



An Bord Comhairleach um Achtanna na Leanaí
Children Acts Advisory Board

EVIDENCE TO PRACTICE POST SEMINAR REPORT

A Different Response Model: Refocusing from Child Protection to Family Support

22nd May 2008



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1 INTRODUCTION

The Children Acts Advisory Boards first Evidence To Practice Seminar (ETP) was held in the Gresham Hotel, Dublin, on the 22nd of May 2008. The objective of ETP seminars is to bring research and best practice to the attention of a wide range of practitioners, managers and policy makers across the children's sector.

This first seminar was titled 'A Different Response Model: Refocusing Child Protection Towards Family Support.' The seminar sought to alert stakeholders to the current experience of child protection across a number of jurisdictions, providing real life examples from Minnesota, America and the Foyle Trust, Northern Ireland. It also included research from Northern Ireland and an overview of the current experience in Australia and New Zealand.

The seminar was attended by approximately 180 people from a wide range of backgrounds including social work, family support, education, youth justice, traveller services, local authority, voluntary sector, community groups and academia. Reaction to the presentations was very positive and the event concluded with a sometimes robust questions and answers session.

The event was followed on Friday the 23rd with a half day meeting attended by all of the presenters and some representatives from the Office of the Minister for Children and Youth Affairs (OMCYA) , the Health Service Executive (HSE), Irish Youth Justice Service (IYJS), academia and the Children Acts Advisory Board (CAAB). This meeting was designed to review the implications of the presentations and consider what the next steps would be if this approach was considered to be appropriate for the Irish childcare sector. Unfortunately none of the key decision makers from HSE were in a position to accept our invitation to attend this session. However, subsequent meetings have been held and discussions are ongoing to discuss the implementation of a different response to child welfare concerns.



2 OVERVIEW OF PRESENTATIONS

Presentation 1

The first presentation was made by Rob Sawyer and Suzanne Lohrbach from Minnesota, America who have been using the Differential Response Model for over ten years. The population of Minnesota is similar to Ireland. The presentation, titled [*A Solution and Safety Oriented Approach to Child Protection Case Work*](#) outlined the reasons for deciding to change direction in the late 1990s. Reference was made to the 1991 US National Commission on Children which stated. 'If the nation had designed a system that would frustrate the professionals who staff it, anger the public who finance it, and abandon the children who depend on it, it could not have done a better job than the present child welfare system.'

Prior to differential response, Minnesota statute required two determinations for all accepted reports of child maltreatment. One is the determination of whether maltreatment occurred and the other is the determination of service need. The traditional child protection investigation represents a forensic process focused on substantiation of child maltreatment along with assessment of service need. The finding of such an investigation leads to a formal classification that is maintained for up to ten years. There is a general tendency to delay non-emergency services until a finding has been made and a decision to provide ongoing services is reached by the agency.

Differential response replaces the traditional investigation and need for determination of maltreatment with a family assessment. The assessment process involves the use of statutory authority in a less intrusive manner. The initial assessment process is built around contacts with the family, engaging them in the identification of strengths and challenges that may affect the safety and well-being of their children. The social worker involved with the family assessment process remains with the family in the provision of ongoing services. The focus of the intervention becomes the identification of family needs and development of a constructive, working relationship with the family in the negotiation of a service plan based on child safety and well-being.



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Significant progress has been shown over the ten years that this approach is in place with the percentage of reports accepted for investigation dropping from 100% in 1998 to 3% in 2008. The presenters reported the following positive results in Child Protection:

- Fewer child protection investigations (down 97%);
- Less repeat child maltreatments (down 12%);
- Less children in placement (down 55%);
- Less court involvement (down 30%);
- More children served (up 200%);
- More family involvement (up 700%).

Some of the key elements in the successful change management and the maintenance of this approach included the following:

- Appropriate legislation;
- Strong and clear leadership;
- Structured decision making;
- Evidence based framework to guide practice;
- A practice model;
- Strong supervision and ongoing training;
- Community partnerships;
- Collaboration among service providers.

Presenters contact details: Rob Sawyer: rqsawyer@yahoo.com

Presentation 2

The second presentation was titled *Persistent Patterns of Practice: [The Social Work Response to Child Protection and Welfare Issues](#)* and was delivered by Dr Trevor Spratt and Dr David Hayes from Queen's University, Belfast. The presenters



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reported on a body of research undertaken by them, the specific objectives of which were to ascertain if there were differences apparent in the response to Child Care Protection referrals, and parents' experience of this, dependent on whether or not the referral contained expressions of concern about parental care or treatment of children. The research sites were three Northern Ireland Health and Social Services Trusts.

This research was carried out in the context of the refocusing debate in the UK and included the following:

- Too many children and families investigated through the Child Protection System;
- Too few offered services to meet broader welfare needs;
- The process was damaging to many families and wasteful of resources;
- The actions of social workers represented an imbalanced implementation of legislation and was at odds with policy intentions;
- There is an international problem of a huge increase in child protection investigations, but this is not reflected in the number of children confirmed as having been abused.

The families in the sample as a whole, and in each of the Trusts, were characterised by higher rates of lone parenthood and unemployment and a lower rate of home ownership than families in the general population. In addition, difficulties with housing or finances were referred to in just under one third of cases. Finally, 37% of families contained at least one person with a limiting, long-term illness or disability compared to 30% of families with dependent children in the general population (Northern Ireland Statistics and Research Agency, 2004). Mothers with a mental health problem, most commonly some form of depression, accounted for 58% of all persons within the sample who had a limiting, long-term illness or disability, with the majority of these (63%) being lone mothers.

These families would clearly benefit from an approach which recognised that poverty and other structural and environmental factors lay at the root of their difficulties and assessed them as families containing children in need with a view to providing supportive therapeutic and practical services (Jack, 2000). The presenters' research, however, found that the social work response all too often failed to give cognisance to such factors and focused instead on whether or not children were in need of protection from parental abuse or neglect. The provision of services, as outlined



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below, was largely dependent on whether help or support was requested either by the referrer or the family, rather than being a function of assessment.

The results of this research raise important questions for the role of social work within the broader policy agenda that concerns identifying families needing help in order to prevent problems becoming either chronic or acute in nature (Social Exclusion Task Force, 2007). The presenters noted that if, as it appears from the results of this study, social work has developed a response to the needs of families based on an inherited responsibility to identify and manage child protection risks in the narrowest of senses, they remain poorly placed to respond to the increased volume of families heralded by Every Child Matters. Put simply, they are neither well placed to provide specialist services to a narrow range of families with multiple needs where the risks are intergenerational in nature because of their narrow concentration on child protection issues in the present, nor are they likely to meet the needs of a broader range of referred families where problems are identified at a much earlier stage, because such families do not reach child protection tariffs.

Presenters contact details: Trevor Spratt: t.spratt@qub.ac.uk and Davey Hayes: d.hayes@qub.ac.uk

Presentation 3

The third presentation was delivered by Dr Helen Buckley from Trinity College, Dublin and provided an overview of [***Child Welfare Reforms in Australia and New Zealand***](#). This presentation identified both elements of good policy and practice along with the many challenging issues that have emerged in the child welfare systems of these two countries.

Presenters contact details: Helen Buckley: hbuckley@tcd.ie



Presentation 4

Marie Kennedy, Principal Officer in the Office of the Minister for Children and Youth Affairs, outlined the [**Current Irish Policy in Child protection and Welfare**](#) and provided an update on the review of 'Children First'. The full review will be published later in 2008.

Presenters contact details: Marie Kennedy: Marie_Kennedy@Health.irlgov.ie

Presentation 5

The final presentation was delivered by Deirdre Mahon from the Western Health and Social Services Trust in Northern Ireland. The presentation was titled [**The Development of a Family Support Strategy: The Child in Need Continuum**](#). This presentation described the journey from crisis in the Child Protection system in the Foyle Trust to the current Family Support approach. The strategy entitled 'New Beginnings' was developed through reference to the research, is based on a whole systems approach and assumes that children in need is everyone's business.

Outcomes reported include:

- Downward trend in numbers of looked after children;
- Staff morale much higher;
- Better assessment;
- Family Group Conferencing in place;
- Guides to regional good practice;
- Better services for children and families;
- Better outcomes for children.

It was said that 'Protection is best achieved by building on existing strengths of a child's living environment, rather than expecting miracles from isolated and spasmodic interventions.'

Presenters contact details: Deirdre Mahon: Deirdre.Mahon@westerntrust.hscni.net



3 THE IRISH CONTEXT: IMPLICATIONS FOR PRACTICE

Overview

During the discussions on the Friday morning after the Evidence to Practice Seminar the following issues were raised and there was a robust discussion:

- Why do we operate child protection teams?
- Need permission to take the risk of a different response;
- Where resources are saved through managing creatively they need to be reinvested;
- The risk needs to be shared between all stakeholders;
- Forward planning is needed to ensure that learning does not come from the death of a child;
- False to think we are forced to do what we are doing;
- No necessity to convince social workers as there appears to be a general support amongst them that advocates this type of model;
- Need for corporate license;
- Don't know what people are doing now!;
- Need to take pragmatic steps;
- Describe the destination;
- Explore the options for involving the NGO sector;
- Timing and energy here...now;
- Links with academia important;
- Distracted by risk – to a fault;
- On the cusp of something new;
- Rigour of a framework;
- Some things can be easily changed;
- Need to consult with Social Workers;
- Fear!;
- Research, policy and practice all saying this is doable;
- Need to affirm family support;
- Whole system approach;



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- Leadership and disempowerment;
- Build coalitions;
- There is a need for clear communication to ensure that the Government and professionals know what they are doing;
- Managerial versus professional priorities.

While it was agreed that our actions need to be based on an agreed set of outcomes, some of the achievable steps noted by the group which need to be considered were identified and include:

Legislative amendments

- All stakeholders to provide an annual report on their responsibilities in child protection and welfare;
- Sharing of statutory responsibility across the state sector.

HSE

- Leadership and permission to change direction;
- Affirm Family Support as preferred option;
- Corporate risk strategy;
- Develop a framework which facilitates the work to be done;
- Study of what social workers do at present;
- Commence in pilot area(s);
- Appoint a lead social work professional.

Office of Minister for Children and Youth Affairs

- Set explicit targets for annual outcomes for sector;
- Describe a vision of the future;
- Appoint a lead Social Work professional.



NGO Sector

- Engagement is critical! Need to establish a partnership relationship in planning and implementation of a different response model;
- Governance arrangements require working out – need to explore how NGO sector can manage and provide a different response service in the context of the HSE’s statutory role.

Data collection

- Clarify and simplify what needs to be collected;
- Provide a verified baseline.

Research Community

- Need to engage with policy makers, managers and practitioners to ensure that research is aligned to needs of sector;
- Sector needs to ensure its practice frameworks and models are well-grounded in research findings.

Social Work Profession

- Leadership required;
- Rethink their role;
- Reconceptualisation of ‘risk’.

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- Continue to provide opportunities for policy makers, managers and practitioners to consider the issues;
- Consultation with policy makers, managers, providers and recipients;
- Dissemination of good quality information;
- Enable connections and support champions;
- Exemplifying research in practice.



Options

Two options were identified as immediate possibilities. The first option is that the existing Children Services Committee areas would be designated as pilot areas for the DRM approach. One of these areas is Donegal. It would be possible to twin Donegal with the WHSST to ensure transfer of best practice model. A second option is to seek out a Local Health Office which is 'in readiness' to pilot this approach. A potential candidate was identified as Dublin North – under the management of a Lead Local Health Manager for Childcare.

CAAB can support the ongoing connection with America and with academia and would be in a position to support a number of HSE staff to obtain a placement in Minnesota for a number of weeks to assist in developing the model. The two options could run concurrently with the same support options applying to both.

In conclusion Rob Sawyers advice was 'that it is time to stop admiring the problem - it is time to jump in!'