

Barnardos' submission into the National Child Welfare Strategy

28th July 2008

Barnardos welcomes the opportunity to input into the drafting of the National Child Welfare Strategy. This is an important development and fits in with the overall National Children's Strategy (2000), whose three overarching goals are that children will have a voice, children's lives will be better understood and children will receive quality supports and services.

Child welfare is the broad range of activities designed to benefit children, promote their well being, and strengthen or assure provision for meeting their physical, social, emotional and educational needs¹.

This definition usefully illustrates that the welfare of children is the responsibility of their families and a wide range of professionals including social workers, paediatricians, nurses, teachers, psychologists, psychiatrists and foster carers operating through the statutory or NGO sectors. As a result the national welfare strategy must be inclusive of all these key actors to ensure its effectiveness although the dominate focus will be on the provision and delivery of family support services.

The case for a national child welfare strategy

Barnardos believes that many families can solve of their own problems if the appropriate and adequate supports are given in time. Support to families should operate along a conceptual continuum of child welfare, child protection, juvenile justice and mental health. However, in many cases intervention is only offered when the circumstances have deteriorated or an emergency has arisen. This results in children at low risk being overlooked in favour of children at high risk. An early intervention and prevention system with children at low risk but high need is required to complement the child protection systems which investigate and intervene in incidences of child abuse and neglect. Such a system based on family support services is already partially in operation through the 25 Springboard initiatives set up since 1998, an evaluation of which found improvement in family well being and reduced the number of children that would have been at risk of abuse or going into care².

Addressing the needs of children who experience disadvantage in childhood through the provision of supports and services is proven to be more cost effective to society than trying to rectify entrenched problems in adulthood³. The benefits include reduced crime rates, higher educational attainment and less dependency of social welfare. These benefits are seen not only in this generation but for future generations also as the cycle of poverty and disadvantage is broken.

1 A.Kadushin, (1978) Child Welfare Strategy in the Coming Years, University of Wisconsin

2 V. Richardson (2005) Children and Social Policy in Quin,S Contemporary Irish Social Policy, UCD, Dublin

3 Heckman (2007) Investing in Young People

The success of a national child welfare strategy hinges on a commitment to resources, both financially and in terms of personnel, to ensure full implementation that is consistent and of a high standard across the country.

Structure of submission

This submission will follow the headings as suggested, however we have merged the first two together and the last two also. It will draw on the Agenda for Children's Services (2007) report which emphasises a partnership approach of working with children, their families and communities. It places supporting families as the central component underlying all children's protection and welfare services and places strong emphasis on assessment and evaluation to ensure the appropriate supports are in place.

'Achieving quality child health and welfare services requires that service delivery is based on the accurate identification of need matched to service design and intervention⁴.' p20

- 1. Greater use of community interventions and family support and more integrated working**
- 2. Commitment to earlier intervention with families promoting a 'strengths based' approach and more open access to services**

Differential Response Model

A method of engaging with families at risk at an early stage is the Differential Response Model (DRM) that is operational in parts of the USA, New Zealand and Canada. A similar approach is being undertaken in Western Health and Social Services Board in Northern Ireland⁵. This model provides a twin track approach, an investigative approach for high risk families where children experience abuse or neglect and a family support assessment approach for those families under stress and in need of help. Such families can include those that experience domestic violence, drug misuse and mental health problems. This type of preventative family support means the intervention of the appropriate agencies and support services contribute in supporting parents, promoting their confidence and competence in parenting and thereby hopefully preventing escalating risk of abuse and / or neglect to the children. However, should an allegation or incidence of child abuse or neglect arise it is incumbent on designated statutory services to fully investigate in the interests of child safety and development.

The success of the DRM is based on the needs of the child and family being addressed through interventions being flexible, available and delivered through a co-ordinated response from statutory and non-statutory agencies working together. Emphasising family strengths rather than focusing on limitations and problems is important⁶. This early intervention and preventative work with families also includes direct work with the children. They are best placed to help professionals understand their situation; it also provides an opportunity for professionals to monitor the children's progress in relation to the work with the parents⁷.

Preliminary findings⁸ arising from using the DRM are that:

- Community and child welfare agencies see themselves as allies and partners in supporting families.

4 Office of the Minister for Children and Youth Affairs (2007) Agenda for Children's Services, Dublin

5 Deirdre McMahon, presentation on 'The Experience of the Western Health and Social Services Board', made to Children's Acts Advisory Board seminar on 22nd May 2008

6 Dubowitz, H (2007)

7 Tierney, D and Tanner, K (2005) Understanding and working with neglect

8 Breakthrough Series Collaborative – Implementing Differential Response in California February 2007, www.casey.org

- Families are more engaged and consequently plans drawn up in consultation are more likely to be implemented.
- Families get what they want, when the need it and do not have to wait until the situation escalates and children are placed in further danger of abuse or neglect.
- Bolsters the local and state wide partnerships that DRM relies on for success.

However as experienced in Western Australia, if insufficient resources are not put in place to meet the needs of families identified as low risk but high need it results in cases being assigned to a waiting list and therefore not focusing on prevention of further abuse and neglect⁹.

Other challenges identified in California on rolling out the DRM include:

- The need for organisational change across all agencies to understand and adopt this twin track approach.
- Training of staff and personnel to ensure that when dealing with families they are seen as equals, ensure consistent assessment and identify the range of services that would be appropriate.
- Capacity of NGO's to offer services when dealing with their own limitations regarding availability of staff, resources and space.

These challenges and a commitment to sufficient resource allocation to guarantee interventions for families need to be considered when adopting this model in Ireland.

Other services within a child welfare strategy to work in tandem with family support initiatives include:

Mental Health Issues

In Barnardos work with families around Ireland, mental health issues in both parents and children are evident. Issues such as depression and addiction are common. Suicide is an increasing reality. Where parents have an untreated mental health issue this can pose a risk to children's welfare and safety. Children may not have their developmental needs met and indeed children may sometimes be placed in the role of caring for their parents. We see children who are acutely aware of their parent's drug use or parent's depression.

A range of proven mental health models needs to be on offer so that services are designed to meet the diversity of needs. In addition to the medical model other models need to be considered that are cognizant of families social, cultural and environmental context. Mental health services need to be delivered closer to families in their own community. The services need to be accessible and offer outreach so that the most vulnerable are reached.

Interagency communication between child welfare/protection and mental health services needs to be significantly strengthened so that there is excellent and clear communication on issues that threaten children's safety and welfare. In effect protocols to support adherence to Children's First should urgently be developed between mental health service and child welfare and child protection services. There have been incidents of child deaths in Ireland where parents' mental health has been an identified issue. Adult addiction services are also in a prime position for identifying when parents drug use has the potential to reduce parenting capacity and cause risk to children. Children's safety and protection should be a paramount consideration for all professionals and should override client confidentiality where necessary.

⁹ Social Policy Journal of New Zealand, Issue 25, July 2005

Domestic Violence

At present domestic violence is not widely recognised as a form of abuse that potentially endangers children's safety by policy makers and practitioners. It is often stigmatised with the result that it is not discussed outside the home, cases remain underreported and it continues to be a hidden crime in our society. The absence of recognising its negative impacts on children means that children's psychological and physical development can be adversely affected. It is imperative that those agencies and personnel working directly with families experiencing domestic violence are trained to identify and assess the needs of the children within the family and that this information is shared to ensure that appropriate interventions are offered immediately to stem any long term affects.

Early Years Services

Providing an early years services for children aged 3 – 5years in areas of disadvantage using a proven developmental appropriate curriculum such as High/Scope yields significant benefits to the child in terms of self confidence, decision making and problem solving skills and school readiness. The long term benefits include higher educational attainment, improved employment prospects, less likely to commit crime or become teenage parents, thereby breaking the cycle of poverty and disadvantage. The benefit to society can be seen from this longitudinal study which found that for every \$1 spent on High/Scope there is a \$7 saving on remedial services in the long term¹⁰.

Linked to this is the need for high quality standards, like the Siolta Standards, to be operated throughout all early years services. Poor quality pre-school services can be damaging to the development of children. Well trained staff with ongoing development opportunities and professional supervision are the cornerstone of good practice. Although the Pre-School Regulations have recently been reviewed, a review that would include more qualitative standards like the Siolta standards should be undertaken.

Recommendations:

- Adopt DRM to the Irish situation, with full commitment of resources and personnel to enable effective preventative work to be carried out in partnership with agencies and families.
- Establishment of a 24hr nationwide social work service as a matter of urgency.
- Ensure that HSE Child Protection Services are adequately resourced to guarantee that child protection concerns receive a timely and comprehensive response.
- Increase the usage of the Family Welfare Conference approach in all appropriate child protection and child welfare cases. This method allows families to devise their own support plans, greatly increasing the likelihood of success.

Mental health

- As a matter of urgency develop interagency protocols between mental health and child welfare and protection services that support effective implementation of Children First so that the statutory child welfare and protection services are alerted to situations where children are at risk immediately.
- Ensure children of parent's with a dsability or a mental illness receive additional supports.
- Further develop and resource suicide prevention in the community.
- Complete the development of the Community and Mental Health Teams as promised in Towards 2016.

¹⁰ Schweinhart (2000) The High/Scope Perry Pre-School Study Through Age 40

Domestic Violence

- Include domestic violence as a form of child abuse under the Children's First guidelines.
- Ensure all personnel are trained to assess the needs of children living with domestic violence.

Early Years Services

- Ensure all children in areas of disadvantage are guaranteed a place on a quality early years service for two years prior to starting formal education.
- A further review of the Pre-School Regulations that would include more qualitative standards like the Siolta standards should be undertaken.

3. Leadership and building public confidence

Leadership at governmental level arises from prioritisation of resources even given the current economic downturn. Cutbacks on preventative support services will only lead to more costly remedies in later years. Providing leadership and improving public confidence can be enhanced by translating into action the policy commitment that children are at the centre of policy making in all matters that affect their lives.

At national level this means holding a referendum for the inclusion of children's rights into the Irish Constitution and the elevation of the Minister for Children and Youth Affairs to a senior cabinet position. At present many service provisions fall between different government departments and agencies leaving some children further vulnerable, leadership can be garnered through improved statutory co-ordination with the involvement of NGO's.

At local level it means involving children and families in identifying the families' needs and devising care plans. This would mirror the goal of the National Children's Strategy that children would have a voice.

'Services need to identify, understand and optimise the strengths within the informal networks of which children are a part,' i.e. parents, family, wider family and friends'¹¹. P18

The vision of the Agenda for Children's Services (2007) is useful here as it strives to assist policy makers, senior managers and practitioners to engage in reflective practice, and identify their own role within the national policy framework. It is applicable to all children's services not just child welfare services but also disability services, mental health services and justice services and aims through this method to rectify the ongoing disconnect between policy at higher level and service provision on the ground.

Recommendations:

- Ringfence funding for preventative support programmes.
- Honour commitment in Programme for Government and hold referendum on children's rights.
- Improve service delivery co-ordination between statutory departments, agencies and NGO's in the delivery of family support services.

4. Planning, monitoring and evaluation of effective services and policies

Barnardos believes there are a number of essential components to planning, designing and evaluating services and recognises that work has been ongoing within the HSE and other

11 Office of the Minister for Children and Youth Affairs (2007) Agenda for Children's Services, Dublin

agencies to develop some of these components, however some others are still underdeveloped:

- Devising agreed interagency protocols around the sharing of relevant information between organisations and individuals in the interests of ensuring that the most appropriate services to meet the needs of the specific family are offered. Work on this protocol is currently underway through the Children's Services Committees.
- Creating a consistent standard referral process that is easy for practitioners across various sectors to use. The HSE has undertaken a feasibility study into the development of a national child care information system project, through devising common templates, forms, and procedures.
- Involve input from service users as this will ensure their needs will be met and lead to improved outcomes for all.
- Develop qualitative performance indicators as measuring the effectiveness of services through quantitative measures is insufficient as it does not provide information on whether the intervention was successful or not in improving family well being.
- To date numerous evaluations of services have been conducted but the implementation of these various report's recommendations have been poor.
- Devise a national system of identifying the optimum staffing levels required for service delivery across the country bearing in mind areas of disadvantage require higher staffing levels than areas of affluence.
- Recognise that integrated planning of services can be improved by synchronising administrative boundaries such as ensuring all HSE and Local Authority boundaries are the same as discrepancies between the two has a negative impact on service delivery and interagency working.
- Recognise that services need to be appropriately flexible to the needs of children from new communities as these children are already vulnerable and need support to fully integrate into Irish society.

Recommendations:

- Continue to address and develop these components to ensure effective service planning and evaluation.

5. Provision of a quality experience for children who cannot live at home

As of June 2007, there were 5,477 children in care of these 4,731 children were in foster care and another 423 in residential care. This is an increase on 2004, when there were 5,060 children in care with 4,243 (84%) in foster care and 442 (9%) in residential care¹². There were slightly more boys in care than girls and the majority of the children (56%) were under 12 years of age with the remaining (43%) being 12 years old and over.

It is required according to the National Standards for Foster Care 2003 and the Child Care (Standards in Children's Residential Centres) Regulations 1996 that a social worker be allocated and a care plan devised for each child. However, this is not always the case, as 13% of children in foster care have no dedicated social worker¹³ and children are staying in residential care for much longer than necessary due to a lack of active ongoing care planning or searching for alternatives such as fostering or reunification with family or siblings¹⁴.

For children who cannot live at home it is important that they experience high quality care and that the premises be registered and inspected to ensure adherence to standards. At

¹² Department of Health and Children (2006) Child Care Interim Minimum Dataset 2004

¹³ HSE statistic quoted in Irish Times 17th March 2008

¹⁴ Health Information and Quality Authority (2007) The Placement of Children aged 12 and under in Residential Care in Ireland, Department of Health and Children, Dublin

present the Health Information and Quality Authority has the remit to inspect HSE children's centres, foster care homes and will inspect children's detention schools, although the level of inspection in foster care homes is minimal. The HSE registers and inspects private and voluntary organisation's children's homes. The standard of care within all these premises varies significantly. One extremely vulnerable group of children are separated children living in privately run hostels where the standard of care or premises is not registered or inspected.

For all children who leave the care system, Barnardos recommends that the national child welfare strategy give greater priority to the availability of aftercare services for these children. This means supporting them to get housed, employed and reintegrated with their family or community of origin. Otherwise these young people are likely to experience homelessness, become involved in anti-social behaviour and experience a mental illness.

Recommendations:

- Ensure all children in care have an allocated social worker and has the opportunity to input into their own care plan according to their age and maturity.
- Set national standards of care to be applicable in all publicly and privately run homes and foster care homes for children not living with their families and ensure these facilities are regularly and consistently inspected to ensure adherence to national standards of care.
- Improve the availability of aftercare services for children no longer in care.

6. Providing, safe guarding and protection services within a welfare model

7. The role of social work within a welfare model

At policy level the child protection services can sit comfortably within a welfare model through the use of DRM as described above, but not diluting the investigative powers that are necessary should a case of child abuse or neglect arise. This whole child / whole system approach operating at policy, design and service delivery stages is envisaged in the Agenda for Children's Services, which sets out 7 national service outcomes for children in Ireland.

These are:

1. healthy, both physically and mentally
2. supported in active learning
3. safe from accidental and intentional harm
4. economically secure
5. secure in the immediate and wider physical environment
6. part of positive networks of family, friends, neighbours and the community
7. included and participating in society

The achievement of these goals would require a departure from the current crisis management approach to children's services and the involvement of many professions across different disciplines not just social workers but also child care practitioners, public health nurses amongst others.

Recommendations

- Make a comprehensive commitment to investing in preventative systems thereby reducing the funding required for child protection services in the long term.
- Educate and train all relevant professionals of their role in the national child welfare strategy.