



Submission to the Health Service Executive in Relation to the Development of its Child Welfare Strategy

August 2008

The Children's Rights Alliance is a coalition of over 80 non-governmental organisations (NGOs) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child. It aims to improve the lives of all children under 18 years, through securing the necessary changes in Ireland's laws, policies and services.

The Alliance welcomes the opportunity to make a submission to the Health Service Executive (HSE) in relation to the development of its Child Welfare Strategy. The work of the Alliance is guided by the UN Convention on the Rights of the Child, which Ireland ratified in 1992.¹ Given the HSE's statutory remit in area of child protection and welfare the Alliance expects the HSE to ensure that its Strategy complies with the principles and provisions of the UN Convention on the Rights of the Child and with the recommendations of the UN Committee on the Rights of the Child (see Section 6). This submission follows the format outlined in the HSE's 'call for submission'.

The Alliance's policy, including detailed recommendations, in relation to child welfare, child protection and child in care can be found in the Alliance's *From Rhetoric to Rights: Second Shadow Report to the United Nations Committee on the Rights of the Child* (2006), *Submission to the Joint Oireachtas Committee on Child Protection* (August 2006) and *Submission to the Review of Children First Guidelines by the Office of Minister for Children* (April 2006).²

1. Greater use of community interventions and family support and more integrated working

The Children's Rights Alliance supports the principles of "greater use of community interventions and family support and more integrated working". (See Section 2)

2. Commitment to early intervention with families, promoting a strengths-based approach and more open access to services

The development of child, family and community support initiatives to identify risks and problems, at an early stage, and respond to them within the context of the family is critical to promoting and protecting children's rights.

1 *United Nations Convention on the Rights of the Child* (1989) <http://www.ohchr.org/english/law/crc.htm>.

2 Children's Rights Alliance (2006) *From Rhetoric to Rights: Second Shadow Report to the United Nations Committee on the Rights of the Child*, Dublin: Children's Rights Alliance. This report and the submissions can be downloaded from www.childrensrights.ie

Early intervention

Child and family programmes with an early intervention or prevention focus can prevent the deterioration of a situation to crisis point, and thus avoid the use of more invasive intervention such as the placement of a child in State care. Studies have shown that the areas with the lowest rates of family support provisions have the highest rates of children in care.³

The HSE's Child Welfare strategy should be underpinned by the principle that all children and families should be adequately supported so that children remain in their families and communities, unless this is not in the child's best interest. Studies show that children who remain with their families have better outcomes for themselves and their families. This approach is not only effective in supporting children and families, it is also efficient, providing value for money for the State. To make real this principle, early intervention and preventive support must be offered to children and families and the level of this support must be timely, adequate and culturally appropriate.

Moving from rhetoric to reality

Despite commitments to move from a purely responsive child protection approach to an early intervention child welfare approach to support children and families at risk, the day-to-day operation of services on the ground lags behind the rhetorical shift in policy.

Anecdotal evidence points to a genuine commitment to children's welfare, but services are overstretched and unable to intervene in cases before they reach crisis point. At present the capacity and focus of social services is limited to crisis intervention and child protection, with the result that preventive and support services are seriously underdeveloped. Aligning the rhetoric of policy to the practice on the ground appears to be the biggest challenge facing the HSE in implementing a Child Welfare Strategy.

Joint working

The Child Welfare Strategy should recognise and incorporate key strategic working relationships which ensure the achievement of coordinated and integrated policies and services. For example the HSE should link with the Office of the Minister for Children and Youth Affairs in relation to, among other things, its Child Welfare and Protection Policy Unit; the Prevention and Early Intervention Programme for Children; the regional Children's Services Committee (chaired by the HSE); and the National Implementation Group. Also included should be the HSE's Expert Advisory Group on Children.

Strength based approaches

As part of strength based approaches, child welfare programmes should involve children and families in the process of problem-solving. This participatory experience is rewarding and socially beneficial for those accessing and providing the services, and it is also economically efficient.

More open access to services

To make real the principle of 'more open access to services' a key action must be the introduction of nationwide access to social work services outside of office hours. Currently there is no 'out of hours' service, apart from a service in Dublin city centre and this has led to concern about the welfare of children at risk who require assistance outside of normal office hours. Provision of such a service will assist the HSE to meet its statutory obligations under the Child Care Act, 1991 and the Children Act, 2001.

3 Department of Health and Children (2004) Promoting the Well-being of Families and Children: A Study of Family Support Services in the Health Sector in Ireland, Dublin: The Stationery Office.

The Alliance first raised the issue of ‘out of hours’ care eleven years ago in 1997, and again in 2006, in its Shadow Reports to the UN Committee on the Rights of the Child.⁴ In its *Concluding Observations*, the UN Committee on the Rights of the Child recommended that social work services be extended in order to provide support to children and families at risk on a seven-day, twenty-four hour basis.⁵

Recommendations:

- **Continue to invest in early intervention and preventive services and involve children and families in their design and implementation**
- **Establish a seven-day, twenty-four hour social work service for children at risk as a matter of urgency**

3. Leadership and building public confidence

Public confidence grows from people’s experiences of services on the ground. By delivering on key commitments — including the development of a twenty-four hour, seven-day social work service, and continued investment in early intervention and preventive family support services — the HSE will demonstrate its leadership, and inspire public confidence in its ability to deliver on its mandate. The HSE should ensure that adequate and transparent communications systems are in place to make key policy makers and the general public aware of progress achieved.

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

Planning, monitoring and the evaluation of services requires starting with a clear definition of the purpose and remit of the services, how they connect with one another, and what they aim to achieve.

At present, family support services lack an integrated structure and a strategic, childfocused approach. The availability of services varies greatly across the country, and is funded and delivered by three different statutory bodies - the Department for Social and Family Affairs, the Department for Community, Rural and Gaeltacht Affairs and the Health Service Executive. Furthermore, the Government relies on community groups to provide many family services, yet this sector is under-resourced and under-supported to deal with the range of issues it confronts.

Understand where we are now

In its *Concluding Observations*, the UN Committee on the Rights of the Child recommended that Ireland “undertake an extensive review of support services provided under the different governmental departments to assess the quality and outreach of these services and to identify and address possible shortcomings.”⁶ The Alliance believes that such an interdepartmental national level review of existing support services would be of value to the HSE as it would build on the Department of Health and Children 2004 study “Promoting the Well-being of Families and Children”.⁷ The aim of

4 Children’s Rights Alliance (2006) *From Rhetoric to Rights: Second Shadow Report to the United Nations Committee on the Rights of the Child*, Dublin: Children’s Rights Alliance; and Children’s Rights Alliance (1997) *Small Voices: Vital Rights: Submission to the United Nations Committee on the Rights of the Child*, Dublin: Children’s Rights Alliance. These two reports can be downloaded from www.childrensrights.ie

5 UN Committee on the Rights of the Child (2006), *Concluding Observations of the Committee on the Rights of the Child, Ireland*. U.N. Doc. CRC/C/IRL/CO/2.

6 Ibid.

7 Department of Health and Children (2004) *Promoting the Well-being of Families and Children: A Study of Family Support Services in the Health Sector in Ireland*, Dublin: The Stationery Office.

the review would be to assess the quality of services, avoid service duplication, ensure value for money, and provide a starting point for the planning and development of comprehensive services for the future. On completion of the review, it should produce a 'National Support Services Strategy', which will serve as a blueprint for planning in this area.

Recommendation:

- **Work as part of an interdepartmental group to undertake a comprehensive review of support services for children and families as a starting point for the development of a comprehensive services plan**

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

Statistics show that, in the majority of cases, the primary reason children are taken into care is 'neglect'. Families in these circumstances are often experiencing serious difficulties such as poverty, homelessness, addiction and mental illness. The problems faced by these families require a range of supports and services, which should focus on enabling parents to care for their children. Informal support networks such as the community and extended family should also be recognized and utilised in the best interests of children.

For families whose children have been taken into care, more needs to be done to empower parents to become partners with social services, where this would be beneficial for their children. The facilitation of regular access visits is critical and for this to take place adequate levels of support and staffing are essential. Ultimately, if children in care are to have the possibility of returning to live at home, intensive supports must be provided to their families.

- **Expand community-based services and facilities to support children and families where there is a risk of a child being placed in care.**

6. Providing safeguarding and protection services within a welfare model

Definition of a welfare model

The terms 'child welfare' and 'child protection' are often used interchangeably, and indeed 'child protection' may be seen as one element of a broader 'child welfare' agenda. The HSE Strategy should provide clear guidance identifying the elements of these two models — a 'welfare model' and a 'protection model' — and where there are distinctions between them. This would provide not only clarity as to what issues are being addressed but also what responses are required. The 'child welfare model' definition should reflect the shift from a traditional child protection approach towards a focus on early intervention and preventive services for families, and the rationale for this shift.

Principles

The Alliance recommends that the HSE's Child Welfare Strategy be rights-based; in other words, it should be in line with the principles and provisions of the UN Convention on the Rights of the Child.

In particular, the HSE strategy should be underpinned by the following principles of the Convention to ensure that is child-centred – in other words responding to the needs and rights of children and not based on what resources are available.

- *Article 3 - Best Interests of the Child.* All decisions should be made in line with the best interests of the child. This principle is already in operation under Section 3 of the Guardianship of Infants Act, 1964.
- *Article 2 - Non-discrimination.* No child should face discrimination of any kind. At present there is an inconsistent response to children and families in need of support across the country. There is a need to ensure that there is equity of access to services and support through the country.
- *Article 9 - Separation from parents.* The child has the right to live with his or her parents unless it is deemed incompatible with his or her best interests; the child has the right to maintain contact with both parents if separated from one or both.
- *Article 19 - Protection from abuse and neglect.* In line with the requirements of Articles 19 and 34 of the Convention, the Child Welfare Strategy should expressly state the right of every child to be protected from all forms of physical, emotional and sexual abuse or exploitation. The State has an obligation to protect children from all forms of maltreatment perpetrated by parents or others responsible for their care, and to undertake preventative and treatment programmes in this regard.
- *Article 20 - Protection for children without families.* The State has an obligation to provide special protection for children deprived of their family environment and to ensure that appropriate alternative family care or institutional placement is made available to them, taking into account the child's cultural background.

The Strategy should also include commitments to guarantee each child:

- Wellbeing & Development –improving quality of life for children
- Stability – providing stability and continuity of placement for children

In addition, the Strategy should include commitments to:

- Partnership approach.
 - Involving families in the process, strengthening families through working with them.
 - Working in partnerships to provide integrated service delivery between statutory and non-statutory bodies.
 - Integrated policy development and implementation approach between the HSE and the Child Welfare and Protection Unit of the Office of the Minister for Children and Youth Affairs.
- Quality of service delivered and retention of qualified, well-trained and motivated staff.
- Effectiveness – commitment on delivery of its objectives, utilizing an operational plan with clear actions and responsibility assigned, and mechanisms to monitor delivery.

Necessary Reforms

A HSE Child Welfare Strategy is much needed. The UN Committee on the Rights of the Child, in its *Concluding Observations* to Ireland, noted that “there is no comprehensive strategy or measure for the prevention of child abuse in place, and there are delays accessing services.”⁸ In light of article 19 of the Convention (protection from abuse), the Committee recommends that Ireland:

- a) “Continue reviewing the Children First Guidelines and consider their establishment on a statutory basis;
- b) Ensure that all reported cases of abuse and neglect are adequately investigated and prosecuted and that victims of abuse and neglect have access to counseling and assistance with physical recovery and social reintegration;

8 UN Committee on the Rights of the Child (2006), *Concluding Observations of the Committee on the Rights of the Child, Ireland*. p. 8

- c) Develop a comprehensive child abuse prevention strategy, including developing adequate responses to abuse, neglect and domestic violence; facilitating local, national, and regional coordination, and conducting sensitization, awareness-raising and educational activities; and
- d) Ensure that evaluation of all employees and volunteers working with children is undertaken prior to recruitment, and that adequate support and training is provided for the duration of their employment.⁹

7. The role of social work within a welfare model

Currently, social work problems are largely related to the size of individual social workers' case loads – in 2007, some social workers were dealing with caseloads of up to 76 children at risk at a time, an exceptionally high figure by international standards.¹⁰ There is no evidence that this figure has decreased, or that there has been any concerted effort by the HSE to bring this figure down.

Facilitating early intervention and preventive approaches to family support requires social workers to have time to work with families early, and not only in situations which have reached crisis point. Lessening case loads is an important first step to achieving this aim.

To ensure services are operating at full capacity and to maximise their effectiveness, current difficulties in recruiting and retaining qualified and experienced staff must be addressed, through providing workers with adequate in-service support, supervision and training. In addition, management, administrative and operational deficiencies must be overcome. These weaknesses are highlighted in difficulties experienced in contacting HSE social work staff to report child abuse.

There is no central collation of waiting lists for social work assessment. However, anecdotal evidence points to significant delays in securing an assessment for a child deemed to be at risk or suspected of having been abused. In addition, the speed and level of support with which social services respond to vulnerable children is considered to be inadequate, particular in relation to counselling for those who have been abused.

Recommendation:

- **Reduce social worker case loads as a matter of urgency in order to facilitate the effective operation of early intervention and preventive child and family support services**

⁹ Ibid.

¹⁰ Carl O'Brien, Caseload puts pressure on social workers, *The Irish Times*, 27/10/2007. In a recent Prime Time programme HSE staff spoke of how large caseloads made it difficult to read the case file in detail. It was also asserted that the number of social workers has dropped since 2005, despite the fact that the number of referrals has multiplied dramatically. (Prime Time, Monday 12th May 2008)

Children's Rights Alliance

The Children's Rights Alliance is a coalition of over 80 non-governmental organisations (NGOs) working to secure the rights and needs of children in Ireland, by campaigning for the full implementation of the UN Convention on the Rights of the Child. It aims to improve the lives of all children under 18, through securing the necessary changes in Ireland's laws, policies and services.

Our Membership

The Alliance was formally established in March 1995. Our membership, from which Board Members are elected at the Alliance's AGM, consists of a diverse range of groups, including child welfare agencies and service providers; child protection groups; academics; youth organisations; family support groups; human rights organisations; disability organisations; parent representative organisations; community groups and others interested in children's rights. The Alliance's policies, projects and activities are developed through ongoing collaboration and consultation with our member organisations.

Our Aims

- bringing about a shared vision that will realise and protect children's rights in Ireland;
- securing legislative and policy changes to give meaningful effect to the UN Convention on the Rights of the Child; and
- securing the effective implementation of Government policies relating to children.

Our Experience

- The Alliance is recognised for its participation in the international monitoring and reporting process of the UN Convention on the Rights of the Child, including the publication of two shadow reports critically evaluating progress made by the Irish State to implement the Convention's provisions into domestic law, policies and services
- In 2006, the Alliance was the sole Irish NGO commentator reporting to the UN Committee on the Rights of the Child
- The Alliance is a designated Social Partner within the Community and Voluntary Pillar
- The Alliance has played an important role in influencing the development of several key initiatives for children, including the publication of a National Children's Strategy; the establishment of the Office for the Ombudsman for Children; and the inclusion of children's rights in the EU Charter of Fundamental Rights.

The Children's Rights Alliance is a registered charity – CHY No. 11541

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