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## Using intelligence to shape reforms in child protection

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### Abstract

The Ryan Report, published in 2009, was not the first review of child welfare services to raise disquiet. Nevertheless it was unique in that its recommendations went beyond the deficits exposed by the report to comment on the entire child protection system. It is generally acknowledged that the model of child welfare that was the object of the Ryan Report no longer operates, and has been replaced by community based services and a system of regulated out of home care. However, on publication of the report, the government appeared to question whether, with what we now know, we can be assured that today's services are fit for purpose. A number of reforms are underway as a result of the report, but the degree to which they are likely to achieve better outcomes for children and families is open to challenge. This paper will draw on existing sources of knowledge about the state of child protection in Ireland, including statistical data, empirical research, reviews and policy papers. It will also look at how other jurisdictions have used comparable data sources to tackle similar issues and consider how we can benefit from international experience.

Keywords: Child protection; child welfare; reform.

### The 'science' of child protection

As the child protection process has become bureaucratised it has, like all other public services, adopted a technical type of language which can seem quite paradoxical, given the uncertain and unwieldy nature of the work which hardly lends itself to a rationalisation. For example, describing human interactions in very fraught circumstances as 'business processes' and 'operational procedures' seems contradictory as they are often anything but business like. Likewise the development of what are described as 'tools' and 'frameworks' tends to represent child protection as an unambiguous process delivered to compliant service users who passively accept intervention when in fact the opposite is often the case (Ferguson, 2011). Such contradictions have given rise to critique, in the UK and elsewhere, over the past 20 years, for example, Howe,(1992) and Munro, (2011). Both of these commentators have argued that bureaucratisation has stifled professionalism and caused workers to lose sight of the core principle underpinning child protection work, that change is best achieved through therapeutic relationships and 'helping alliances' (Dore & Alexander, 1996). Nonetheless, the Ryan report demonstrated how lack of accountability and transparency on the part of service providers combined to create an environment in which corruption flourished and children's services operated shamefully low standards.

A way must be found, therefore, to provide a sound basis for policy and practice without incurring the sort of unintended outcomes that have been observed elsewhere.

Part of the science which now underpins public policy is the notion of ‘knowledge transfer’, which essentially means using theory and established evidence to shape the framework through which services are delivered. The degree to which policies are ‘evidence based’ represents a benchmark against which new developments are measured (Gambrill, 1999; MacDonald, 2001). However, despite its widespread adoption, the concept of evidence based practice has been challenged for its constricted perspective on ‘what works’ as well as the propensity of evaluative research to methodological flaws (Brady & Dolan, 2007). It is argued that scientific principles of the type found in sciences like medicine cannot be replicated in fluid and unpredictable areas such as child welfare (Trinder, 2000). On this basis, it could be said that claims about the inherent superiority of evidence based policy need to be treated with caution. In fact, an Australian research group have suggested that the term ‘evidence informed’ might be more appropriate, given the constellation of influences that encompass policy making (Lewig et al., 2006).

A more acceptable term has recently entered the managerial lexicon, namely ‘intelligence led’ service provision (PA Consulting, 2009). While the term essentially suggests the use of information, it also connotes a more grounded concept, incorporating local knowledge, experience and the use of reason to anticipate the consequences of a policy. The UK social work academic and newly appointed Principal of the Royal College of Social Work, Eileen Munro, has defined an effective framework for child protection practice as a combination of formal knowledge, experience and practice wisdom (Munro, 2008). In the same vein, ‘intelligent’ planning may be defined as an amalgam of information about an identified problem, knowledge about known solutions, and the use of logic to calculate the costs and benefits. Munro believes that a number of errors in child protection work are predictable, and she urges practitioners and managers at the frontline to maintain a balance between the different elements of their *modus operandi* and stay alert to the factors influencing their judgement at any given time. Intelligent planning requires similar skills on the part of policy makers. The remainder of this paper looks at the factors that signify the need for reform in Irish child protection work, and will consider how they may be modified by a more intelligent approach.

### **What we know about the needs of Irish children and families**

#### Irish child protection data

One of the key components of child protection intelligence is basic statistical information about the needs of children and the adversities that they face within a particular context. The process of data linkage between sectors such as education, health and social services is now used routinely in many other countries to provide reasonably comprehensive estimates of the location, nature and prevalence of child abuse, but also the contextual factors that give rise to it, the interventions that have the propensity to address it and the services that are best placed to deliver them (Johnston, Aalders and Anderson, 2008; Thoburn, 2010). Unfortunately, Ireland lags behind this process in two respects. Firstly, Irish child protection data has been shown to be inadequate and inconsistent; a major source of embarrassment to the government in 2010 was the inability of the HSE to accurately compute the number of children in its care to have died over the previous ten years (DCYA, 2012). Secondly, there is a problem concerning the ‘disconnectedness’ of information held by the various organisations that

work with children and families. There is no shortage of data on record, but as a recent audit of Irish child protection research demonstrated, that which exists is rarely integrated or collated (Buckley, Corrigan & Kerrins, 2010). While a range of data sets are published regularly, known as the 'State of the Nation's Children Report' (Department of Children and Youth Affairs, 2010) which may have relevance for child protection and welfare, there is rarely any analysis or linkage of the information in order to map children's journeys through the various systems and inform the design and evaluation of policy. Steps have already been taken to remedy the first of these problems by the implementation of a more consistent form of computerised recording (known as the Business Process Model) in the statutory service. However it will be some time before the benefits of this filter through and in the interim, our policy makers are operating with a limited intelligence quotient.

That being said, certain rudimentary patterns and trends are visible, sufficient to provide a degree of insight into the experiences of vulnerable Irish children. We know from annual reports published by the HSE that the number of referrals made to the statutory child protection system is increasing steadily, and that neglect of children is the most frequently notified child harm while reports of emotional, physical and sexual abuse are also growing, for example, the figures increased from 23,168 in 2007 to 29,277 in 2010 (HSE, 2012). The most notable increase has been in the category described as 'welfare' cases, which comprise more than half of the total reports. In the absence of any other definition, it can be reasonably assumed that reports in the latter category refer to children who are not considered to be in current significant or life threatening danger but who, nonetheless, are at risk of the consequences of what Bromfield & Miller (2007) describe as 'cumulative harm' Like other jurisdictions, we have had an issue of abuse by priests and religious, notable as much for the Church's failure to deal appropriately with the problem as for its incidence. While the numbers of victims is actually very small in proportion to the generality of child harm in Ireland, and almost all of the reports in recent years have concerned past rather than current abuse, the fury with which the public have reacted to it tends to inflate its significance to a point where it has a higher profile than most other forms of child harm, and has elicited far more media and political response.

The most significant trend demonstrated by statistical data on child protection activity, however, is the very low rate at which reports to the child protection services are substantiated. In 2010, only just over 5% of the total reports made were 'confirmed' as abuse (HSE, 2012). What we have, apparently, is a system that invests considerable resources in screening and filtering out the majority of reports that come to it. For the children and families that fail to meet the apparently high threshold for statutory intervention, access to community based support services seems to be a matter of serendipity. The absence of data about family support demonstrates a lack of coherent planning and a lack of governance over the sector. It also conveys the impression that the matter of responding to this large group is somehow optional, depending on what services happen to have developed in their area and whether or not there is capacity to offer assistance. This is despite a statutory requirement under Part II of the Child Care Act 1991 to promote the welfare of children not receiving adequate care or protection.

### Irish research and inquiry reports

Additional knowledge about child abuse and child protection policy in Ireland may be gleaned from research and inquiry reports. A recently published audit of Irish child protection research (Buckley et al., 2010), showed that while few Irish studies focused on the effectiveness or efficacy of current responses to child abuse, there was an abundance of material that critically reviewed policy, suggesting a level of dissatisfaction with the operation of the system generally. The available research confirms the trend that has already been etched out by the statistical data; a pre-occupation with the process and technical aspects of child protection, with little investment in the exploration or evaluation of interventions and outcomes for children and families.

Problems with collaboration between professions and agencies in Irish child protection work are also well documented (Duggan & Corrigan, 2009; Centre for Effective Services, 2011) and raise the likelihood that many vulnerable children may be falling between services. This possibility is given further credence by empirical studies indicating that large numbers of Irish children are negatively impacted by domestic violence and parental substance misuse (Safe Ireland, 2010 Alcohol Action Ireland, 2009; National Advisory Committee on Drugs, 2011; Hope, 2011). It appears from available evidence that while some local initiatives may have tried to join up services for families affected by these problems, there is no national commitment to integrate services or promote 'child mindedness' in services oriented mainly towards adults.

In addition to empirical research, we have had a series of inquiry and review reports in Ireland over the past decade, as well as official reports from the HSE and the Ombudsman for Children. From these reports, we know that in certain local areas, the capacity of social work teams to respond to the needs of children falls well below the demand created by the numbers of reports. Significantly, we know that there is a high degree of inconsistency and non-compliance with child protection policies and procedures (OMCYA, 2008; Ombudsman for Children, 2010). We are also able to identify the most vulnerable groups. The first annual report of the National Review Panel showed that the highest proportion of children who died whilst in the care of the state or in receipt of a child protection service were over 15 and died in circumstances related to drug use, suicide and accidents (HSE, 2011). Although the numbers are small, it may be inferred that this cohort present greater challenges in terms of risk taking behaviour and should be the focus of attention in terms of policy, training and practice frameworks.

Finally, we also have a certain amount of Irish research evidence on how the child protection services are viewed by consumers, those children and families whose welfare the system purports to promote. These research findings, combined with reports from the Ombudsman for Children, illustrate that service users find the current system to be cumbersome, slow and difficult to access and, in many cases, unable to meet their needs. Studies also show that the system has an intimidating image, is associated with 'shame and stigma' and that many service users have unrealistic fears about the powers and discretions available to social workers. Paradoxically, service users perceive many of the same practitioners who exert this power to be unreliable, inaccessible and inconsistent in their responses (Buckley, Carr & Whelan, 2011). Irish research has also

shown that where family violence is an issue, children and their parents want and actively seek professional help. While they sometimes require the regulatory weight of statutory services including an Garda Síochána, their preference is often to receive support from sources outside the child protection system, where the context is more familiar and less threatening. For example, in an Irish study, children who had been living with domestic violence identified their preferred conduit for the provision of services as schools, with youth or community services as alternatives (Buckley, Holt & Whelan, 2007).

In summary then, and on the basis of available intelligence, we know that in Ireland we have growing numbers of children who are neglected and emotionally harmed, and a lesser but significant number of children who are seriously maltreated. Our child protection system appears to be largely focused on investigation. Nonetheless it does not appear to be particularly efficient in that regard, as there are considerable delays in responding to reports in certain areas, and large numbers are screened out at relatively early points. Our early intervention and family support services lack visibility or profile and their effectiveness is not documented. We are also aware that collaboration between services is weak, and that there is a lack of cohesion in respect of services dealing with health, mental health, domestic violence and addiction, all of which are sectors where the service users are likely to be parents. We know from inquiry reports and child death reviews that there are systemic weaknesses, particularly in relation to management and specifically about the implementation of policies and procedures. We know that our most at risk group are adolescents whose needs for intervention may have been clear at an early age but went unrecognised. Finally, we are aware of some of the shortcomings of the system as perceived by children and families, who would like a range of optional services, from community based providers in education and welfare to the more formal structures. On this basis, it cannot be assumed that the child protection system which has evolved beyond the cruder measures taken during the era of the Industrial Schools and Reformatories is fundamentally more effective.

### **Intelligence gathered in Europe, North America and Australia**

Given the reduced state of our child protection intelligence, we find it necessary to look to other jurisdictions for clues as to how best to find some answers to those problems. The slower rate of development in Irish child protection services gives us the advantage of learning from the evolution of other systems where information and knowledge may be gleaned from statistical data, cross country comparisons, system reviews, serious case reviews and research.

Starting with statistical information, it is notable that many jurisdictions have recognised the limitations imposed by mainstream data collection in respect of the incidence and prevalence of child abuse. Several projects have compared population based denominators that measure how often children are connected with different services such as hospitals, child protection, youth justice and out of home services. These indicators have then been linked with child mortality rates in order to identify more accurate trends (see for example Gilbert et al., 2012; Thoburn, 2010). While there are challenges in respect of differing definitions and methods of classifying information, it is increasingly recognised that integration of data, particularly self report and parent report surveys, gives a more accurate picture of the prevalence as well as the nature of

child harm and some countries have made attempts to incorporate this (Gilbert et al., 2012; Hooper, 2011; Davies and Ward, 2011). Some jurisdictions take samples of baseline statistical data and use more in-depth methods of interrogation to provide micro levels of information, some of it qualitative. A good example of this is the Canadian Incidence Study (Public Health Agency of Canada, 2010) which regularly surveys children's services to gain detailed insights into how different types of child abuse reports are processed and investigated.

Another source of valuable intelligence lies in cross comparisons of different jurisdictions (see for example Stafford et al., 2010; Munro & Manful, 2012). These provide useful illustrations of the way in which child protection perspectives and approaches differ according to socio-cultural norms, and also illustrate the factors that trigger changes in policy. For example, a ten country comparison by Gilbert, Parton and Skivenes (2011) encompassing Anglophone countries (North America, Australia, UK) as well as countries in mainland Europe, provides a useful overview of reforms over the past fifteen years, some of which will be discussed in the following section.

### **Policy reforms in England and Wales**

Policy changes and reforms in child protection systems across various jurisdictions have taken interesting turns, and some reversals, over the past two decades. For example, in the UK, significant investment was made by the Labour government from 1997 to 2007 in the implementation of a programme called *Every Child Matters*, which placed considerable emphasis on early intervention as a preventive strategy. Efforts were made to streamline systems by the use of procedures, tools and frameworks. Performance and effectiveness was measured by the use of key indicators and other key elements of new public service management underpinning the reforms were implemented by the use of technology (Broadhurst et al., 2010, Garrett; 2003). These reforms were subject to challenge by certain observers. For example, in respect of early intervention, Pithouse (2008) has argued that assertions about the early years as the most critical phase of children's lives can lead to ambivalence about the need to engage with children at older ages. This view has been augmented by the findings of Rees and colleagues (2011) who highlighted how the particular types of neglect experienced by adolescents receive an indifferent response from services who are focused primarily on younger children. Others were severely critical of the managerialism underpinning the reforms, arguing that 'positive' service outcomes were not always compatible with what was best for children and families (Devaney, 2004).

However, the most significant critique of the measures introduced in line with *Every Child Matters* came from the Munro Review of child protection, commissioned by the coalition government which took over from Labour in the UK (Munro, 2011). The review was called following the Baby Peter case, which illustrated extensive system and practice failures, and the premise on which it was founded was that reforms over the previous decade had fallen short in terms of their effectiveness. The Munro report was published in 2011, and has been most striking in its criticism of the bureaucratisation of child protection services and social work in particular. It has claimed that the sheer volume of guidance and the requirement for services to meet key performance indicators and reach government set targets has curtailed the capacity of practitioners and managers to exercise professional discretion and remain child centred. Munro

argued that such excessive proceduralisation of social work was a defensive reaction to cases where child protection had been found wanting, and has been at too great a cost. Following the review, the department responsible for child protection has now committed to dismantling the current guidance and placing a stronger emphasis on professional judgement (Department for Education [UK], 2012).

It is important to note that while Munro has prioritised the development and further professionalization of the role of social work in her suggested reforms, she has also argued for greater accountability from the health, justice and education sectors. She has recommended a stronger role for the Local Safeguarding Boards, who are responsible for coordinating the contributions of the aforementioned sectors. Similar calls for greater involvement of community organisations have come from other jurisdictions who have sought to promote a ‘whole of government’ approach to child protection.

### **Differential or dual-track response models of practice in the US**

The greatest impetus for change in the US has been the massive increase in child abuse reports over the last two decades and its impact on capacity. For example in the late 1990s, serious concerns emerged about the poor quality of service delivery within an overwhelmed, highly forensic system that suffered from over inclusion of families at low risk and under inclusion of families at high risk. Having highlighted the underlying difficulties, Waldfogel (1998; 2008) has been instrumental in stimulating the implementation of the ‘differential response model’ (DRM) or ‘dual-track’ responses, a development which had already started in some states in the early 1990s. When the DRM is implemented in an area, families not reaching the threshold for investigations or intervention are diverted to community based agencies or assessment of their needs, thus avoiding the more forensic and intrusive approach of statutory agencies and connecting more quickly with appropriate remedial services. This model has been widely adopted in the US, Canada and New Zealand and involves considerable investment in nongovernmental child welfare agencies. However, while research shows that the DRM is popular with staff and service users, it is not without challenges; an evaluation of its use in California indicates that while the DRM may provide families with important supports, there is insufficient evidence to claim that its operation prevents vulnerability from escalating into child abuse (Conley & Berrick, 2008). Studies of the effectiveness of DRM are, as Berrick (2011) describes them, ‘equivocal at best’ and as Waldfogel (2008) observes, its success depends on well trained staff who are competent at conducting finely balanced assessments. She also cites good relationships between statutory and community agencies as essential elements, in addition to sufficient funding for low risk as well as high risk families.

### **Reforms in Australia**

The Australian government published a state wide framework for child protection in 2009, and since that time two states, New South Wales and Victoria, have had major reviews of their child protection systems (Wood, 2008; Cummins et al., 2012). The ensuing reports advocated revision of some reforms that took place within the past decade. Like the US, Australia has experienced capacity problems, attributable, amongst other reasons, to the broadening of the mandatory reporting requirements in some states, and wider definitions of child abuse (Higgins et al., 2010). Reforms have focused on efforts to reduce pressure on the system. For example in NSW, a programme launched



in 2010 called 'Keep Them Safe' has raised the threshold for reporting and has managed to reduce the numbers by 53% by putting triage mechanisms in place in the sectors which make the most referrals.

In Victoria, efforts from the early 2000s to deal with the escalating rate of reporting had resulted in the development of a two tier intake system similar to the DRM operating in the US. However, a recently published and widely scoped review named 'Protecting Victoria's Vulnerable Children' (Cummins et al., 2012) concluded that the model was failing in its aims. The reasons cited included disproportionate spread of resources, insufficient skills and knowledge and weak governance arrangements in community based services. The review called for more holistic service planning and coordinated provision to meet the diverse needs of children and young people across early childhood, school, health, community-based family services and specialist services. These Australian findings affirm the views expressed in respect of US reforms that assumptions about the community sector as a cheaper option are false and that positive outcomes will depend on sufficient resourcing.

The theme most commonly shared between aspiring reformers in Australia, the US and the UK is the recognition that child protection is the responsibility of more than one government department and that a holistic and integrated approach is necessary for effective policy and practice. In the UK, this aim is being realised by the creation of robust links between children and adult's services (Clever, Unell & Aldgate, 2011) and in Australia, the Council of Australian Governments have sponsored a three year project which aims to build the capacity of adult focused services to support their adult clients to meet the needs of children in their care (<http://w3.unisa.edu.au/childprotection/projects/bcbb/>).

### **Lessons for Ireland**

As this paper has shown, similar difficulties in child protection systems have emerged in English speaking countries that, arguably, have been more advanced than Ireland in terms of investment and policy development. An intelligent approach to reform would require our policy makers to reflect on experience from elsewhere and consider its relevance for the Irish context. This concluding section will draw comparisons between the weaknesses identified in Irish child protection services and the efforts made elsewhere to address similar issues.

We see that other jurisdictions, being dissatisfied with the limited value and restricted utility of statistical data from child protection organisations, have made efforts to merge information from the broader network of health, justice and educational services for children as well as self report surveys in order to promote a public health, preventive approach to the issue (Gilbert et al., 2012). Standardised data collection in Ireland is still at a developmental stage, and it should not be beyond our capacity to synchronise formats for record keeping for the creation of a useful information hub, if not a common database. This would greatly assist our policy makers to target investment and training.

While it is recognised that both non compliance with policy and inconsistency with practices are features of Irish child protection work that need remediation, we need to be aware of the folly of going too far with proceduralisation and realising Howe's (1992)

view that the bureaucratisation of child protection work can out-manoeuvre therapeutically oriented practices. Privileging professional autonomy over standardisation can be very challenging in a society that has become quite risk averse, but the Munro Review illustrates the self defeating tendencies of a system that places too much reliance on technical devices to guide its work.

The measures taken in other jurisdictions to deal with high reporting and low substantiation of child abuse are of relevance to Ireland, particularly with our rising referral rates and declining substantiation rates. Despite available evidence that implementation of mandatory reporting in other jurisdictions has had very negative outcomes in terms of the capacity of the service to deal with increased pressure, the Irish government has pressed ahead with the Heads of the Children First Bill 2012, which focuses mainly on the duty of organisations to identify and refer suspected child abuse. Supporters of the proposed legislation believe that the implementation of a DRM type system will mitigate potential adverse outcomes by diverting low risk cases to community agencies for assessment and intervention, thus relieving the pressure on statutory services... However, we need to recognise that without significant resourcing and streamlining of the nongovernmental sector, this is unlikely to happen.

Finally, evidence from other jurisdictions almost universally points to the need for a 'whole of government' approach to child protection. In Ireland plans to establish a new stand-alone Child and Family Support Agency (separating child protection services from partners in health, mental health addiction and disability) will create challenges to communication and integration. Creative methods of bridge building across agencies will need to be devised in order to maintain the sort of holistic approach required for effective service provision.

While there are undoubtedly many ways in which we can benefit from the experiences of other jurisdictions, learning needs to be merged with home grown knowledge and information so that any new developments are culturally appropriate and compatible with the norms and principles of Irish society. We need to commit to improving the quality of our own statistical, empirical and analytical stock and use the resulting intelligence to persuade policy makers of the most sensible way forward for the development of children's services.

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