



Submission to the Minister for Children and Youth Affairs to inform the implementation plan in relation to the recommendations from the Commission to inquire into Child Abuse

This submission was prepared in conjunction with the Children and Families Special Interest Group of the Irish Association of Social Workers.

The Social Workers in the Children and Families Special Interest Group of the IASW aim to provide its social work members with a forum to express relevant professional perspectives and to advocate on behalf of services for children and families.

The IASW welcomes the opportunity to be able to contribute to the implementation plan in respect of the recommendations.

Introduction

Social Workers working with Children and Families in the Health Service Executive (HSE) have been responsible to ensure that the needs of children are identified, responded to and met since the Health Boards were established under the Health Act 1970. This responsibility was enhanced in the 1991 Child Care Act as it placed the statutory responsibility for the promotion of the Welfare of children, who are not receiving adequate care and protection, on the Health Boards, now HSE. This responsibility was delegated to the social work service as it was recognised that the social work training equipped social workers with the appropriate skills to fulfil this task.

Legal context for Child Welfare and Protection services

The Child Care Act 1991

The Child Care Act 1991, under section 3.1 and 2, places the responsibility for the promotion of the Welfare of Children, who are not receiving adequate care and protection on the Health Boards (now HSE), having regard to the principle that it is generally in the best interest of a child to be brought up in his/her own family.

It further obliges the HSE to provide child care and family support services. (Child Care Act 1991, 3.3) This section states: “A Health Board **shall**, in addition to any other function assigned to it under this Act or any other enactment, provide child care and family support services”. This places a duty on the HSE to act in both a preventative and protective manner.

These statutory responsibilities under the act were delegated to the social work service working with Children and Families in community care areas across the country. It is important to note that the Act recognises the inextricable link between prevention and protection and gives them equal weight.

Child Welfare Service Delivery

The recommendations of the Commission to Inquire into Child Abuse highlight the services dealing with child protection and residential care. As mentioned earlier, the Child Care Act places a duty on the HSE to act both in a preventive as well as protective manner. If we are to improve the lives of children in the future social workers will have to involve the whole family and be involved with families at an early stage.

The Agenda for Children’s Services Policy Handbook (Office of the Minister for Children, Department of Health and Children, 2007) sets out the strategic direction in relation to children’s health and social services/welfare services in Ireland. It outlines the importance of better outcomes for children and the policy handbook sees this achieved through a whole system focused approach to service delivery that covers a continuum of services from prevention, early intervention, protection and out of home care and advocates the use of comprehensive Family Support Services based in the local community. The establishment of family support and child care services is part

of the HSE statutory responsibility under the 1991 Child Care Act that has been delegated to the social work service.

The child welfare service has been the responsibility of the social work service from the 1970s after the Community Care Areas were established as part of Health Boards under 1970 Health Act. The social work profession was regarded as most suitable as it has a unique knowledge and skills base, which has been developed through a combination of sociological and psychological theory and practice. Social workers specialising in this area of work have gained considerable expertise and are committed to working with families and children on a whole system basis. At a lecture in Trinity College on 22nd June, Professor Dorothy Scott emphasised the importance of working with families to prevent child abuse her slogan: “Think Child, Think Family in all services and sectors” is very relevant to how children should be supported.

Historically, social work teams have tried to be actively involved at all levels of this continuum from prevention, early intervention to intervention. In addition to that, a number of social work teams have access to some resource staff, which are part of their teams i.e. child care workers, access workers. Teams in the eastern region have social work trained community development workers that are part of the teams and are involved with community group in a local area; they provided an added dimension to the service that is provided by the social work service. Over the years, social work teams were instrumental in establishing or funding day nurseries, family support services, family resource centres, springboard services, foster care and assessment services, neighbourhood youth services, youth teams, day foster care services etc.

The majority of social workers working with children and families regard prevention and early intervention as their primary function. To be able to carry this out satisfactorily it is important that there are sufficient staff and resources available. It would then be possible to intervene at an early stage and support services can be put into place to prevent family breakdown. This is difficult to achieve at present as social work departments throughout Ireland receive high levels of new referrals; continue to work with existing children and families who are allocated to social workers,

including children in care and manage large waiting lists of children and families who are in need of an immediate service and are waiting to be allocated to a social worker.

The IASW response to the Recommendations

1. (i) To alleviate or otherwise address the effects of the abuse on those who suffered

2. A memorial should be erected.

The IASW supports the recommendation to erect a memorial.

In addition to that, the IASW supports the call by various organisations to strengthen children's rights in the Irish Constitution as a living memorial. The IASW views the introduction of this amendment as an essential prerequisite for the delivery of child centred services.

3. The lessons of the past should be learned.

The IASW supports this recommendation. All agencies should refer child abuse concerns in accordance with the 'Children First Guidelines' without a prior screening/assessment process within that organisation prior to referral.

4. Counselling and educational services should be available

The IASW supports this recommendation

5. Family tracing services should be continued.

The IASW considers that the availability of tracing services is an essential part of any child care service and should be a legal imperative.

This recommendation should be extended to the adoption services. The provision of a tracing service is not part of the present draft Adoption Bill going through the Oireachtas. The IASW is concerned that the draft Bill, if enacted in its present form, will not provide a legal basis for intermediary, information and tracing services to birth parents, adopted adults and to adoptive families that are provided by social

workers and which reflect best practice. The IASW considers it essential that the draft Adoption Bill is amended to include those valued services.

(ii) To prevent where possible and reduce the incidence of abuse of children in institutions and to protect children from such abuse.

6. Childcare policy should be child-centred. The needs of the child should be paramount.

At present the Child Care Act 1991, under section 3.1 and 2, places the responsibility for the promotion of the Welfare of Children, who are not receiving adequate care and protection, on the Health Boards (now HSE) and regards the welfare of the child as paramount. In addition to this, Ireland ratified the UN convention on the Right's of the Child in 1992. Article 3 of the UN convention states that: "In all actions concerning children ...the best interest of the child shall be a primary consideration.

All children's policies and laws must be based on this principle and the rights of the child need to be enshrined in the Irish Constitution.

In order for services to be child centred there need to be clear Government policy directives, services managed and led by a social work professionals with extensive and proven experience in child welfare and protection as well as sufficient staff and resources to ensure that there are real choices for children and that this recommendation can be acted on.

7. National childcare policy should be clearly articulated and reviewed on a regular basis.

The National Child Care strategy is due for review in 2010 and the recommendation that the service should support the needs of the child rather than the system or organisation providing those services is very welcome.

A new policy should have a strong emphasis on the need for prevention and early intervention services, which is set out in section 3.3 of the 1991 Child Care Act, which states: "A Health Board **shall**, in addition to any other function assigned to it under the Act or any other enactment, provide child care and family support services".

This places a duty on the Health Boards (HSE) to act in both a preventative and protective manner.

The IASW considers it of paramount importance that the emphasis of service provision in any childcare policy does recognise the on-going need to support families within their local communities through prevention and early intervention initiatives.

8. A method of evaluating the extent to which services meet the aims and objectives of the national childcare policy should be devised.

The IASW agrees with this recommendation and would like to highlight the need to have the evaluation carried out by experienced professionals, familiar with the statutory responsibility of the HSE and the organisational structures of service providers in order to highlight issues that help and/or hinder the delivery of child centred, needs-led services.

9. The provision of childcare services should be reviewed on a regular basis.

At present the SSI, as part of HIQA, inspects the statutory residential centres and is due to expand this role to the voluntary and private services as well as taking on the registration of all children's residential centres. They have also started some inspections of foster care services. There is an urgent need to extend this role to other care services for children and in order to guide the registration and inspection services under HIQA, the Department of Health needs to review the existing regulations and to amend them to facilitate the drawing up of revised standards and link in with the legislation.

10. It is important that rules and regulations be enforced, breaches be reported and sanctions applied.

The IASW agrees with the recommendation although it would need to be born in mind that punitive systems can create an environment that can work against the welfare of children as staff may try to cover up breaches of rules and regulations. A balance needs to be maintained and supports for staff as well as good supervision and on-going training need to be seen as of prime importance for the safe caring for children.

11. A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed.

This would involve the requirement that each service should have clear policies and procedures as well as be given active support by senior management. (Also, see recommendation 10)

12. Independent inspections are essential

Independent inspections are carried out in the statutory residential child care services by the SSI as part of HIQA. This responsibility needs to be expanded and the inspectors should have the power to ensure that inadequate standards are addressed without delay. This will need legislation and regulations. (See recommendation 9)

13. Management at all levels should be accountable for the quality of services and care.

This recommendation will need the introduction of proper registration of all services that look after children. How the registration will function will need regulations and standards of care can be built on that.

14. Children in care should be able to communicate concerns without fear.

Each child in care should have an allocated social worker to listen, advocate and support them. This should be the overriding ethos in all social work departments, irrespective of the type of placement, i.e. placing a child with a family member. The social worker is responsible, on behalf of the HSE, to ensure the welfare of the child in care, to seek appropriate placements, organise reviews, organise access with family members; liaise with other support services and supports both internal and external.

In order to ensure each child does have quality social work support there need to be an increase in social work staff numbers so that social workers are not overstretched and unable to carry out this responsibility.

15. Childcare services depend on good communication.

Ensuring good communication is part of the social work role and training which emphasises collaborative working, networking and interagency working, supported by good supervision. In addition to that, they have the delegated responsibility under the

Child Care Act 1991; as such they are the key professionals to ensure good communication with the child, the child's family and the relevant professionals. The difficulty does arise when a child does not have a social worker or the social worker has too many cases to look after and is overstretched. In order to ensure this recommendation is achieved, there is a need for additional staff and resources as well as senior management support.

16. Children in care need consistent care figures.

In order to achieve this recommendation, there is a need to ensure that there are sufficient appropriate placements for all children so that each child can be placed according to the child's individual needs, not because a centre happens to have an empty bed. Also, each prospective placement should review the effect of the proposed placement on the children already in the placement in order not to destabilise existing placements.

Appropriate placements have a greater chance to succeed and provide stability for each child. Each placement option should have sufficient support services both for the children as well as the placement provider. Each foster carer should have their own link social worker and have access to other support services when necessary.

17. Children who have been in State care should have access to support services.

This recommendation requires a change in the 1991 Child Care Act section 45, which addresses the provision of aftercare. The Act uses the term "may", this should be changed to "shall", which will ensure the entitlement for all children who have been in state care. The type and extent of the support should be based on each person's individual needs.

18. Children who have been in childcare facilities are in a good position to identify failings and deficiencies in the system and should be consulted.

Consulting with children who have been in care is essential. The Irish Association for Young People in Care (IAYPIC) should be in a good position to provide this consultation.

19. Children in care should not, save in exceptional circumstances, be cut off from their families.

The interest of the child should be paramount and the frequency and length of contact with the child's family/brothers and sisters should be based on good social work practice and professional judgement/experience. The social worker in consultation with their team leader, the child, the family and other professionals involved in the child's life should decide on the frequency and the location. The frequency of any family contact should not be decided on the basis of shortage of resources.

20. The full personal record of children in care must be maintained.

This is an important recommendation as this may be the only record a child will have of their life as a child when they are an adult. This recommendation is one of the regulations in the 1995 Children in Care Regulations; this needs to be born in mind with the review of regulations and standards.

21. 'Children First: The National Guidelines for the Protection and Welfare of Children' should be uniformly and consistently implemented throughout the State in dealing with allegations of abuse.

The emphasis in this recommendation is on the 'uniform and consistent implementation' of the Children's First Guidelines. This often means the introduction of extensive administrative systems, which will shift the ethos of social work from direct work with clients to self protection.

Helen Buckley (2009 p1) in her article: "Reforming the child protection system: why we need to be careful what we wish for" describes two aspects in relation to reform child abuse as "surface" and "depth" issues. She describes them as follows:

"Surface issues consist of the law, policies, procedures, performance indicators and auditing tools... surface issues are based on the assumption that definitions of child abuse are fixed... and may be judged by technical rationality. Surface issues also tend to be presented as unproblematic and based on the somewhat spurious notion that child abuse and neglect are entirely preventable and that once legal systems, policies, protocol and guidelines are followed, only blatant non-compliance or sheer incompetence prevents positive and successful intervention"

“Depth issues, on the other hand, are more subtle and include the ideological basis for the work, the dynamics that occur within and between professions and organisations, the nature and the quality of relationships between service users. Depth issues are processes that complicate the nature and quality of practice.

Helen Buckley maintains that “there is evidence to indicate that some of the regulatory aspects of the work can elicit unintended negative consequences by placing untenable pressure on the system and alienating vulnerable children and families” (p2)

Social workers are highly qualified professionals who have build up a large body of expertise in relation to the investigation and assessment of allegation of abuse. The assessment process is underpinned by the use of various assessment tools and models, which are part of every social worker’s professional training. This training forms the basis of good practice in working with vulnerable families and their children. The key to on-going good practice is the availability of regular supervision, training, agency support as well as positive relationship with other professionals and organisations. An emphasis on administrative systems would change the ethos of social work from direct work with clients where family/child needs are central to protecting themselves and the agency.

It is difficult to assess whether there are difficulties with the child welfare services and whether the introduction of administrative systems is desirable or will support a uniform and consistent implementation in a time when each social work team is experiencing serious staff shortages and insufficient resources, social work teams have long waiting lists and are mainly crisis driven. The perceived inconsistency is often due to lack of resources as well as regional differences in support staff and back up resources. In addition to that, given that the socio-economic profiles of the various areas and regions in the country vary greatly, a standardised system may complicate that further.

There is an urgent need to ensure that the social work service is adequately resourced and that the management and administrative support structures are

in place to allow the social work service to meet its statutory obligation to children and their families.

The IASW would be happy to discuss any of the issues raised in this response with the Minister as well as the Implementation Committee

Ineke Durville

President

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