
this is a key element because every actor must be informed regarding the minor's condition so that they should benefit from the work of the network. The information should not be of personal property of the individual actor because in this case the network wouldn't make any sense.

There are many reasons for the lack of the circularity of information: the information available is often transmitted informally because it's not easy to transfer a brief summary of useful and reliable information. Furthermore, the persistence of the individual responsibility (instead of a shared responsibility within the network) also determines the lack of knowledge-sharing. In other words, there is still very much a sense of mistrust between the services involved.

3.Time

Finally, it is necessary to take into account the "time" factor" which is by no means a secondary issue. These processes are extremely long and complex because they are dealing with a cultural transformation process. A process which involves not only the way one approaches one's own way of working but also how that impacts the role and duties of the other actors involved.

It is not uncommon in fact, if the first question workers ask is: "why should I do this?"

2.CAPACITY BUILDING. OPERATIONAL APPROACH

Based on the premise that has been made, it is clear that the operational approach to *capacity building* must follow some precise steps in order to:

1) Aid the identification of a problem/issue; 2) realize that the resolution of the problem/issue, thus obtaining a positive result for the minor in question, may only be reached through the shared responsibility of all actors involved; 3) establish and sustain a synergy among the actors (lack of collaboration will lead to an inability to solve the problem); 4) establish a new methodology (taking into account the various roles and duties of all actors) which can effectively lead to reaching goals.

This methodology includes the following specific phases:

1. Analysis of the current situation.

The experimentation/trial may occur in a specific or in a more widespread area depending on the availability of personnel involved in this partner project. In fact, a great deal depends on whether there are the necessary services and personnel already in place and whether they have established a working relationship with the local educational services. With the help of local personnel in fact, a more accurate analysis of the subject's daily physical and emotional environment can be made. The personnel involved

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in the taking into care of the minor includes both the juvenile justice workers and those operating in the social service sector.

2. **Identifying the key actors**

Once an overall assessment of the context in question has been made it is then necessary to ascertain the role of each key actor in the taking into care process. In order to do this, each of these actors should undergo an in-depth interview to determine not only if they are fully aware of their duties and the part their professional role plays but also whether they are aware of the role and duties of the other key actors involved.

Listed below are some of the subject areas to be covered during the in-depth interview. They are only a brief sample which can be adapted and integrated with more specific questions depending on the various contexts under analysis.
Outline for subjects to be covered during in-depth interview:

a. Role and duties of the interviewee;

b. Level of awareness regarding duties of other actors involved in the care of minors process ;

c. Level of intra/inter collaboration among institutions

d. Level of collaboration among services

e. Collaboration procedures (formalized protocols/agreements; non-formalized, etc…)

f. Level of exchanged information (method/length of time, etc…)

g. Critical/problem areas encountered during the taking into care process.

3. **Pinpointing problem areas and developing strategies to solve them.**

By talking to the various actors involved, it should be relatively simple to pinpoint the most significant aspects of each person's role/duties in relation to their individual contexts and their whole area of operation.
In particular, gathering such information will allow a better understanding of:

- What is effective
- What is not effective
- What can be improved
- What can be resolved
- Suggestions
- Practical solutions and assignment of duties

Furthermore, by discussing these subjects in *a focus group (*as foreseen in the Project*: 2 Focus Group per country, except Italy 4 FG, and except Belgium; 15 participants per FG) the actors will be able to express their needs and contribute to finding effective solutions.

Following is a table which can be used as "**matrix of operating processes**" for the

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categorization of the qualitative data obtained.

	Analysis of what is effective	Analysis of what is not effective	Improvements	What can be resolved	Practical solutions	Assignment of duties
Strategies						
Organization						
Theoretical references; methodologies; experiences						
Practicies						
Instances of collaboration between services/institutions						

This phase will serve to highlight the most problematic and fragile areas of the process which necessitate improvement.

4. Development of a new operational approach

The development of a new operational approach is essentially based on the testimonies of the various stakeholders and what they believe can and should be improved. Thanks to these testimonies an analysis of the entire process and the roles and duties of all those involved can be made and used to create a more effective way of working. However, in order to develop a new method the capabilities of all actors must be improved and their relationship with all local services and institutions optimized. For this reason it is crucial that the information regarding the stakeholders experiences and any problems they may have encountered be analyzed carefully. Thanks to an accurate analysis of problem areas in fact, personnel can be trained accordingly and be given the necessary tools and know how to intervene in specific situations. And of course, all interventions should occur on a multidisciplinary level with the utmost synergy between key actors.

Therefore, the development of a new operational approach must take into account the following "points for improvement":

a. **Facilitate the Exchange of information** between all actors involved in the process;

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b. **Adopt an "integrated" approach**, capable of establishing relationships between all services and institutions involved. In order to establish better relationships between institutions, all personnel must "loosen" their attachment to their usual area of operation and be fully open to collaborate with the other actors involved; this requires that problems be sufficiently considered and shared in order to be overcome and transformed, as a team, into achievable goals. In this way, the positive outcomes obtained by the entire team can go on to represent a new way of working for the future, one which benefits both personnel and the minors and their families.

c. **Set up a system which will allow each actor involved in the care process to know exactly who else, and in which capacity, is involved.** Guaranteeing easy access to this information will avoid any uncertainties regarding a co-worker's role and/or duties and encourage greater synergy between workers. Cases of bad practice may be also avoided if workers are allowed to be less diffident towards colleagues they are not familiar with. Thus, there should be a common objective to shorten distances and increase cooperation between all the personnel involved in a common case. In some contexts however, it may prove difficult to achieve a good level of cooperation resulting in recurring problems. This should be avoided at all costs, especially when the lack of cooperation leads to a negative end result.

d. **Adopt a more "inclusive" approach**: widening the existing network to include more professional figures can favor the quality of the work done.

e. **Propose mediation**, as a means to find and highlight common elements among co-workers. Knowing they have shared responsibilities and objectives, workers are more inclined to find a way to collaborate, despite any feelings of opposition, in order to reach their common goal.

A methodology for the development of a new operational approach which takes into consideration the above mentioned points will:

➢ Promote the reciprocol recognition of roles/duties on the part of all actors involved

➢ Guarantee that all actors understand the role/duties of all personnel within a specific network

➢ Clearly define the specific duties of each actor involved

➢ Clearly Define the shared area of operation

➢ Highlight the opportunities and/or complexities regarding the specific cases

➢ Define shared practices

➢ Formalize collaboration agreements/protocols

5.Experimental phase in the various contexts

The final phase in capacity building foresees an experimental period, within the various contexts, using the operational approach. During this phase it would be optimal if <u>all the professional figures necessary within a specific network were involved</u>; the non-inclusion of one or more professional figures should be highlighted in order to subsequently include them in the capacity building process.