

A Call for Change Discussion Document

**Children and Families social workers
make their voices heard**

2011

**Children and Families Special Interest Group
Irish Association of Social Workers**



IASW

Irish Association of Social Workers

Cumann na hÉireann um Oibrithe Sóisialta

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Foreword

I am pleased to present the Call For Change Discussion Document, which was devised by the Children and Families Special Interest Group of the Irish Association of Social Workers.

This Discussion Document sets out a number of requirements that could provide a framework for the delivery of a high-quality Child Welfare Service. The IASW views the Call for Change Document as the start of a process and hopes it will provide the focus for a discussion on the delivery of high-quality welfare services to children and families within their local environment; based on good social work theory and practice, which places the needs of children and families central to any decisions and prioritisation of resources..

I would like to thank the Children and Families Special Interest Group for their considerable input and commitment to this document and ensuring its completion.

Ineke Durville

President



Introduction

This document was developed by the Children and Families Special Interest Group of the Irish Association of Social Workers (IASW). 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 service users.

It wasn't an easy task to get Children and Families social workers together to do a project like this. Due to long working days, frequent late home visits and the omnipresent crises that face them in their daily work, it was often difficult to maintain momentum with this project. The difficulties experienced in developing this document are the very reasons that the specific voices of the Children and Families social workers often seems to be silent in response to the current crises in child protection services in Ireland, the various reports outlining those crises and the government and HSE responses to those crises. This silence might suggest to some that Children and Families social workers either don't believe or don't care that vulnerable children are routinely and unnecessarily at risk within the child welfare and protection system in Ireland. This 'Call for Change' aims to put the record straight.

Children and Families social workers know the problems that beset vulnerable children in Ireland at all stages of the continuum of care that they attempt to provide. From the under-resourced and over-stretched social work support for vulnerable children in the community, to the lack of appropriate placements for children in care to meet their needs and to the limited and often non-existent aftercare service for children who have been through the care system – Children and Families social workers see it all on a daily basis. The level of dysfunction, on both a macro and micro level that Children and Families social workers encounter on a daily basis and the risk that children are exposed to as a result, is remarkable and can at times be almost overwhelming.

This project began initially as a response to the HSE's planned National Child Care Information System – in particular the Business Process Standardisation Project (BPSP) part of this system. The BPSP is a model and framework for Children and Families social work services, new to Ireland, developed and put forward by the HSE and the government as the national response to the crisis in child protection services (Health Service Executive, 2009). This system was scheduled to be rolled out nationally beginning in March 2011. While fully supporting the development of child welfare policy and standards for the provision of social work services in Ireland, Children and Families social workers in the IASW are united by a serious concern that the model of standardisation being promoted by the HSE and government is merely a replicated version of the current, bureaucratic, form-filling office work-based approach to social work in the UK system (upon which it is clearly based).

Indeed, just as we in Ireland are about to introduce an almost carbon copy of the UK system, that system has been the subject of one of the widest ranging reviews of child protection in the UK's history (the UK government's Munro Review of Child Protection), a review which has called for the rolling back of that very system on an unprecedented scale.

When the Children and Families subgroup within the IASW gathered in 2010 to discuss developing a campaign in response to the Business Process Standardisation Project (BPSP), what was evident was the subgroup's general concern that the response to the crisis in child protection and welfare services is knee-jerk and crisis-led rather than comprehensive and systemic. The primary importance of this project is that it is an opportunity for Children and Families social workers to play an active role as part of the movement for change within child protection and welfare services in Ireland. The ten sections of this report represent some of the systemic changes that Children and Families social workers feel are necessary if risk to vulnerable children is to be minimised, and for a truly responsive service to be provided to children and families in Ireland. This is not a strategic plan or a fully costed funding proposal. Nor is the current economic climate used as an excuse for inaction within this document. This is a call for comprehensive, meaningful change from those on the front line whose voices have often not been heard, but who will stay silent no longer.

Finally, for the IASW and the Child and Family social worker subgroup within the IASW, this is a reminder of what we value, the children and young people with whom we work, and what they deserve, a service which meets their needs. This is our call for change.

Methodology

This section briefly outlines the process involved in developing this document.

On 23 April 2010, the IASW 2010 Annual General Meeting takes place. It includes an in-depth discussion of the concerns regarding the HSE's planned National Child Care Information System – in particular the Business Process Standardisation Project (BPSP) project part of this system. A motion is passed at the AGM to oppose the introduction of the Business Process Standardisation Project.

In May 2010, the concerns in relation to the BPSP are discussed at the IASW Children and Families Special Interest Group (C&F SIG) meeting. It is agreed that it is important that a discussion document be developed to represent the ideas and wishes for change of Children and Families social workers in Ireland, initially as an alternative to the BPSP. Following this meeting, an initial C&F SIG meeting takes place to brainstorm and develop initial ideas.

In June 2010, an email is sent out to the entire IASW membership, particularly targeting Children and Families social workers, requesting their feedback and ideas for changes in Children and Families' services in Ireland. The initial ideas developed by the C&F SIG are included with this email.

From June to December 2010, the responses of the IASW membership, combined with the ideas of the C&F SIG, are developed into a draft document. Ten key headings are used to focus and structure the document. Halfway through this process an initial draft is sent out to membership for feedback and suggestions.

In January 2011, the draft document is submitted to the IASW Executive for feedback. In addition, this draft is submitted to selected Social Work academics for further feedback.

In February and March 2011, feedback and suggestions from the IASW Executive and from the academics lead to a further draft which is submitted to the Executive.

In April and May 2011, final revisions take place and the final draft is completed and approved by the IASW Executive.



‘A Call for Change’

Background to this document

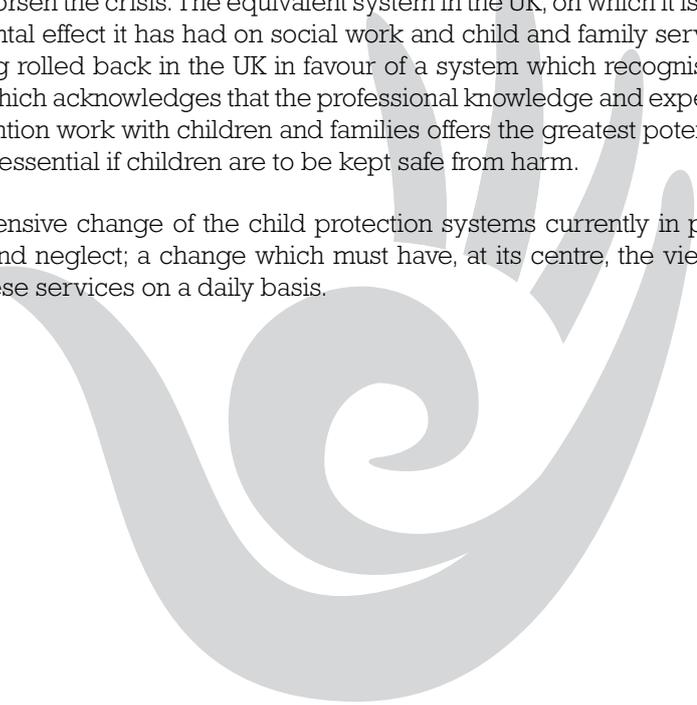
This document was developed and compiled by Children and Families social workers in Ireland, through the Children and Families Special Interest Group (SIG) of the Irish Association of Social Workers (IASW). Often described as ‘child protection social workers’, Children and Families social workers are those social workers who work, generally within the Health Service Executive (HSE), in supporting children at risk in the community and children in the care of the state. In their statutory role (under the Child Care Act, 1991) of promoting and protecting the welfare of children, they are at the front line of the assessment of and response to sexual, physical and emotional abuse and neglect, as well as providing supports and interventions for children and their families.

The process of developing the document began in May 2010, when the members of the IASW Children and Families SIG began a process of gathering ideas, comments and suggestions for change, via email correspondence, from IASW membership, particularly targeting Children and Families social workers. These ideas, along with relevant background research, were compiled into a discussion document by the members of the Children and Families SIG. The document was then edited and revised at various stages, with assistance from the IASW and appropriate external review in the final stages of this process. It was completed in May 2011.

While there have been many public debates and discussions in Ireland in recent years about the nature and state of Children and Families social work, the impetus for this document came initially in response to the Health Service Executive's proposed introduction of the National Child Care Information System (NCCIS) Business Process Standardisation Project (BPSP) (Health Service Executive, 2009), something which the IASW has significant concerns about. This is a new model and framework for Children and Families social work services in Ireland. It is being put forward by the HSE and Government as the national response to the crisis in child protection services.

The HSE and the government have both described the NCCIS Business Process Standardisation Project as the answer to the crisis in child welfare and protection services in Ireland. However, many social workers feel that this bureaucratic, form-filling and deadline-based approach to managing social work practice, with its focus on performance indicators, targets and statistics, will not only fail to provide the answers to the crisis in child welfare and protection services in Ireland, but it is very likely that it will significantly worsen the crisis. The equivalent system in the UK, on which it is clearly based, has been widely criticised for the detrimental effect it has had on social work and child and family services in the UK. This system is now in the process of being rolled back in the UK in favour of a system which recognises that forms and processes do not protect children and which acknowledges that the professional knowledge and experience of social workers employed in direct early intervention work with children and families offers the greatest potential for making the safe, informed assessments which are essential if children are to be kept safe from harm.

This report is a call for meaningful and comprehensive change of the child protection systems currently in place in Ireland, in order to protect children from abuse and neglect; a change which must have, at its centre, the views and experiences of the social workers who provide these services on a daily basis.



'A Call for Change'

The Summary

Children and Families social workers call for the following changes to protect vulnerable children and families:

- 1)** We call for... social work departments to provide early intervention and preventative services alongside adequate community support services.
- 2)** We call for... social workers to be able to prioritise the relationship-building and direct work with children and families which is vital to protecting children.
- 3)** We call for... the state to provide comprehensive supports for children in care.
 - 3.1)** All children in care need an allocated social worker
 - 3.2)** Children in care need well supported placements that fit their needs
 - 3.3)** Children coming into emergency care need appropriate services
- 4)** We call for... a full and adequate aftercare service for all children leaving care.
- 5)** We call for... equitable levels of high quality service delivery by social work departments nationwide.
- 6)** We call for... child protection to be everyone's responsibility.
- 7)** We call for... legislative and other legal change to ensure children's rights are adequately protected in Ireland.
- 8)** We call for... social workers to be adequately supervised and managed to ensure high quality and professional service provision.
- 9)** We call for... consistency of social work staffing.
- 10)** We call for... a comprehensive, transparent and planned response to the child protection crisis.



1. We call for... social work departments to provide early intervention and preventative services alongside adequate community support services.

“We rarely get a chance to work with families in a preventative way. We spend most of our time dealing with crisis and fire-fighting.” (Social worker, Dublin)

Preventative social work services enable families to cope with difficulties before they reach crisis level. The Child Care Act 1991 places the responsibility on the HSE for the promotion of the welfare of children who are not receiving adequate care and protection. It further obliges the HSE to 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 HSE social work service working with children and families.

From a child or young person's point of view, the earlier help is received, the better. Research on children's development emphasises the importance of such early intervention to positive long-term outcomes for children and young people (Munro, 2011a). At present social workers state that there are limited opportunities for social workers in preventative and early intervention roles. Many social workers spoke about crisis situations where children were taken into care that could have been avoided if preventative supports had been put in place at an earlier stage.

Early intervention decreases the stigma attached to receiving support from the social work department and also increases the possibility of engagement with the service if a crisis occurs. This ultimately leads to better long-term outcomes for children and families (Office for the Minister for Children and the Department of Health, 2007). There is a strong sense from social workers in the field that social work services for children and families need to focus more on the provision of early intervention, community supports and specialist services for children and their families to prevent or reduce longer-term risk of harm. This is a stark contrast to the current emphasis on risk management and investigating alleged child abuse.

In addition to social work support from the HSE, adequate community-based supports need to be in place within local communities to support families, reduce the pressure on social work departments and meet families' needs locally.

Some ways change can be achieved:

- An allocated social worker for every child who, following an initial social work assessment is deemed to be at risk in the community.
- Social workers to have the opportunity to be involved in community work, ideally within a geographic patch-based system, to improve relationships between HSE social workers and the voluntary and community sector; and to be in a position to identify children in need of supports at an earlier stage.
- Family support services and family centres in the community to be managed by social work team leaders and include social work posts, in order to provide vital back-up resources to social workers and coordinate the support provided.
- Social workers to be employed/seconded to schools. Schools are among the most important and significant places for identifying children in need of early intervention.
- Adequate funding and fully-staffed teams to be provided for the provision of community-based preventative services for children and families.

2. We call for... social workers to be able to prioritise the relationship-building and direct work with children and families which is vital to protecting children.

“It’s often the direct work with the child which is lost in the paperwork, form-filling and filing and administration that makes up much of our jobs. Without this direct work with children, it can be very hard to intervene appropriately for both kids in care and kids at risk in the community.” (Social worker, Dublin)

Many social workers report feeling constantly overstretched by high caseloads. For example, there is a significant shortage in the number of social workers in Ireland per head of capita in comparison to United Kingdom (International Federation of Social Workers, 2010). To even begin to provide the minimal required level of service, including having a social worker allocated to all children in care and for social workers to have safely manageable caseloads, significantly more social workers will need to be appointed. The current numbers simply don't add up – after the 200 posts from the Ryan Commission's recommendations have been appointed there will be approximately 900 Children and Families social workers in Ireland. These 900 social workers will be then set an impossible task – to be responsible for the 5500 children in care in Ireland; to assess and support foster carers; and to assess and support vulnerable children and families in the community.

However it's not just as simple as needing more social workers. The International Federation of Social Workers (2010) states that best practice internationally indicates that social workers should spend 70% of their time in direct work with clients/service users – children and families in this case. Despite this, many social workers in the area of children and families report that they are spending the majority of their time tied to their desks completing paperwork, forms and reports. This means that there is less time left available for them to work directly with the children and families on their caseloads. This severely impedes social workers' ability to build relationships with children and families, which is widely recognised internationally as absolutely central to best practice in addressing child protection concerns and in achieving better outcomes for children and families (Munro, 2011a). There is a concern that the planned introduction of the NCCIS Business Process Standardisation Project by the HSE will further exacerbate these issues, with increased emphasis being placed on administrative tasks and significantly less emphasis being placed on forming constructive relationships with children and families.

Some ways change can be achieved:

- All new processes and work practices that are introduced to HSE Children and Families social work departments must be evidence-based, developed with meaningful consultation with staff and focused on ensuring maximum face-to-face time for social workers with families and children.
- Adequate numbers of social workers to be employed by the HSE.
- An increase in trained administrative staff to support social workers.
- Basic computer tools including IT and communication technology provided nationwide and designed specifically to meet the specific localised needs of front-line social workers, who should have a central role in their design and roll-out.
- Manageable caseloads for front-line social workers and social work managers.
- More access workers, childcare workers and family support workers to support social workers in carrying out their work.

3. We call for... the state to provide comprehensive supports for children in care.

3.1 All children in care need an allocated social worker

“I’ve taken on cases where children have not had an allocated social worker for months or even years. I think it’s appalling that the state would choose to take a child into care and then not allocate a social worker to work with them. If a parent did the equivalent, they would be investigated for neglect.” (Social worker, Dublin)

Children and Families social workers are deeply concerned that 13.5% of children in care do not have an allocated social worker (McEnroe, 2010). This means that 793 children in state care in Ireland do not have a social worker, which is denying them their basic right to a care plan and a statutory child in care review. Having an allocated social worker is the only way that the state can ensure that children in its care are safe and being well looked after. It is vital that children in care have their voices heard and to ensure their needs are being met while in care. The Report of the Commission to Inquire into Child Abuse (Ryan, 2009) has highlighted the need for every child in care to have an allocated social worker and for adequate supports to be in place for all children in care.

The way change can be achieved:

- Full and sufficient staffing of social work teams to ensure that every child in care has an allocated social worker, with a manageable caseload to ensure they can devote adequate attention to that child.

3.2 Children in care need well supported placements that fit their needs

“Due to the lack of appropriate placements, you can end up having to keep a child at home in a situation that is unsafe or take him out of the home into a placement that is not going to last, and so cause damage to the child either way.” (Social worker, Dublin)

It is vital that children in care have a sense of stability and security in their care arrangements, as this stability and security is what they have often lacked at home. Children coming into care are very vulnerable and require placements targeting their individual needs. There are often very limited placement options for children, particularly for children with emotional or behavioural difficulties which require specialised care. The experience of social workers is that children often end up being placed in care placements which don't fit their needs and are often far away from their family home. This is often due to a lack of resources and placement availabilities. This can lead to premature placement breakdown, which has a negative impact on a child (Fahlberg, 2004). In addition, many foster carers, particularly relative foster carers, lack social work support to assist with the challenges of responding appropriately to the challenging behaviour of some children who come into their care. This support to foster carers is imperative to ensure that placements for children do not break down prematurely.

Some ways change can be achieved:

- Respite care placements to be made available to support children in the community to remain primarily in the care of their parents, and also to help foster carers who require respite from children with challenging behaviours.
- More residential and foster placements to be made available, and for these to be flexible, appropriate and in local communities, including the provision of therapeutic foster placements with high-skilled and trained foster carers for children presenting with challenging behaviour.

- Provision of more high-support and secure units for children with a level of need assessed as placing them at serious risk, and options for children to remain there for longer lengths of time than the current 3-6 months, if this is assessed as being necessary.
- Time and funding to be made available for fostering recruitment campaigns for both general recruitment and recruitment for specific children, something which been called for as far back as the Task Force on Child Care Services (1980).
- All foster carers need to be fully assessed, trained and have an allocated fostering social worker to support them, including relative foster carers.

3.3 Children coming into emergency care need appropriate services

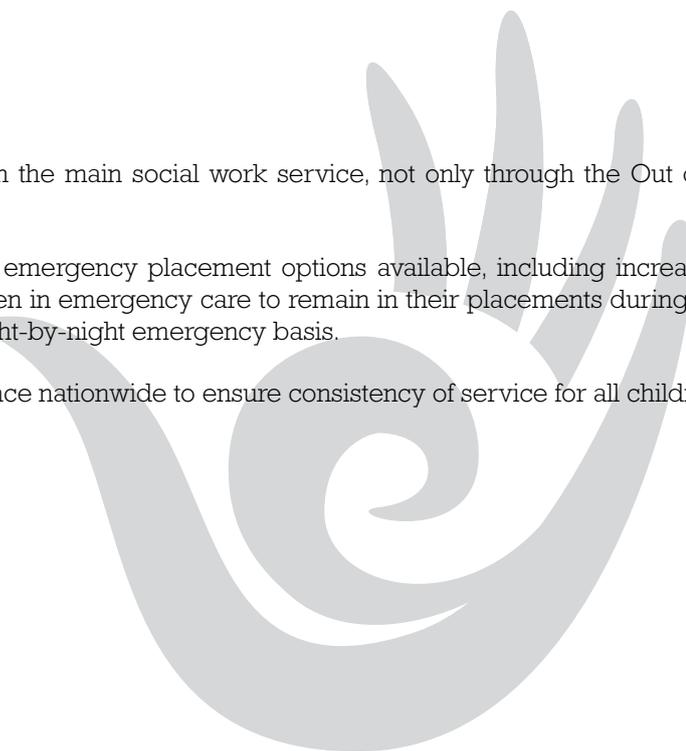
“I think the Out of Hours service staff in Dublin are doing the best they can, but they have very limited options to offer young people in terms of accommodation, particularly for teenagers. The accommodation for these children is not child friendly, and is often dangerous and linked in with a sub-culture of homeless, drug users involved in criminality. Overall I’d be extremely reluctant to place young people in those services as it can just make things worse, but it’s often the only option.” (Social worker, Dublin)

Young people requiring emergency care outside social work service hours can often only be placed in an emergency placement accessed through the Out of Hours social work service. This service operates in some major cities around Ireland, with most of the country having no formalised Out of Hours services at all.

In Dublin, the Out of Hours social work service can generally only be accessed through Garda stations after 6pm for children under 12 years and after 8pm for children over 12 years. Children and young people who are coming into care are very vulnerable, and it is highly inappropriate for them to have to call to Garda stations late at night to be offered shelter. Most of these emergency beds are not accessible during the day and so vulnerable young children are forced to leave the emergency accommodation for the day. Often they are left with no supports or anything to do during the day, which places them at further risk.

Some ways change can be achieved:

- Emergency beds to be made available within the main social work service, not only through the Out of Hours service.
- Resources to be put in place to improve the emergency placement options available, including increasing the number of units available and enabling children in emergency care to remain in their placements during the day and on a short-term basis, rather than on a night-by-night emergency basis.
- A national Out of Hours service to be put in place nationwide to ensure consistency of service for all children.



4. We call for... a full and adequate aftercare service for all children leaving care.

“The excitement of their approaching 18th birthday is usually outweighed by the anxiety of leaving behind the security of a residential or foster home. These are young people who have already gone through traumatic events that necessitated them coming into care; their coping mechanisms cannot be compared to that of someone who has been brought up in a loving, stable family environment. It is absolutely vital that support for these vulnerable young adults continues after they turn 18.”
(Social worker, Dublin)

Social workers have reported a disparity in the provision of aftercare services in different parts of the country, with some areas not having any aftercare service at all, or even an aftercare policy. Currently there is a significant absence of proactive national HSE policy regarding the provision of aftercare. This has led to a high number of children who have been through the care system without receiving any aftercare service.

Young adults leaving care are often far more vulnerable and isolated than others their age and can find it very difficult to cope without supports. Studies have shown that children leaving the care system are at a higher risk of becoming homeless than other children their age, and also of suffering from mental health difficulties and/or becoming involved in drug addiction and criminality, and this can and often does have a detrimental effect on their life chances (Maycock & O'Sullivan, 2007). Newly published research by Empowering Young People in Care (EPIC – formerly the Irish Association of Young People In Care) on the outcomes of young people leaving care highlights that consistency and stability is key to positive outcomes for young people, affecting their ability to achieve well educationally, to have good physical and mental health and to promote resilience and coping skills across all areas of their lives (EPIC, 2011). The research also highlights the importance of taking young people's views and perspectives into account and for the need for continued aftercare supports (EPIC, 2011). The Youth Homelessness Strategy states that these young people need high quality aftercare in order to give them a fair chance in life (Government of Ireland, 2001).

The recommendations of the Report of the Commission to Inquire into Child Abuse (Ryan, 2009), which the government is committed to implementing, states that “The Provision of Aftercare by the HSE should form an integral part of care delivery for children who have been in the care of the state. It should not be seen as a discretionary service or as a once-off event that occurs on a young person's 18th birthday”. The Ryan Report makes further detailed recommendations in relation to aftercare, again all of which the government has committed to implementing.

Indeed, in response to a question in the Dáil on 19/05/2010, the then Minister for Children, Barry Andrews stated that legal advice, to his Department, from the Attorney General “confirms that the obligation contained in Section 45(1) of the Child Care Act, 1991, is in substance mandatory. The legal advice is that the Act creates a statutory power and the HSE, as recipient of this power, must put itself in a position where it can exercise the power should the need arise” (Dáil Debate, 19/05/2010). However, in 2010 only €1m was allocated for aftercare services nationally, hopelessly short of what is required to deliver a service which will adequately meet the needs of those young people leaving the care system. Aftercare as a right continues to elude those children leaving care who need its support and assistance.

Some ways change can be achieved:

- Aftercare to be seen as a right and placed on a clear statutory footing.
- A nationwide, fully funded and resourced aftercare service with an allocated worker for each person leaving care, with appropriate provision of aftercare placements and support services.
- Allocated social workers working with children in care to remain involved in a supportive role after the child leaves care.

- Children to be given opportunities to link back in with aftercare, with their previously allocated social worker and with their previous aftercare placements, at any stage until they are 23 years old, even if they have refused this support initially.
- The full implementation of all of the Ryan Commission recommendations in relation to aftercare service provision.

5. We call for... equitable levels of high quality service delivery by social work departments nationwide.

“I’ve worked in five different social work areas in Ireland and have been struck at the difference in the responses available within different departments. For example, in some areas children at risk would get an immediate response, while in others they might be on a waiting list for months before they would get support from a social worker.” (Social worker, Dublin)

There is currently an inequitable distribution of resources across social work departments, leading to different levels of social work services being provided in different areas. Children and families are entitled to a high quality service regardless of where they are living or their circumstances. The PA Consulting Group (2009), working on behalf of the HSE, agree that there are significant and often unnecessary differences across social work teams nationwide in relation to how services for children are being managed and delivered. This means that, depending on where children at risk live in Ireland, they can expect to receive different services from their local health offices.

In addition, the Government's 2001 Health Strategy (Department of Health and Children, 2001), highlights the importance of services meeting the needs of service users. However, front-line social work experience is that all too often decisions relating to children in care and at risk in the community tend to be resource-led and based on what is available rather than based on the needs of the child and family. For example, teenagers in care with behavioural issues are expected to fit into mainstream services rather than have a package of flexible care specific to their needs provided for them.

Some ways change can be achieved:

- National standards for social work practice to be developed and introduced in all social work departments based on research evidence, best practice and thorough consultation with front-line social workers. For example, national protocols could be developed in relation to allegations of sexual abuse and services offered to alleged offenders, as well as universal child-centred care plans and child protection case conference forms. However, where necessary there should also be mechanisms for review of these and for different social work areas to amend these to suit their particular local area needs, as identified.
- Equity of distribution of resources across social work departments across Ireland, reflecting demographics and deprivation indicators for each area.
- Equal rights to service provision for separated children. Currently children from non-EU countries who arrive in the country without a parent are accommodated in hostels and receive limited supports.
- A nationwide system of information sharing between social work departments to help track children and families at risk when they move between different social work areas.
- A nationwide Out of Hours service to be introduced.
- Services to vulnerable children in care and in the community to be provided and designed based on children's needs, not on whether the children fit the resources available.

6. We call for... child protection to be everyone's responsibility.

“It’s so important that everyone working with children is aware of the warning signs of abuse and of the procedure for referring to social work departments. Sometimes we have professionals who are reluctant to make a referral and the child comes to the attention of the social work department only when the situation reaches crisis level” (Social worker, Galway).

Social workers do not do the job of protecting children alone. They rely on the people who are involved in the children's day-to-day lives to highlight concerns and have input into supporting families. The input from other professionals involved with families is an invaluable part of social work assessments and it is essential that everyone involved with children and their families work together to ensure that children are safe and protected.

Although media attention often focuses on blaming social workers in the event of tragedies, it is increasingly recognised that everyone in the community has a role to play in protecting children. Due to a number of factors, external agencies and the public can often be apprehensive and/or unaware of how to raise concerns with the social work department in relation to children. This situation is exacerbated by the fact that child protection training, referred to as essential in Children First: National Guidelines for the Protection and Welfare of Children (1999), is not being provided by the HSE, as both training and staffing in this area are not being funded at present.

Indeed the Local Safeguarding Children Board, Haringey (2009) suggests that all staff in all areas working with children and families should be appropriately trained in child protection and welfare matters. It outlines the need for the universal services and professionals in health, education, early year's provision and the police to be appropriately trained, both individually and together. It is important that all parties working with children recognise the authority and responsibility in their role and use this responsibility adequately to safeguard children.

Some ways change can be achieved:

- Child protection training to be mandatory for all agencies working with children.
- Policy development in all organisations involving children, to ensure staff and volunteer awareness in relation to the protection and welfare of children.
- Inter-agency working and partnerships between professionals to be promoted and time given to social workers and community social workers to encourage this through, for example, carrying out agency visits and making links with local community groups to exchange information, knowledge and experiences.
- National and local awareness campaigns to make the public aware of their responsibility in reporting child protection concerns.
- National and local awareness campaigns to make the public aware of what front-line social workers do and what child and family services involve, including how referrals are made and how they are responded to by social work services.
- Joint training with social workers and professionals, employees, volunteers and other people working in agencies and services in the community which have direct contact with children.

7. We call for... legislative and other legal change to ensure children's rights are adequately protected in Ireland.

“It is not always possible to ensure that the rights and best interests of the child are paramount in every case, because the bottom line is that the Constitution places the rights of the family unit above those of the individual child. This situation will not change until the rights of the child are enshrined as paramount in the Constitution” (Social worker, Dublin).

Section 3 (2) of the Child Care Act 1991 states that the HSE should “in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child”. This is prefaced in the Act by a qualification statement which states that prior to giving “due consideration” to the “wishes of the child”, the HSE should first have “regard to the rights and duties of parents, whether under the Constitution or otherwise”.

The Child Care Act 1991 does state that the best interests of the child should be the paramount consideration, but this at times conflicts with the precedence given to the rights of the family under the Irish Constitution. It is the position of front-line social workers that the rights of each and every child, regardless of the marital status of their parents or otherwise, need to be acknowledged within the Constitution. This has long since been recommended in numerous inquiry reports, from the Kilkenny Incest Investigation (1993) to the Roscommon Child Care Case (2010), as well as by groups such as the Children's Rights Alliance (2008).

According to social workers, all too often the rights and wishes of the parent(s) take precedence over the rights, wishes and needs of the child. Social workers speak about their experiences of children's lives being ‘put on hold’ until the parents are ready to take them back. Social workers have experienced difficulty in making long-term plans for children in care and in being granted full care orders for children, even when this is deemed by all of the professionals involved to be in the child's best interests.

Article 12 of the UN Convention on the Rights of the Child (1989), states that governments must “assure to the child who is capable of forming his or her own views the right to express those freely in all matters affecting the child”, and must give “due weight” to those views “in accordance with the age and maturity of the child”. Furthermore, according to the UN Committee on the Rights of the Child (2009), this requires governments to ensure that “the child's views are solicited and considered in all care-related decisions”, and that “simply listening to the child is insufficient; the child's views have to be seriously considered.”

In addition, social workers have also voiced concerns in relation to the lack of training in the area of Child Protection and Welfare provided to the judiciary prior to their working in the Family Law Courts. Many social workers feel that the lack of such specific knowledge and understanding within the judiciary has led at times to situations where decisions have been made in Court which are not in the best interests of the child. The difficulties in the court process for social workers, children and families are further complicated and exacerbated by the often unhelpful adversarial nature of the Irish legal system, something which would be significantly improved were the legal system to operate an inquisitorial model of law in dealing with childcare and other family law cases (McGrath, 2005). Positive change could be achieved in this area and there are notable examples internationally upon which the Irish system could be modelled, such as that in place in the Netherlands (McGrath, 1998).

In addition, other legal and legislative changes suggested by social workers are in relation to the area of adoption. Social workers spoke of concerns in relation to the low number of children in long-term foster care eligible for adoption under Irish law. This has huge implications for children's sense of belonging, security and identity in long-term placements.

Finally, the current Guardian ad Litem system in place under the Child Care Act 1991 can be a positive service to young people and can help to provide the necessary independent voice to ensure the child's voice is heard in the court process. However, it is social workers' experience that there is a wide disparity in the standard and quality of the service provided by Guardian ad Litem's. It has been also suggested by groups such as Barnardo's (which provides Guardian ad Litem services) that this is an area that needs urgent regulation.

Some ways change can be achieved:

- A referendum to be held to enshrine Children's Rights in the Constitution, without any further delay. The Constitutional Amendment should also be both child-centred and rights-based and should clearly reflect the rights of the child as prescribed in the UN Convention on the Rights of the Child (1989).
- A review of current adoption laws to ensure that children's needs and best interests are adequately provided for.
- Provision to be made to allow children in care, of married parents, to be placed for adoption.
- Training in child protection and welfare to be provided for the judiciary working in the Family Law Courts.
- Regulation of the Guardian ad Litem services to ensure that they are highly qualified professionals with appropriate previous front-line experience of working with children.
- A broad review of the entire adversarial legal approach to child protection in the courts to explore whether it would be possible to move towards an inquisitorial model of law in dealing with these cases.



8. We call for... social workers to be adequately supervised and managed to ensure high quality and professional service provision.

“Supervision is so important for accountability and to prevent social workers from burning out, but it is often not prioritised in this area of social work. I know of some examples where social workers only receive supervision every 3-4 months. With a busy, stressful caseload, that is just not often enough in my opinion” (Social worker, Dublin).

As with any other job, social workers need to be well managed to ensure a high quality of service delivery to children and families. Consecutive reports into child abuse scandals highlight the importance of social workers being appropriately managed. Supervision should be the core management system in place in Children and Families social work. Its significance, and the centrality of supervision in ensuring both quality and safe practice by social workers, was recognised by the Social Work Task Force Report (2009).

Simply put, supervision for social workers is when they sit down with their team leader or manager to discuss, reflect and plan regarding their cases; how they are doing their job; and how they are developing as a professional. Supervision is the key to ensuring that workers are providing a high quality service to service users and to supporting social workers in the complex task of working with vulnerable children and families (O’Neill, 2004). It is the central mechanism in ensuring that the team leader or manager monitors fully the service being offered to vulnerable children and families (Morrison, 2005). Supervision needs to be more than case management. Adequate time and space needs to be set aside for professional supervision, including the opportunity for reflective practice and continuing professional development. This is particularly relevant now in the context of the introduction of professional registration for social workers, and the HSE must facilitate this professional development aspect of supervision.

All this seems simple enough, but unfortunately supervision is often not prioritised within a busy, crisis-driven child protection service. With large caseloads and increased administrative work done by social workers, supervision is all too often de-prioritised and many social workers reported not receiving adequate supervision in work or receiving minimal low quality supervision. There is very strong evidence to suggest that the absence of effective workload management and supervision makes social workers feel de-skilled, lowers their morale and can lead to poor health (Social Work Task Force, 2009). In these circumstances, it is the service users, in this case children and families, who can end up with a patchy, unreliable service; and in cases of serious risk, the judgment and decision-making of social workers can be impaired which can, in turn, lead to adverse outcomes for children.

Some ways change can be achieved:

- All social work team leaders and managers to be fully trained in managing and supervising front-line social workers, including specialised social work supervision training for supervisors and supervisees.
- Supervision for front-line workers to be prioritised by management and given adequate time.
- Formal supervision to take place on at least a monthly basis, and more often when necessary, based on challenges in caseloads and workers’ needs.
- Opportunities provided for informal, peer and team consultation if necessary.

9. We call for... consistency of social work staffing.

**“There are no allowances made for newly qualified social workers starting work in the area of children and families. You are just given cases and expected to get to work on them with no real induction period. It’s difficult to know where to start!”
(Social worker, Dublin).**

**“I moved out of the area of social work with children and families as I found that I was not getting the opportunity to do the work in the way that I was trained to do it. I was overwhelmed with crisis situations, court work and administrative duties and had little time to meet and develop relationships with children and families”
(Social worker, Offaly).**

The qualification for social work in Ireland is a generic one covering all areas of practice in which social workers are employed – as is the case in most countries, including the UK. Social workers new to the area of Children and Families require a high level of support to enable them to become competent in this complicated and demanding area of work. Without this support, new social workers can be left with a lack of clarity and knowledge in relation to their role and responsibilities, and this can lead to children being placed at risk. At present, induction processes for new social workers in the area of Children and Families are inconsistent and often non-existent, depending on the social work team.

There is also a high turnover of social workers in many social work departments, due to the stress levels and constant focus on crisis work. Often the trend is for newly qualified social workers to begin their career in child protection and then to move to a more stable, settled and less stressful area of social work very quickly. This leads to a huge inconsistency in support to families, reduces the ability to build relationships and limits the efficacy of social work interventions. A high turnover of staff is a huge drain on a social work department, both through the loss of workers on the ground and the need to continually re-induct new members of staff to the service. More significantly there is the loss of the knowledge and expertise of experienced social workers, who are crucial to ensuring that a safe and quality service is provided and who are needed to respond to complicated high-risk cases where difficult and skilled assessments, judgments and decisions are required (Social Work Task Force, 2009; Munro, 2011a).

Some ways change can be achieved:

- Manageable caseloads for social workers i.e. the distribution of caseloads to be based on the level of intervention needed, the social worker’s experience and the time required on each case, including travel time.
- Adequate supervision for staff, including extra supervision for newly qualified staff or staff new to the area of Children and Families services.
- Planned period of induction to be provided for newly qualified staff or staff new to the area of Children and Families services.
- Training opportunities to be made available and time given to social workers to promote continual professional development, including time given to access up-to-date research. This will become mandatory for social workers for professional registration and needs to be supported and facilitated by the HSE.
- Social workers need to have a career structure which rewards expertise in front-line practice and which is also supported by on-going training and professional development. This will assist in retaining experienced staff in the area.

10. We call for... a comprehensive, transparent and planned response to the child protection crisis.

“Over the years I’ve watched as the HSE has restructured and then gone back to the original way things were and then restructured again (spending millions in the process) with no real improvements being made to the lives of children and families” (Social worker, Dublin).

“Managers in the HSE do not appear to take on board any feedback from social workers in relation to proposed changes. I’ve been to ‘consultation’ meetings where every worker present has objected to the proposed changes as they have not been in the best interests of service users, and yet they have been implemented regardless” (Social worker, Dublin).

This project began initially as a response to the Business Process Standardisation Project (BPSP). The HSE is currently in the process of introducing this new system for Children and Families services as part of the wider National Child Care Information System (NCCIS), to be implemented nationally in all Children and Families social work departments (Health Service Executive, 2009). According to the HSE, the national implementation of the BPSP was scheduled to begin in March 2011 and is ‘well underway’ (Health Service Executive, 2011).

The BPSP is essentially a system/model which involves a framework which prescribes, records and monitors how Children and Families social workers carry out their daily professional work. While all these functions are necessary for managing social workers effectively, the concern of Children and Families social workers in Ireland is that the new processes involve lengthy, cumbersome and frequently repetitive administrative tasks to record every aspect of this work, from referral to initial assessment to further assessment to family support to children in care. All of this, initially in the form of paperwork and ultimately as part of the new national IT system, will be on top of the excessive levels of paperwork/deskwork already experienced by front-line social workers and will be required to be filled out within specified timescales. This BPSP is an almost carbon copy of the UK’s Integrated Children’s System (ICS) and its associated Common Assessment Framework (CAF). Fundamentally the concern is that, as has taken place in the United Kingdom, the increasing level of regulation will lead to front-line social workers feeling obliged to do everything by the book rather than use their professional judgment, and the system will be focused on individuals “doing things right” rather than “doing the right thing” (Munro, 2011b).

The implementation of the BPSP’s equivalent in the UK has been widely criticised for a myriad of reasons, but fundamentally for not just failing to reduce the risks to children in need but in fact contributing to those very children potentially being placed at even greater risk, and effectively being a model which is unfit for purpose (Bell et al, 2007; Brandon et al, 2006a; Brandon et al, 2006b; Broadhurst et al, 2009; Munro, 2010; Munro, 2011a; Munro, 2011b; Peckover et al, 2008; Peckover et al, 2009; Social Work Task Force, 2009; White et al, 2008; White, 2009). Criticisms from the UK evaluations include research suggesting that the system directly results in unsafe and dangerous practices (Broadhurst et al, 2009; White et al, 2008), that it has led to social workers spending between 60% and 80% of their time at their desks (Peckover et al, 2008), that it is effectively a system of forms with a complete absence of narrative from which to understand the children, families and, ultimately, the assessments of Social Workers (White et al, 2008; Peckover et al, 2009) and that contrary to the system’s claims to increase efficiency and save time the research evidence found that the system had the opposite effect (Bell et al, 2007; Hall et al, 2008; Pithouse et al, 2009; White et al, 2008). The Social Work Task Force UK, set up in the wake of the Baby P case, recommended that the first priority of the UK government should be the scaling back of this flawed model and that the regime seriously needed to be softened and local social work practitioners autonomy increased (Social Work Task Force 2009).

In June 2010, the new UK government established the Munro Review of Child Protection, an independent review of the child protection system, to build on the work of the previously completed Task Force Report. The Munro Review was tasked with reviewing the best available evidence and practice, with a view to identifying what is required to reform and improve child welfare and protection services, what needs to change, how it should change and how this should be done (Terms of Reference for Munro Review, 2010).

Munro (2010) reviewed in detail the current system in place in the UK and reported that while time-scales and fixed methods of assessment provide some level of control of the child protection system, they can do so at the expense of thoughtful social work practice. Munro (2010) stated that it should be possible to provide thoughtful assessment and timely decision-making without the need for false assessment distinctions and timescales which seek to over-standardise the many varied and complex needs of vulnerable children. Munro (2011b) states that safeguarding children in the UK has become overly dependent on procedures and paperwork, and that with front-line professionals spending over 60% of their time in front of computer screens; they are prevented from being able to give children the help they need.

Munro (2011b) states that unhelpful centrally-prescribed time scales for formal procedures should be scrapped. Munro (2011b) recommends that professionals should instead concentrate on making good quality assessments that really focus on delivering the right help for the child, and checking whether that help has improved the child's life. Instead of following procedures, Munro (2011a) recommends that professionals should be spending more time with children, asking how they feel, whether they understand why the social worker is involved in their family and finding out what they want to happen. According to Munro (2011b), "Helping children is a human process. When the bureaucratic aspects of work become too dominant, the heart of the work is lost."

Munro's Interim Report (Munro, 2011a) highlighted numerous alternative models for children and families services to managerialist dominated models such as the BPSP (for brief summaries of seven of these models – models which have been put in place on a pilot basis based on the recommendations of Munro – see pages 65-68 of Munro's Interim Report). These models are based on placing the emphasis back on the 'doing' of Social Work with children and families and are more likely to be successful in delivering positive outcomes for children (Munro, 2011a).

While welcoming the recommendations of the Munro Review, Featherstone et al (2011) suggest that thinking systemically about improving children's safety and well-being must involve an analysis of the political commitments of successive governments to welfare and, most importantly, to addressing inequalities, as inequalities in societies reduce trust and social solidarity and ultimately undermine efforts to successfully reform and improve social services. Not only did Ireland maintain one of the highest levels of inequality in the developed world throughout the boom years, but the current economic crisis and the political and economic policies which are being put forward to solve it will undoubtedly cause levels of inequality to rise further, which will directly affect attempts to fundamentally improve children's services. Freeing up social workers from bureaucracy and introducing systems that could work in fostering the welfare and safety of children will be in vain in the absence of accompanying social policies which actively promote the reduction of inequality in society.

While fully supporting the development of child welfare policy and standards for the provision of social work services in Ireland, Children and Families social workers in Ireland have significant concerns that the implementation of the BPSP in Ireland is only replicating a system that has been shown by research not to be fit for purpose. In addition to these concerns, many social workers feel that, as took place in the UK (Munro 2011b), the BPSP is a knee-jerk response by the state to improve system confidence, on the back of the numerous enquiries and reports of the last couple of years. Featherstone et al (2010) suggest that "We have an opportunity in Ireland to learn from the mistakes made elsewhere and to build upon our existing knowledge base about what works." This is now the challenge for the future of Children and Families services in Ireland: to heed the mistakes of the UK and to build a new system based on trust and what works.

These concerns in relation to the BPSP were raised with the previous Irish Minister for Children, Mr Barry Andrews, and senior HSE management as early as 2009 by both front-line social workers and the IASW. A motion to oppose the introduction of the BPSP was put forward and passed, unanimously, at the IASW Annual General Meeting on 23 April, 2010. A further motion was put to the IMPACT Trade Union Conference on 12 May, 2011 calling on IMPACT to oppose the introduction of the BPSP. Again this motion was passed. However, despite all these concerns raised, the HSE continues with the planned implementation of the system regardless. This general lack of responsivity reflects the fact that at present the HSE has a top-down management structure and decisions in relation to structural changes are implemented with limited consultation with front-line workers, and virtually no consultation with service users. Indeed, social workers reported concerns that children's voices and needs can at times get lost within an overstretched health service and that Children and Families social work departments are not prioritised within the overall HSE.

In addition to the BPSP, some other worrying changes taking place within the HSE include the current drive towards centralisation of social work services, which raises serious concerns in relation to the lack of local and accessible service provision for children; and the proposal to divide the current social work teams into two or three different sections, meaning that the social work services for family support, child protection and children in care will be completely separate, which may cause serious difficulties in relation to the quality and continuity of service delivery for children and families.

Some ways that change can be achieved:

- The introduction of the Business Process Standardised Project to be suspended and a cost-effective consultation process with front-line social workers, service users and other stakeholders to commence, with a view to agreeing a way forward for Children and Families services in Ireland.
- The HSE and Government need to prioritise services to vulnerable children and families and accept that significant resources will need to be provided in order to effect any real change.
- Principal social workers to have responsibility for local services, including budget management. This will ensure that the needs of children are central in decisions relating to funding.
- Candidates for all management posts, including senior management posts in Children and Families services, must hold a social work qualification and have direct front-line social work practice experience in Children and Families services.
- Front-line social workers to be involved in the development of new structures and to be represented directly at planning, design and implementation stages.
- Consultation with service users to take place in a planned and meaningful way in relation to changes.
- Consultation to take place with professional and representative bodies such as the IASW.



Conclusion

“Everyone, including the general public, must reflect on what the report has stated about how vulnerable children were treated and resolve that, from this shame and evil, we will make Ireland a model of how to treat children.” (Brian Cowen, Taoiseach, Dail Debate regarding the Ryan Report on the Commission to Inquire into Child Abuse, 2010)

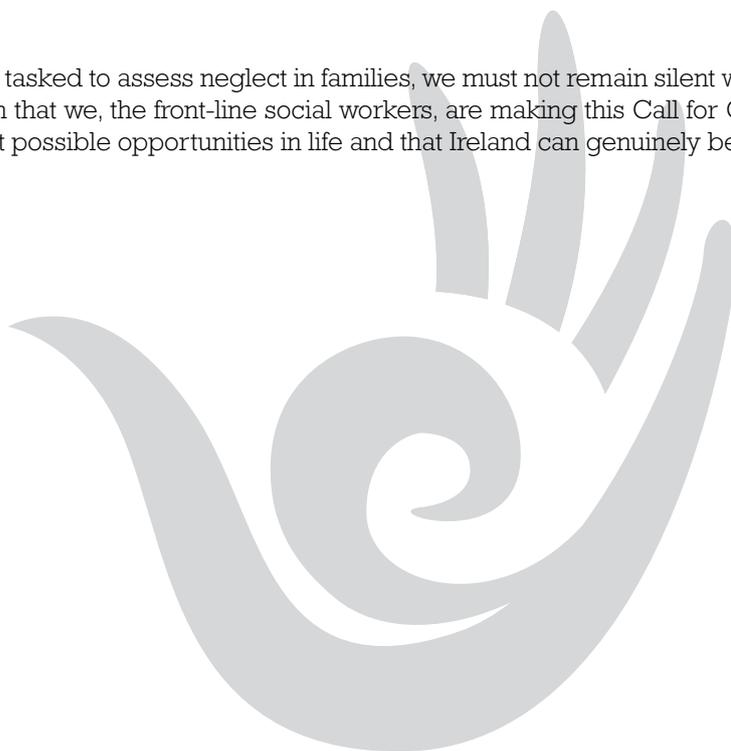
There is a crisis underway in child protection services in Ireland – there always has been. Both historically and currently, vulnerable children have been forgotten and provided with substandard and woefully inadequate services and supports and, particularly historically, have been frequently subjected to appalling abuse and neglect.

This document is a compendium of the voices and ideas of front-line Children and Families social workers in Ireland, as developed and compiled by front-line social workers in Ireland. It expresses the concerns and worries of those who deal on a daily basis with vulnerable children and young people in Ireland, both in the community and in the care of the Health Service Executive. It outlines the areas of concern and some of the ideas for change from Children and Families social workers in Ireland.

This document is not an end in itself. It the beginning of a process of Children and Families social workers making their voices heard and joining the voices of those clamouring for change. Fundamental to this document is the idea that when the state commits to take responsibility for the safety and welfare of children, both at risk in the community and in the care of the state, then it must honour that commitment comprehensively. Anything less is neglect of these same children by the state.

This 'Call for Change' is a call for comprehensive change to the Child Welfare and Protection system in Ireland, change based on research and best practice and based on meaningful consultation with the social workers and other stakeholders, including children and their families, to create a new service model which will improve outcomes for those who come into contact with the service.

Since Children and Families social workers are tasked to assess neglect in families, we must not remain silent when we witness neglect by the state. It is for this reason that we, the front-line social workers, are making this Call for Change: so that the children of Ireland can have the best possible opportunities in life and that Ireland can genuinely become a model of how to treat children.



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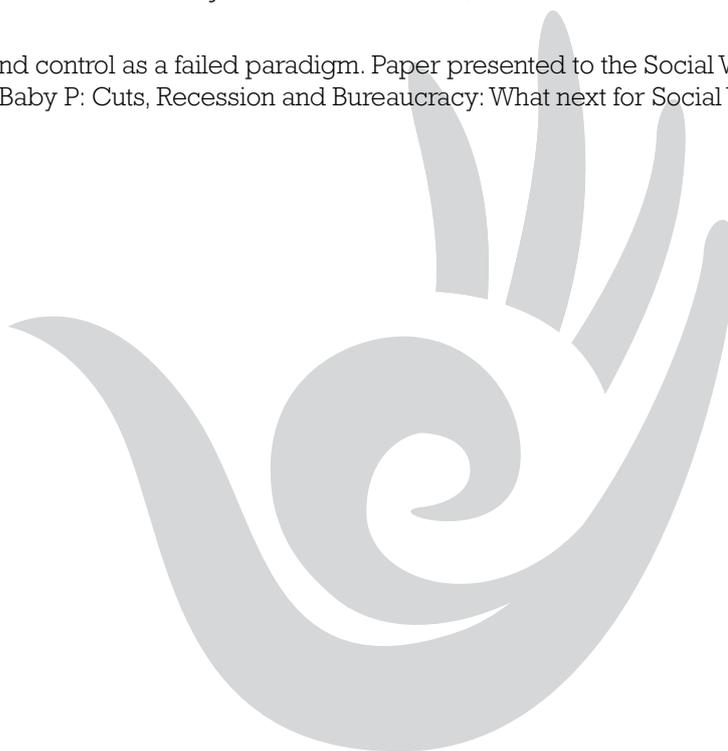
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