Health Information
and Standards

Evidence review to inform the development of National Standards for Children's Social Services

July 2020

Safer Better Care

About the Health Information and Quality Authority

The Health Information and Quality Authority (HIQA) is an independent statutory authority established to promote safety and quality in the provision of health and social care services for the benefit of the health and welfare of the public.

HIQA's mandate to date extends across a wide range of public, private and voluntary sector services. Reporting to the Minister for Health and engaging with the Minister for Children and Youth Affairs, HIQA has responsibility for the following:

- **Setting standards for health and social care services** — Developing person-centred standards and guidance, based on evidence and international best practice, for health and social care services in Ireland.

- **Regulating social care services** — The Chief Inspector within HIQA is responsible for registering and inspecting residential services for older people and people with a disability, and children's special care units.

- **Regulating health services —** Regulating medical exposure to ionising radiation.

- **Monitoring services** — Monitoring the safety and quality of health services and children's social services, and investigating as necessary serious concerns about the health and welfare of people who use these services.

- **Health technology assessment** — Evaluating the clinical and cost-effectiveness of health programmes, policies, medicines, medical equipment, diagnostic and surgical techniques, health promotion and protection activities, and providing advice to enable the best use of resources and the best outcomes for people who use our health service.

- **Health information** — Advising on the efficient and secure collection and sharing of health information, setting standards, evaluating information resources and publishing information on the delivery and performance of Ireland's health and social care services.

- **National Care Experience Programme** — Carrying out national service-user experience surveys across a range of health services, in conjunction with the Department of Health and the Health Service Executive (HSE).

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Executive Summary

All children have a right to be safe, to have timely access to appropriate services and support, and to maximise their wellbeing and development. The children who come to the attention of children's social services are some of the most vulnerable in society. Their needs must be assessed properly by these services, and the care and support they receive must be well planned, integrated, consistent, and tailored to their individual needs and circumstances.

HIQA is the statutory body established under the Health Act 2007 to drive high-quality and safe care in health and social care services. HIQA recognises the importance of increasing the quality and safety of care for all children, especially children who are at risk in the community, or who are living away from their families in the care of the State. HIQA supports improvement through the development of person-centred standards and the regulation and monitoring of services. In 2018, HIQA committed to the development of National Standards for Children's Social Services.[1] The scope of the draft national standards includes all children's social services, including aftercare services, provided to young people with care experience, from the point of their referral to a service until they transfer to another service or are discharged. Having one set of national standards for all services tasked with the welfare and protection of children will ensure that the interests of the child are put first, above individual service requirements and will promote a consistent, child-centred approach to service delivery.

While not all such services are within HIQA's regulatory remit, the expectation is that all services will work to achieve compliance with a set of national standards that provide a framework for best practice in providing integrated and child-centred care and support, with a clear focus on better outcomes for children, regardless of the child's point of contact with children's social services.

This document provides an overview of the evidence gathered to date to inform the development of Draft National Standards for Children's Social Services. This evidence is drawn from: a review of children's social services in Ireland; an international review of children's social services in six jurisdictions;* and an evidence synthesis of national and international literature which sought to identify characteristics of effective child-centred practices for children engaged in children's social services.

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* These jurisdictions are Scotland, England, Northern Ireland, Western Australia, Sweden and Vermont (USA).

Overview of findings

Ireland has a wide range of legislation, guidance, policies, standards and services that seek to promote the welfare of children and their families, and to protect children who are at risk of harm. There is a Government-wide commitment to improving outcomes for all children, as set out in '*Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020* ' which recognises that children at risk of harm require integrated care and support to address these concerns.[2] This commitment is underpinned by '*Children First: National Guidance for the Protection and Welfare of Children*' which outlines how statutory and non-statutory services can provide a coordinated approach to child welfare and protection concerns.[3] However, it is evident from a review of the implementation of *Better Outcomes, Brighter Futures*, as well as overview reports of children's social services, that delivering consistent integrated care and support for children at risk of harm, or in the care of the State, continues to be a challenge.[1,4,5,6,7] Furthermore, these reports highlight that there is wide variation in resources, processes and practices in different geographical areas in Ireland, leading to inconsistent service delivery for children. While there have been efforts to introduce standardised processes and practices across both statutory and non-statutory services, these systems are still not fully embedded. Staff shortages across children's social services and the difficulty in retaining experienced staff, have further impacted on the system's ability to meet children's needs in a timely and consistent way.

The international review set out in this document provides an overview of children's social services in Scotland, England, Northern Ireland, Sweden, Western Australia and Vermont (USA). These six jurisdictions were chosen following feedback from the scoping consultation, findings from the evidence synthesis and input from key stakeholders. The review involved engaging with international subject-matter experts to understand how children's social services work in practice in these jurisdictions. The evidence shows that each jurisdiction has extensive legislation, regulation, strategy, policy and guidance, which is constantly developing to meet the needs of children at risk or in the care of the State. Each jurisdiction demonstrated progression towards enhancing child wellbeing and safety, and set out how the improvement of child wellbeing would be achieved in national strategies, which were underpinned by high level principles. Appendix 1 provides an overview of a number of principles from relevant jurisdictions.

Key points from the review of the jurisdictions are:

- While all jurisdictions had set out the importance of a child's safety and wellbeing in legislation, Scotland put a definition of wellbeing on a statutory footing, relating it directly to the eight wellbeing indicators set out in '*Getting it Right for Every Child' (GIRFEC)*; Scotland's national approach to early intervention, coordinating a common approach by services to promote child wellbeing and child protection.

- Evidence from the jurisdictions reviewed shows that there is a strong commitment to integrated and flexible services to meet children's needs. A number of jurisdictions, including England, Scotland and Northern Ireland, have put on a statutory footing the responsibility of all services to work together to meet the needs of children in their area. To meet such statutory obligations, England has developed a system of Safeguarding Partners who are responsible for child protection and welfare at a local level. The local safeguarding arrangements are led by the local authority[†], the police and the National Health Service (NHS) clinical commissioning group. These three statutory safeguarding partners must coordinate and work together with other relevant agencies to protect and promote the welfare of children in their area.

- Australia and Sweden have adapted a public health model of child welfare and protection. Sweden sees child protection concerns as a failure of the State to support families, rather than a failure by the family. This model aims to provide the maximum benefit for the largest number of children and families and services are aimed at the primary prevention of risk to children by exposing a broad segment of their population to prevention measures in health, early years and education services. In Australia and Sweden, primary services[‡] are the largest component of the service system, focusing on promoting the welfare of all children, with secondary and tertiary services focusing on providing targeted services to children who are identified as being potentially at risk.

- All jurisdictions reviewed have moved towards developing community-based services which work to intervene early with families if there are child welfare

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[†] A local authority is a government subdivision and is responsible for the provision of many public services in the area it covers.
[‡] Primary services are delivered to the whole community in order to provide support before problems occur.

or protection concerns. The results of an investment in early intervention are particularly evident in Northern Ireland. In this jurisdiction, rates of referral to child welfare services are comparatively higher than the rest of the UK. However, the majority of these referrals receive support at a community level. Federal law that applies to Vermont has put on a statutory footing a commitment to funding early intervention work to strengthen families and communities, so that children can safely stay with their families.

However, the evidence from the international review also shows that despite these commitments and the extensive systems to realise such commitments, there are challenges to the safe and effective delivery of services to children at risk and in the care of the State across the jurisdictions. These challenges include issues around the recruitment and retention of skilled staff, poor interagency working to meet the needs of children, inadequate resource allocation, and ineffective planning and outcome measurement. Evidence from Scotland shows that this has resulted in services that are reactive to children at serious risk, but that fail to identify and intervene where children may be experiencing ongoing neglect or welfare issues.

The key findings from the evidence synthesis of national and international literature are documented under a number of interlinked themes which emerged over the course of the review. These themes are:

- participation
- safety and wellbeing
- strengthening families and communities
- accountable
- responsive.

Participation

In supporting the right to participate, the evidence emphasises the importance of creating a culture where children are listened to and their views are acted on. To do this, services must put structures and systems in place to support meaningful participation. The evidence emphasises the importance of respect, fairness and of valuing children as individuals in this process. It also highlighted the importance of giving children power to influence the decisions that are made about their care and support.

Safety and wellbeing

In protecting and promoting a child's safety and wellbeing, the evidence highlights the importance of examining the child's safety and wellbeing holistically, rather than simply responding to the most urgent presenting need. The evidence focuses on

ensuring that children receive the right care, at the right time and for the right duration in order to protect the child from harm and create an environment which enables the child to build their capacity. A call for clear guidance for all staff in how to achieve this while minimising the impact that this may have on the child and their family functioning was evident.

Strengthening families and communities

The evidence to support the theme of strengthening families and communities focuses on prevention and early intervention work in the community, to ensure best outcomes for children and families, recognising that, in most instances, children do best when they live with their family. The evidence highlighted that while staff agreed that this early intervention was key to better outcomes, staffing resources were generally diverted into dealing with crisis situations and were not able to find time to focus efforts on early identification and intervention. This meant that children whose cases did not meet a threshold of harm could go beneath the radar.

Accountable

The evidence shows that in order for a service to be accountable to children and other stakeholders, it needs strong leadership and governance. Leaders and managers must work to strengthen and encourage their service's quality and culture, and to ensure that resources are deployed effectively to achieve high quality and consistent services. The evidence highlighted that an accountable service works collaboratively with a wide range of professionals, organisations and services to ensure that children's needs are met effectively. Accountable services identify short, medium and long-term outcomes to measure the achievement of these outcomes using a range of agreed indicators.

Responsive

The evidence sets out that a responsive service ensures that children are cared for and supported by staff who are skilled, trained and experienced. These staff use their professional judgement to ensure that children receive the care and support that is right for them and act as advocates to ensure their needs are met. Staff reflect on their practice through supervision to ensure it is proportionate, just and dynamic in meeting the diverse needs of children.

1. Introduction

1.1. Overview

All children have a right to be safe, and to have timely access to appropriate services and support to maximise their wellbeing and development. The children who come to the attention of children's social services are some of the most vulnerable in society. Their needs must be assessed properly by these services and the care and support they receive must be well planned, integrated, consistent, and tailored to their needs and circumstances.

HIQA is the statutory body established under the Health Act 2007 to drive high-quality and safe care for people using health and social care services in Ireland. One of HIQA's many functions is to set standards for health and social care services, including children's services. HIQA recognises the importance of increasing the quality and safety of care for all children, especially children who are at risk in the community or who are living away from their families in the care of the State.

In 2018, HIQA's report on the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) recommended that HIQA develop National Standards for Children's Social Services.[1] The scope of the draft national standards includes all children's social services, including aftercare services provided to young people with care experience, from the point of their referral to a service until they transfer to another service or are discharged.

Existing national standards, developed by HIQA, apply to individual service settings such as child protection and welfare services, special care units and children's residential centres.[8,9,10] Existing standards developed by the Department of Health apply to foster care.[11] Once approved by the Minister for Health, in consultation with the Minister for Children and Youth Affairs; the new Draft National Standards for Children's Social Services will replace these individual standards for children's social services in order to support children throughout their interaction with the services that may be required to assist them. Having one set of national standards for all services tasked with the welfare and protection of children, will ensure that the interests of the child are put first, above individual service requirements and will promote a consistent, child-centred approach to service delivery.

While not all such services are within HIQA's regulatory remit, the expectation is that all services will work to achieve compliance with a set of national standards that provide a framework for best practice in providing integrated and child-centred care and support, with a clear focus on better outcomes for children, regardless of their point of contact with children's social services.

1.2. Standards development framework

The Draft National Standards for Children's Social Services will be set out under a number of themes. These themes emerged from the evidence review and extensive stakeholder engagement to inform the development of the Draft National Standards for Children's Social Services. These are:

- participation
- safety and wellbeing
- strengthening families and communities
- accountable
- responsive.

The draft national standards will consist of three sections:

- **Themes**
  Following each theme, there will be an explanatory section setting out how a service works in line with that theme.

- **Standard statements**
  The standard statement will describe the high level outcome required to keep children safe and support them to reach their full potential. The standard statements will be written from a child's point of view.

- **Features of a service likely to be meeting the standard**
  The list of features provided under each standard statement is not exhaustive and the service may meet the requirements of the standards in other ways. These features will be written from a child's point of view.

The five themes and the standard statements and features that support them, are intended to work together and collectively they describe how children's social services provide safe, consistent and high quality care, that is tailored to meet the needs of any child receiving care and support from these services.

1.3. How the Draft National Standards will be developed

The draft national standards will be informed by the evidence review presented in this document. All documents and publications identified were reviewed and assessed for inclusion in the evidence-base to inform the development of the draft standards.

This document provides the results of an extensive programme of research conducted by HIQA to underpin the standards which consists of:

- A **review of children's social services in Ireland** — this includes a description of the current model and arrangements for child welfare and protection, an overview of legislation and policy, and a review of outcome data. This review was informed by academic papers, authoritative national websites, annual reports and statistical reports from key organisations, alongside collaboration with experts in this area. This review describes the context in which Draft National Standards for Children's Social Services are being developed.

- An **international review of children's social services** in Scotland, England, Northern Ireland, Sweden, Western Australia and Vermont (USA). These six jurisdictions were chosen following feedback from the scoping consultation, findings from the evidence synthesis and input from key stakeholders. A further desktop review, involving web-based searches of relevant literature and websites, identified a number of key organisations and experts to contact and engage with. The international review includes a review of information from authoritative international websites, national reviews, annual reports and statistical reports from key organisations, academic papers and teleconferences with international experts in this area. This section of the document describes the international models and arrangements for child welfare and protection, relevant legislation, policy and standards, and available outcome data. This section provides international context and lessons to inform the development of draft standards in Ireland. In addition, as part of its international review, HIQA engaged with key stakeholders in international jurisdictions.[§]

- A **literature review** of relevant academic material relating to good practice in the development and delivery of children's social services drawn from search databases.

The Draft National Standards for Children's Social Services will also be informed by extensive stakeholder engagement. HIQA has convened an advisory group comprised of a diverse range of interested and informed parties, including representatives from support and advocacy groups, regulatory bodies, professional representative organisations, Tusla, An Garda Síochána (Ireland's National Police Service), the HSE, and the Department of Children and Youth Affairs (DCYA). The function of the group is to advise HIQA, support consultation and information exchange, and advise on any further steps.

[§] See Appendix 2 for the names and affiliations of the experts with whom HIQA engaged.

HIQA also held a public scoping consultation in August 2019 which involved consulting with people who have experience of children's social services. The consultation gave people an opportunity to identify the key areas that the standards should address and to provide examples of good practice. HIQA received 53 responses to the scoping consultation from a wide range of individuals and organisations with experience of children's social services.

HIQA has undertaken extensive consultation with children, young people and families who have experience of children's social services and with staff working in these services, to discuss their experiences and obtain their opinions, as to what Draft National Standards for Children's Social Services should address.

In addition to this, HIQA will undertake a public consultation process for members of the public and all interested parties to submit their views on the draft standards.

Following approval by the Board of HIQA, the standards will be submitted to the Minister for Health, in consultation with the Minister for Children and Youth Affairs, for approval. The approved standards will be made publicly available on the HIQA website.

1.4. Structure of this report

This document sets out the findings of the review undertaken to inform the development of the Draft National Standards for Children's Social Services as follows:

Section 2: Overview of Children's Social Services in Ireland
Section 3: International Review
Section 4: Evidence Synthesis Methodology
Section 5: Evidence Synthesis Findings
Section 6: Summary, Conclusion and Next Steps

2. Overview of Children's Social Services in Ireland

The Department of Children and Youth Affairs (DCYA) holds primary responsibility for developing the legislative and policy framework through which the child protection and welfare services are delivered, monitored, inspected and measured in Ireland. DCYA is responsible for funding and overseeing the delivery of a range of children's services and ensuring that arrangements are in place to deal with child welfare and protection, family support, adoption, school attendance and reducing youth crime. DCYA set out its vision for children and young people in Ireland in its strategy '*Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020.*'[2]

Established in 2014 to consolidate a wide range of children's services, Tusla is the State agency responsible for improving wellbeing and outcomes for children through a range of universal and targeted services. These services include early intervention with families in the community, psychology services, child protection and welfare services, alternative care (including foster care and residential care) and aftercare, to support young people with a history of care. In 2018, Tusla's Child Protection and Welfare Service received 55,136 referrals. At the end of 2018, 26,433 children were being assessed or in receipt of support from social workers, for child protection and or welfare issues. This includes 5,974 children in the care of Tusla and 1,029 children 'active' on the Child Protection Notification System (CPNS).[12] Tusla directly employs over 4,000 staff, predominantly child protection and welfare social workers and is organised in a staff hierarchy system with multiple layers of reporting. At a governance level, the Executive Team of Tusla reports to the Board of Tusla. The Board is then accountable to DCYA and reports directly to them.[13]

The HSE was established in 2005 under the Health Service Executive (Governance) Act 2013 as the single body with statutory responsibility for the management and delivery of health and personal social services to the population of Ireland.[14] Until the establishment of Tusla, the HSE had statutory responsibility for child protection. In 2014, the HSE devolved its statutory responsibilities in respect of child protection to Tusla, however the HSE continues to be responsible for the delivery of a range of health and social care services for children in need of primary and acute health services, disability services and mental health services.

Established in 2007, HIQA has a remit under the Health Act 2007 to set standards for Ireland's health and social care services, including children's services, and to monitor services specified in the act against these standards.[15] HIQA is responsible for registering and inspecting children's residential special care units, monitoring the safety and quality of children's social services and investigating as necessary serious concerns about the health and welfare of all who use these services.

The role of the Ombudsman for Children is set out in the Ombudsman for Children Act 2002.[16] The Office has a role in dealing with complaints made by or for children and young people about the actions of public organisations. In line with the commitments made by Ireland in its ratification of the United Nations Convention on the Rights of the Child (UNCRC)**, the Office works to promote the rights and welfare of children and young people living in Ireland.[17] They work in partnership with children and young people to find out what their concerns are and use these findings to influence Government, policy makers and services working with children and young people.

2.1. Model of service

There are two main organisations involved in organising children's social services and child protection, these are Tusla and An Garda Síochána.

In 2014, the HSE devolved its statutory responsibilities in respect of child protection to Tusla. However, the HSE continues to be responsible for the delivery of a range of health and social care services for children in need of primary and acute health services, disability services and mental health services. Established in 2007, HIQA has a remit under the Health Act 2007 to set standards for Ireland's health and social care services, including children's services, and to monitor services specified in the act against these standards.[15]

2.1.1. The Child and Family Agency, Tusla

Under the Child and Family Agency Act 2013, the role of Tusla is to support and promote the development, welfare and protection of children and the effective functioning of families.[13] Activities to meet this role include:

- offering care and protection for children in circumstances where their parents have not been able to, or are unlikely to, provide the care that a child needs. Services provided or commissioned by Tusla working to achieve this include:
  - family and community support
  - foster care
  - residential care
  - special care
  - adoption

** The UNCRC applies to all children and young people under 18. Its aim is to recognise the rights of children and young people and ensure that they grow up in the spirit of peace, dignity, tolerance, freedom, equality and solidarity.

    ⸺ psychological support

    ⸺ domestic, sexual and gender-based violence

    ⸺ aftercare.

- ensuring that every child in the State attends school or otherwise receives an education and for providing educational welfare services to support and monitor children's attendance, participation and retention in education
- ensuring that the best interests of the child guide all decisions affecting individual children
- commissioning services relating to the provision of child and family services.

Under the Child Care Act 1991 social workers, employed by Tusla, have a statutory obligation to identify children who are not receiving adequate care and protection and investigate allegations of abuse, including: suspected abuse within families, suspected extra-familial abuse, suspected retrospective abuse and retrospective disclosures by adults.[18] A duty social work team acts as a first point of contact for all new allegations of abuse or risk of abuse and processes the referrals through to the relevant social work team for investigation.

Where an investigation identifies that a child is at risk, Tusla must then provide child care and family support services with the aim of helping parents to care for their children and to avoid the need for children to be taken into care. This may be undertaken in the family's home or community-based prevention services. However where a child is at risk of significant harm, Tusla has a duty to take a child into its care either on a voluntary basis or through a court application.

When Tusla is responding to concerns, it must take into account:

- that the welfare of the child is paramount
- the wishes of the child having regard for her or his age and understanding
- the rights and duties of parents
- the principle that it is generally best for the child to be brought up in her or his own family
- that consultation and engagement with children and families is essential in achieving positive outcomes.

Tusla have expressed a commitment to supporting children to participate in the decisions about their lives. One example of this commitment can be seen in '*Tusla's National Children's Charter',* setting out what children can expect from Tusla.[19] Developed in consultation with children, the charter articulates the expectations of children regarding Tusla staff. These are written from a child's perspective and promote a participatory and caring approach to working with children and young people, as well as their families. One example of such an expectation is 'Involve us

in making plans and decisions' and 'be positive, friendly and caring'. In 2019 Tusla launched their first '*Child and Youth Participation Strategy 2019-2023*' that sets out how Tusla plans to support, nurture and embed participatory practice in its own services and in Tusla funded services.[20]

Tusla's '*Child Protection and Welfare Strategy 2017-2022*' arose out of a review of Tusla's core responsibilities that arise from legislation, Government strategies, findings of HIQA inspections and reports from the National Review Panel (NRP).[††][21] The strategy seeks to bring together six core elements to inform its strategic direction. As detailed in Figure 1, these include:

- developing a consistent national practice approach including the introduction of the 'Signs of Safety' (SOS) approach across Tusla[‡‡]
- ensuring there are clear referral pathways for children and families
- developing a supportive learning environment for staff
- engaging better with children, families and their communities
- supporting staff in making professional judgements
- and setting clear expectations of how a child's life should improve as a result of engagement with Tusla.

[††] The NRP was set up in 2010 to investigate serious incidents including the deaths of children in care and known to the child protection system.
[‡‡] SoS is a strengths-based approach to child protection casework that was developed in Western Australia in the 1990s.

Figure 1. Tusla's Strategic Objective
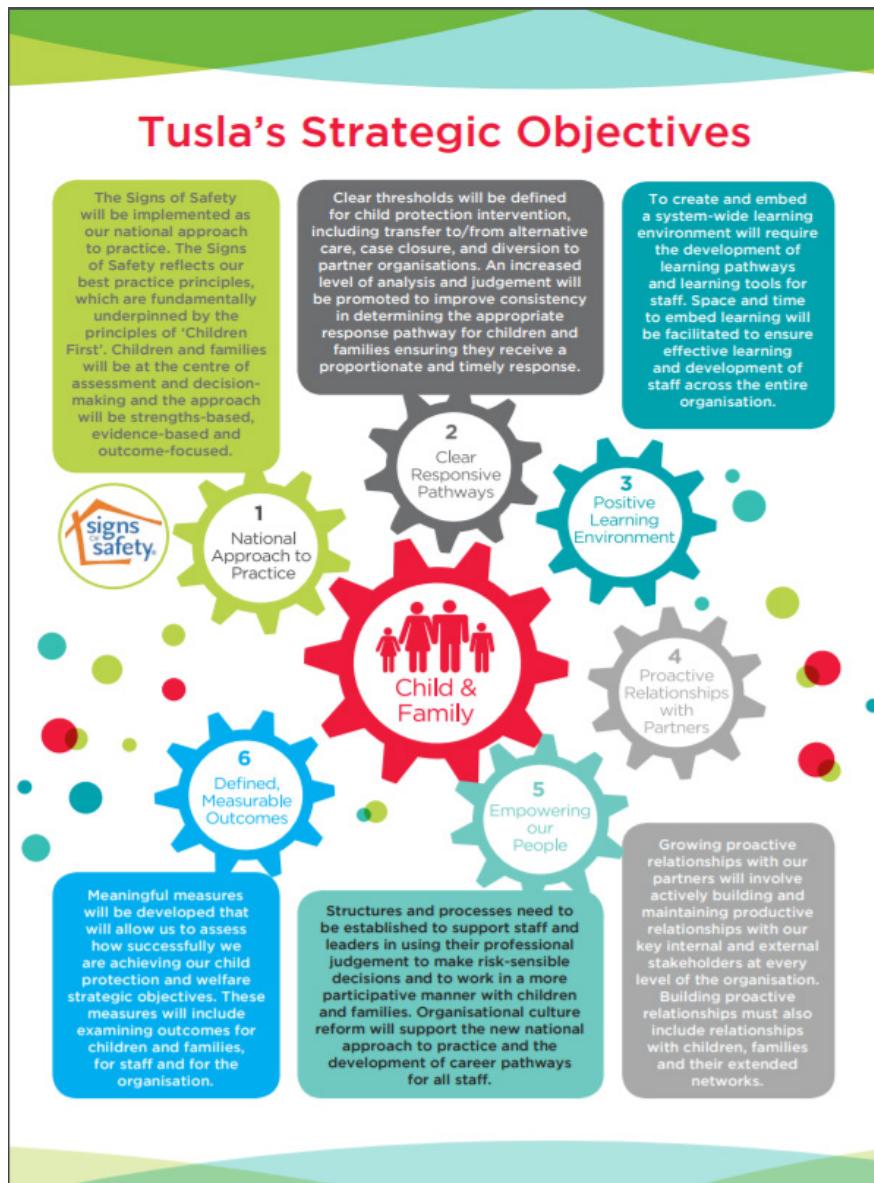
Source: Tusla (2017). *Child Protection and Welfare Strategy 2017-2022*.[21]

2.1.2. An Garda Síochána

Tusla and An Garda Síochána have separate but complementary roles in the care and protection of children. Tusla formally notify An Garda Síochána if there is a concern that a child is being abused, as set out in the '*Joint Working Protocol for An Garda Síochána/Tusla – Child and Family Agency Liaison*.'[22] As part of their legal obligations, where An Garda Síochána suspect that a child is being abused, either wilfully or unintentionally, they formally notify Tusla.

The Gardaí have the power to take a child to safety if they have reasonable grounds for believing there is an immediate and serious risk to the health and or welfare of a child. The Gardaí must then bring the child into the custody of Tusla to provide alternative care.

The Gardaí have the additional responsibility of taking cases of alleged abuse to the Director of Public Prosecutions (DPP) and work with Tusla, where appropriate, in building such a case.

Tusla liaises with the Gardaí during investigations into child protection concerns, however the duty of Tusla is separate from the prosecutory functions of the Gardaí and the DPP. In order to protect a child, Tusla may rely on a criminal conviction pursued by the Gardaí as evidence that a person may pose a risk to children.

2.2. Legislation

There is a wide range of legislation framing the protection and welfare of children. Developed over the past 30 years, this legislation sets out when a child is considered at risk of harm, the statutory responsibilities of social workers and An Garda Síochána to protect children, children's rights while in receipt of care and support, and the expectations on children's social services to uphold these rights whilst ensuring children are safe and protected from harm.

While Ireland signed up to the UNCRC in 1992 it was not until the Referendum relating to Children which took place in 2012, that Ireland enshrined children as rights-holders separate from their parents. Article 42A was added to the Constitution in 2015 and explicitly recognises and affirms the rights of all children.[23] The amendment sets out that children have the right for their best interests to be of paramount consideration where the State seeks to intervene to protect their safety and welfare. It further sets out how and when the State can intervene to protect the welfare of a child. In a move away from the constitutional inviolability of the rights of the family, it obliges the State to intervene proportionately in a family where parents have failed to ensure the safety or welfare of the children.[24]

The legislative framework, which governs and regulates children's social services includes the following pieces of legislation:

- the Child Care Act 1991[18]
- the Children Act 2001[25]
- the Health Act 2007[15]
- the Child and Family Agency Act 2013[13]
- the Children First Act 2015[26]

The Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Adults) Act 2012 is also of relevance.[27] Under this act, it is a criminal offence to withhold information from An Garda Síochána in relation to serious, specified offences committed against a child or vulnerable adult.

2.2.1. The Child Care Act 1991

The Child Care Act 1991 is the fundamental piece of legislation which sets out the responsibilities of statutory bodies, that is Tusla and An Garda Síochána, to promote the welfare of children who may not be receiving adequate care and protection and to protect them from harm through a range of measures, including the provision of alternative care.[18]

The act covers the following main areas:

- promotion of the welfare of children
- the functions of what is now Tusla§§
- protection of children in emergencies, which includes the powers of An Garda Síochána to take a child to safety
- care proceedings, including the different types of care orders which can be made by a court
- legal framework for responding to children in need of special care or protection due to the risk posed by their own behaviour or specific circumstances
- the provision of private foster care
- the appointment of a Guardian ad Litem to represent a child's views***
- children in the care of Tusla
- supervision of pre-school services

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§§ In 2014, the HSE devolved its statutory responsibilities in respect of child protection to Tusla.
*** The Guardian ad Litem are independent persons appointed by the Court for the duration of Court proceedings relating to a child. The Guardian ad Litem give the child a voice in the proceedings and advises the court in respect of the child's best interests by acting as an advocate for the child.

▪ the governance of children's residential centres.

Arising from this act, and subsequent amendments to the act, are a number of child care regulations. These are formulated by DCYA and compliance with these regulations is monitored by HIQA. There are a number of regulations relevant to children in care:

▪ Child Care (Placement of Children in Residential Care) Regulations 1995†††[28]
▪ Child Care (Placement of Children in Foster Care) Regulations 1995[29]
▪ Child Care (Placement of Children with Relatives) Regulations 1995[30]
▪ Child Care (Standards in Children's Residential Centres) Regulations 1996[31]
▪ Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017[32]

These regulations set out what Tusla is required to do when they place a child in alternative care. Tusla must consider if the placement is suited to the child's needs and whether the location of the placement will allow access to family and community. Tusla must develop a care plan that sets out the support to be provided to the child and where relevant, the foster parents and review this regularly, to ensure it continues to meet the child's needs.

At the time of this review, the act is under review by DCYA.

2.2.2. The Children Act 2001

The Children Act 2001 introduced significant new sections to the Child Care Act 1991 with its focus on preventing criminal behaviour, diversion from the criminal justice system. The act also introduced principles of restorative justice through family welfare conferences and diversion projects.[18,25]

Under the act, the use of detention for a child is to be a last resort and requires that statutory services consider all other options before it is used. The main principles of the Children Act are:

▪ any child who accepts responsibility for his or her offending behaviour should be diverted from criminal proceedings, where appropriate
▪ children have rights and freedoms before the law equal to those enjoyed by adults and a right to be heard and to participate in any proceedings affecting them

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††† The Child Care (Placement of Children in Residential Care) Regulations 1995 are currently under review by DCYA.

- it is desirable to allow the education of children to proceed without interruption
- it is desirable to preserve and strengthen the relationship between children and their parents and or family members
- it is desirable to foster the ability of families to develop their own means of dealing with offending by their children
- it is desirable to allow children to reside in their own homes
- any penalty imposed on a child should cause as little interference as possible with the child's legitimate activities, should promote the development of the child and should take the least restrictive form, as appropriate
- due regard to the interests of the victim; a child's age and level of maturity may be taken into consideration as mitigating factors in determining a penalty
- a child's privacy should be protected in any proceedings against them.

2.2.3. The Health Act 2007

The Health Act 2007 makes provision for the reform of the regulation of health and social care services in Ireland, providing for the establishment of HIQA.[15] It also established a registration and inspection system for residential services for children in need of care and protection as provided by special care units. Under this act, regulations to underpin this system are set out in the Health (Care and Welfare of Children in Special Care Units) Regulations 2017.[32] In addition to this, the Health Act 2007 also sets out HIQA's role in setting standards in relation to services provided by Tusla under the Child Care Act 1991.

2.2.4. The Child and Family Agency Act 2013

Tusla was formally established on 1 January 2014, following the enactment of the Child and Family Agency Act 2013.[13] Tusla is responsible for improving wellbeing and outcomes for children and has the responsibility for the following range of services:

- child welfare and protection services, including family support services
- family resource centres and associated national programmes
- early years (pre-school) inspection services
- educational welfare responsibilities including school completion programmes and home school liaison
- domestic, sexual and gender based violence services
- services related to the psychological welfare of children.

Tusla also has a statutory responsibility to provide alternative care services[‡‡‡] under the provisions of the Child Care Act 1991, the Children Act 2001 and the Child Care (Amendment) Act 2007.[18,25,33] Accordingly, Tusla will only take children and young people into care when it has formed the view that, at least for the time being, their health, development or wellbeing cannot otherwise be ensured. Children who require alternative care are accommodated through placement in foster care, placement with relatives, or residential care. [13]

In addition to this, Tusla also has a responsibility to provide aftercare services and adoption processes, as well as providing services for children who are homeless or separated children seeking asylum. Tusla should also be informed each time a person has reasonable grounds for concern that a child may have been, is being or is at risk of being abused or neglected.

2.2.5. Children First Act 2015

The Children First Act 2015 puts elements of the '*Children First: National Guidance for the Protection and Welfare of Children*' on a legal footing.[3,26] These are:

- organisations providing services to children have a duty to keep them safe and to produce a Child Safeguarding Statement
- mandated persons[§§§], as defined in the act, must report child protection concerns over a defined threshold to Tusla and must assist Tusla as much as reasonably required in the assessment of a child protection risk.

The act sets out the legal requirement for the establishment of the Children First Inter-Departmental Group (CFIDIG) whose membership includes all government departments, Tusla, the HSE and An Garda Síochána. The CFIDIG is tasked with keeping under review the implementation of the Children First legislation and the National Guidance across the public sector. They are also tasked with reporting on the progress of this work on an annual basis to the Minister. The act requires every Department to prepare a Sectoral Implementation Plan and while Departments and agencies are responsible for child protection issues arising in their own sphere of

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[‡‡‡] A child is placed 'in care' by Tusla, when their parents are not able to care for them. This means that the child leaves their home and lives in a new home with people who can care for them. This may be a foster care home, a children's residential centre or a special care unit.

[§§§] Mandated persons are people who have contact with children and/or families who, by virtue of their qualifications, training and experience, are in a key position to help protect children from harm. Mandated persons include key professionals working with children in the education, health, justice, youth and childcare sectors. Certain professionals who may not work directly with children, such as those in adult counselling or psychiatry, are also mandated persons.

responsibility, the CFIDIG provides a forum at which child safeguarding issues with a cross-Departmental focus can be raised as required.[34]

2.3. Standards, guidance and policy

There are a wide range of standards, guidance and policies in the area of children's social services. The primary policy is '*Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*' which is due to be updated in 2020.[2] In relation to child protection, the guidance '*Children First: National Guidance for the Protection and Welfare of Children*' provides guidance on reporting instances of suspected child protection concerns.[3] There are also national standards for specific children's social services related to foster care services, children's detention schools, child protection and welfare, special care units and children's residential centres.[8,10,11,35] For children and young people who have been in alternative care for a defined period, the '*National Aftercare Policy for Alternative Care 2017*' relates to aftercare services.[36]

2.3.1. Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020

'*Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020*' is a Government-wide national policy framework for children and young people aged 0-24 years.[2] Its purpose is to coordinate policy and action across government departments and statutory and non-statutory services working with children and young people to achieve better outcomes for all children.

The policy framework recognises that some children and families may be more at risk than others due a range of factors including socio-economic issues, family difficulties and enduring health conditions. The policy framework highlights the importance of early identification and intervention through universal systems open to all, such as early years services, primary healthcare services and schools, and additional targeted interventions by state services; including child protection and welfare, youth justice and adolescent mental health. To achieve positive outcomes from these interventions, '*Better Outcomes, Brighter Futures*' seeks to make sure that services are integrated and provide a continuum of care supports and interventions for 'at-risk' children and young people and their families, in partnership with other statutory and community services.

It sets out five national outcomes, as shown in Figure 2, that the Government seeks for children and young people. The five outcomes include that children and young people:

- are active and healthy and have positive physical and mental wellbeing

- achieve their potential in terms of learning and development
- are safe and protected from harm
- have economic security and opportunity
- are connected, respected and contribute to their world.

The framework identifies a number of areas that need to be stronger in order to achieve these outcomes. These areas, termed 'transformational goals', are considered essential in ensuring that policies and services are made more effective in achieving better outcomes. These transformational goals are:

- support parents
- earlier intervention and prevention
- listen to and involve children and young people
- ensure quality services
- strengthen transitions
- cross Government and interagency collaboration and coordination.

To achieve both the outcomes and the transformational goals '*Better Outcomes, Brighter Futures*' recognises the need for services to work in partnership with children, families and community and to build on their strengths. The policy framework highlights the importance of strategic leaders who build a culture of collaboration and communication within their organisation and with communities, and it recognises the need for these leaders to support their staff and volunteers to work to achieve the outcomes of the national strategy.

'*Better Outcomes, Brighter Futures*' was reviewed in 2018 and key messages arising from this indicated that while the implementation structures such as Children and Young People's Services Committees (CYPSCs) have worked well,[****] the overall framework is complicated, with a huge range of commitments contained within it.[4] While intended to drive a Government-wide alignment of policy and activity, this has been problematic, with policy and strategic mismatch at times between Departments. Further to this, there is a low level of awareness at community and individual level of the purpose and strategic objectives of the framework. The report recommends the need to focus on particular priorities such as child poverty and child homelessness and to create specific actions around these.

[****] CYPSCs plan and coordinate services for children and young people in Ireland. Their age remit spans all children and young people from 0 to 24 years. The purpose of the CYPSC is to ensure effective interagency co-ordination and collaboration to achieve the best outcomes for all children and young people in their area.

Figure 2. Better Outcomes, Brighter Futures Outcomes and Goals
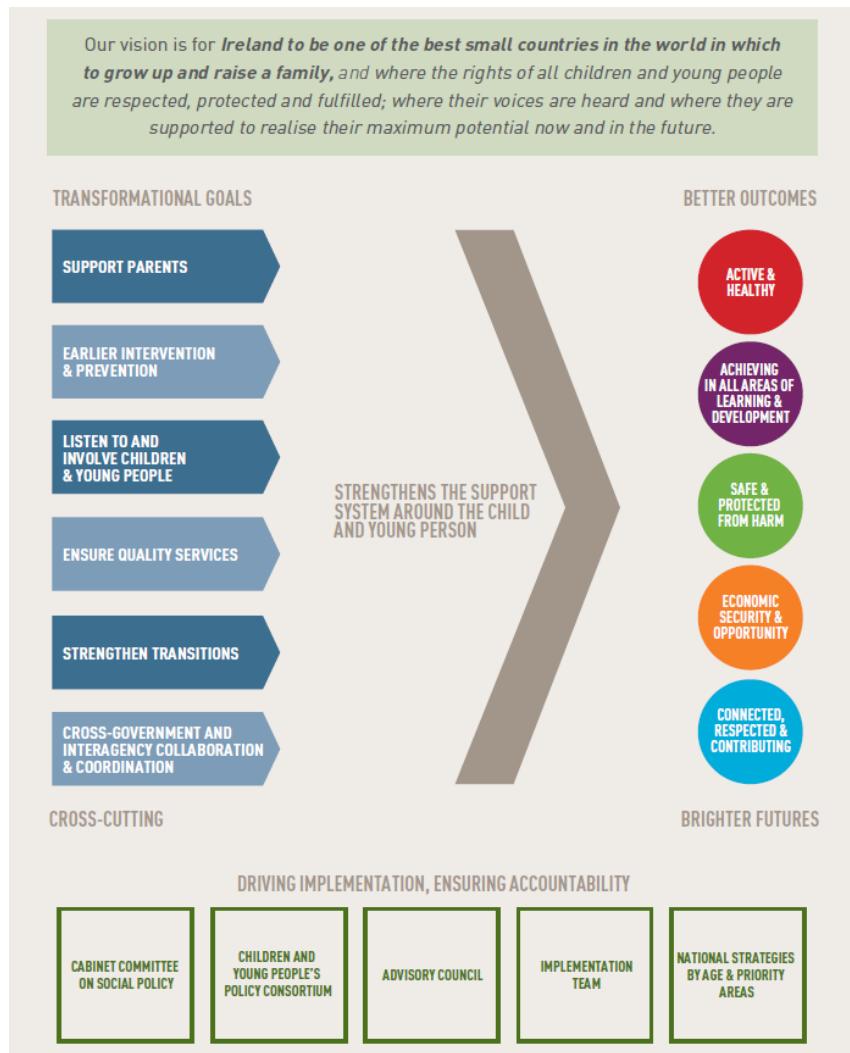
Source: DCYA. (2014). *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014-2020.*[2]

2.3.2. Children First: National Guidance for the Protection and Welfare of Children

The 'Children First: National Guidance for the Protection and Welfare of Children' was first developed in 1999, in response to a series of high profile reports of child abuse in Ireland. It has been reviewed and updated a number of times but the core principles, outlined below, remain the same.[3] The current guidance to accompany the commencement of the Children First Act 2015 was published by DCYA in 2017. The guidance aims to assist professionals with responsibility for the care of children, as well as members of the public, to identify and report child abuse and neglect.

In line with the Child Care Act 1991, the key principles underpinning this guidance include that:

- the welfare of the child is of paramount importance
- early intervention and support should be available particularly to children who are vulnerable
- the rights and needs of the parents and family must be respected but the welfare of the child comes first
- children have the right to be heard, listened to and taken seriously
- the prevention, detection and treatment of child abuse requires a coordinated multidisciplinary approach, effective management and training of personnel working with children.

The guidance sets out that all services working with children must have child-safe recruitment methods, a child safety statement and policies and provide staff with training in how to recognise indicators of abuse and to respond to these appropriately. To support services to do this, the guidance defines types of abuse and how people working with children might recognise some of the indicators of abuse.

The guidance also outlines the standard reporting procedures to be used in passing information on child protection concerns to the statutory authorities. The importance of a coordinated response from all professionals and organisations involved with a child and or their parents is also strongly emphasised in the guidance.

2.3.3. Standards for children's social services

A number of standards have been developed to drive improvement and assess the quality of care provided to children by statutory services in individual care settings. These are:

- *National Standards for Foster Care 2003* [11]
- *Standards and Criteria for Children Detention Schools 2008* [35]
- *National Standards for the Protection and Welfare of Children 2012* [8]
- *National Standards for Special Care Units 2014* [9]
- *National Standards for Children's Residential Centres 2018* [10]

2.3.3.1. National Standards for Foster Care (2003)

The '*National Standards for Foster Care* ' were developed by the Department of Health and Children following the '*Report of the Working Group on Foster Care*'. [11,37] The report raised concerns about the quality of foster care services provided in Ireland. The standards were developed to promote a consistent quality of care in foster care services.

The standards are broken into three sections and focus on a number of areas including:

- the rights of children and young people while they are in a foster placement and how Tusla is required to support these rights
- how Tusla assesses, trains, supervises and supports foster carers
- the policies and processes that Tusla must have in place to ensure that children are placed appropriate to their needs, with suitable carers, and that the placement is reviewed regularly.

HIQA monitors how Tusla fulfils its obligations against the standards by meeting with social workers responsible for placing children into foster care and with foster carers and children, where appropriate. Inspectors will judge the level of a service's compliance with the standards and provide the service with a report of findings and identify scope for improvement, if necessary.

2.3.3.2. Standards and Criteria for Children Detention Schools (2008)

The '*Standards and Criteria for Children Detention Schools*' developed by the then Department of Justice, Equality and Law Reform, apply to children placed in Detention Schools.[35] There is currently one detention school for children in Ireland, Oberstown Children Detention Campus. This school is inspected annually by HIQA to ensure that the wellbeing, welfare and safety of children is promoted and protected and to measure its compliance with the standards and its implementation of '*Children First: National Guidance for the Protection and Welfare of Children*.' The standards are set out under 10 themes. These are:

- purpose and function
- care of young people
- child protection
- children's rights
- planning for young people
- staff and management
- education
- health in care of young people
- premises, safety and security
- tackling offending behaviour.

HIQA publishes a report assessing compliance with the standards and highlights areas for improvement based on the assessment of evidence provided, interviews with staff and young people and observations of practice.

At the time of writing the '*Standards and Criteria for Children Detention Schools*' are under review.

2.3.3.3. National Standards for the Protection and Welfare of Children (2012)

These national standards were developed by HIQA to support continuous improvements in the care and protection of children who are receiving child protection and welfare services. They provide a framework for the development of child-centred services in Ireland that protect children and promote their welfare. These standards were developed to assess the wider performance of the HSE Children and Family Services, which at the time of development of the standards was the statutory provider of children's care and protection services.[8]

The national standards are based on key principles which guide services on how to protect children and promote their welfare. The principles set out that services are expected to:

- implement '*Children First'* in all services to protect children and promote their welfare
- protect children from the risk of harm
- listen to the needs of children and take account of their views
- promote and improve children's wellbeing
- focus on positive outcomes for children
- provide effective governance arrangements with clear leadership, management and lines of accountability
- deliver services to children based on evidence and good practice.

HIQA currently monitors Tusla's child protection and welfare services to measure their compliance with the '*National Standards for the Protection and Welfare of Children'*. Following an inspection, HIQA publishes a report assessing compliance with the standards and highlights areas for improvement based on the assessment of evidence provided, interviews with staff and young people and observations of practice.

2.3.3.4. National Standards for Special Care Units (2014)

In 2014, HIQA published the '*National Standards for Special Care Units'* to promote progressive improvements in quality and safety of care in special care units (SCUs).[9] SCUs are secure, residential facilities for children in care aged between 11 and 17 years detained under a care order. There are currently three SCUs and all are operated by Tusla. These orders are made in accordance with an order of the High Court under provisions made in the Child Care (Amendment) Act 2011.[33] They allow for a short-term period of stabilisation when a child's behaviour poses a real and substantial risk of harm to their life, health, safety, development or welfare. The SCU aims to enable the child to return to a mainstream children's residential centre

or foster placement as soon as possible, based on the needs of that child. Given the restriction on the child's liberty, receipt of an intervention in a special care unit can only be made in accordance with an Order of the High Court under provisions made in the Child Care (Amendment) Act 2011.[38] As of 2018 HIQA is legally responsible for the monitoring, inspection, and registration of all special care units for children in Ireland.

2.3.3.5. National Standards for Children's Residential Centres (2018)

In 2017, HIQA, in consultation with a wide range of informed and interested stakeholders, developed these national standards for both statutory and non-statutory children's residential centres.[10] The standards were published in 2018 and offer a common language to describe what a safe and effective children's residential centre should look like. Their intention is also to create a basis for improving the quality and safety of children's residential care by identifying strengths and highlighting areas for improvement and can be used in day-to-day practice to encourage a consistent level of quality.

Under the current legislative framework, children's residential centres run by Tusla are inspected by HIQA and services run by private or voluntary organisations are registered and inspected by Tusla. At the time of writing DCYA is currently drafting new regulations which will give HIQA responsibility for the registration and inspection of all 141 statutory and non-statutory children's residential centres.[††††]

2.3.4. National Aftercare Policy for Alternative Care

Under the Child Care (Amendment) Act 2015, there is a strengthened legislative basis for the provision of aftercare services to young people who have a history of state care.[39] Tusla's '*National Aftercare Policy for Alternative Care',* states that while aftercare services are, in the main, an adult service, they are essential to the continuum of alternative care and build on the work that has already been undertaken by foster carers, social workers and residential workers in preparing young people for adulthood.[36] Preparation for leaving care starts while a child is still in care, where they are provided with support to develop the life and social skills that they will need to live independently when they turn 18, recognising that they do not have family to support them in this transition. Practical, emotional and financial support continues up until the young person is 21, or 23 if they are in full-time education.

[††††] This figure was correct as of November 2018 when the National Standards for Children's Residential Centres were launched.

In this national policy, Tusla makes a commitment to maintaining support to care leavers through the provision of aftercare services that will prepare young people in their journey into independent adulthood. While the policy outlines that all young people with a care history are entitled to an assessment of their needs, it does not make an absolute commitment to providing support to meet these needs.

2.3.5. Meitheal: A national practice model for all agencies working with children, young people and their families

Developed in 2013, Meitheal is an approach that has been developed by Tusla to coordinate a wide range of statutory services, including children's social services, An Garda Síochána, health services, education and housing services, and community services to assist children and families who could benefit from the support of more than one service, so that the support is integrated and easily accessible by families.[40] The approach focuses on strengthening families and communities through early intervention in order to build the capacity of the family to provide a safe and nurturing environment where children can grow.

2.4. Findings from reviews

Outcomes for children using children's social services in Ireland are typically measured by reports from HIQA, Tusla, and the Office of Children's Ombudsman. Although each of these organisations reviews different services, they all work to include the experiences and perspectives of children and young people.

2.4.1. Overview of findings from HIQA's oversight of Tusla

In HIQA's '*Annual Overview Report on the Inspection and Regulation of Children's Services*' in both 2014 and 2015, evidence was found of good practice in relation to child protection and welfare.[5,6] This included that children had built good relationships with staff, children's rights were upheld in many cases and that social work staff were committed to the work. However, in these early reports there were recurring issues of concern across multiple services related to inconsistency in the resourcing of services in different geographic areas, staffing shortages, recruitment inconsistencies in relation to implementation and adherence to procedures, and poor information management processes and systems. These overview reports indicated that a lack of consistency in these areas was impacting on the safety and wellbeing of children and families using Tusla services. Following these inspections, HIQA made recommendations to senior management of Tusla to address these issues of concern. However these issues persisted during subsequent inspections.

In 2016, due to these enduring concerns, HIQA undertook a comprehensive review of Tusla's governance and management arrangements to assess the effectiveness of

these arrangements and to establish how embedded national governance arrangements were at a national level.[1] The four themes related to capacity and capability set out in the '*National Standards for the Protection and Welfare of Children*' were used as a framework for this review.[8]

During the course of this review HIQA was requested, by the Minister for Children and Youth Affairs, to undertake a statutory investigation into Tusla's management of information.[1] This investigation was requested following the confirmation that, in 2017, Tusla had sent a notification to An Garda Síochána that contained a false allegation of child sexual abuse against a member of their force who was involved in a whistleblowing case in An Garda Síochána. Six of the 17 Tusla service areas were reviewed over the course of the investigation. The findings from this investigation again highlighted the ongoing issues of concern in relation to Tusla's governance and management arrangements, its management of the workforce, its effective use of resources and its use of information in these areas. The report indicated that these issues of concern contributed to failings not only in relation to the specific case under investigation, but were also indicative of wider systemic failures. The report made a series of short and longer-term recommendations to address these failures. The report set out four high level recommendations for Tusla and DCYA to undertake as a matter of urgency to address the issues of concern and to improve services for vulnerable children.[1]

Since the publication of the report in June 2018, there has been considerable activity by both Tusla and DCYA to address these issues. This includes the establishment of an Expert Advisory Group (EAG) by DCYA to oversee and advise on the implementation of the recommendations from the HIQA investigation report and the publication by Tusla of a Strategic Action Plan detailing how they planned to action the recommendations.[41] The work of the EAG is now complete, however there continue to be outstanding issues in relation to the implementation of the recommendations by Tusla, most notably in relation to staff recruitment and retention, and consistent interagency working.[42]

2.4.2. Tusla overview report

Tusla's 2016 report: '*Annual Review on the Adequacy of Child Care and Family Support Services Available*', outlines both strengths and weaknesses in its systems.[12] It highlights that based on evidence from both internal and external reports, that the majority of children engaging in services receive a good service. It also states that children at serious and immediate risk receive a timely response, that emergency action is instigated when required and that families and children report that their experiences of services are positive and beneficial.

The report cites HIQA inspection reports that found that children built positive relationships with staff, were supported to maintain contact with family and were supported to achieve their educational potential. The report also highlights that HIQA found that social work practice is good in most cases, with evidence of good quality assessment and planning for children with committed, experienced and well qualified staff.[12]

However, Tusla acknowledges, that despite these positive findings, that there are a number of 'shortcomings and weaknesses' across the system. The report recognises that a common feature of inspection reports and audits, is the discrepancy between geographical areas in both practice and the capacity to meet the needs of children and families. This means that some children do not receive a timely or adequate service and they are left at risk. The report highlights that the national shortage of social workers and the poor retention rates of existing statutory social workers further impacts on the ability of Tusla to meet children's needs. The report also identifies a wide range of other issues impacting on child and family wellbeing such as:

- poor access to Child and Adolescent Mental Health Services (CAMHS) and disability services
- lack of suitable care placements, in particular for children from different cultural, ethnic and religious backgrounds
- managing behaviour that challenges and children engaging in at-risk behaviour
- lack of specialist services for children displaying sexualised behaviour
- timely assessments, approval and reviews of foster carers
- unapproved foster carers with no link worker
- deficiencies in the management of cases of retrospective abuse
- consideration of patterns of long-term neglect
- challenges to ensure that the system for the management, prioritisation and oversight of cases awaiting allocation to a named social worker is effective
- problems with interagency collaboration and cooperation
- deficits in management and accountability systems including risk management, recording and reporting practices, complaints management, Garda vetting and training.

2.4.3. Report to the UN Committee on the Rights of the Child on the examination of Ireland's consolidated Third and Fourth Report to the Committee

In 2015, the Ombudsman for Children's Office published an independent report to the UN Committee on the Rights of the Child on the experiences to date since

Ireland ratified the UNCRC in 1992.[43] This report was primarily informed by the statutory investigations undertaken by the Ombudsman for Children's Office. Among the issues raised in the Ombudsman's report are education, embedding a culture of children's participation and children's right to be heard in relevant legislation, homelessness among children, child protection, mental health services for children, and direct provision for children seeking asylum.

The report made a series of recommendations which include an obligation for public bodies to rigorously apply the best interest principle and to ensure that children's views are appropriately considered in the context of decision-making, noting that staff need to be aware of the impact of not including children in decision-making, and how quickly harm can be done to children. The report recommended that all relevant public bodies undertake children's rights training.

Recommendations regarding children in care of the State, included the need for a systemic review of services for children in alternative care, which should also include a focus on the lack of provision of care for children with special care needs and the inconsistency of aftercare provision for young people leaving care.[43]

2.5. Summary

The findings from the review of children's social services in Ireland, shows that there is a wide range of legislation, policies, standards and services to promote the wellbeing of children and their families; and to protect children who are at risk of harm or who are in the care of the State. However, it is evident from reviews and reports on children's social services, that it is a system where there is a wide variance in resources, processes and practices, leading to inconsistent service delivery for children. While there have been efforts to introduce standardised processes and practices across both statutory and non-statutory services, these systems are still not fully embedded in practice. Staff shortages across children's social services, and the difficulty in retaining staff, have further impacted on the system's ability to meet children's needs in a timely and consistent way.

In response to reports and investigations, Tusla, as the body responsible for improving wellbeing and outcomes for children, has developed a number of strategic reports and initiatives. The development of any national standards for children's social services must take cognisance of the extensive current and planned activity in this area and ensure that there is clarity and consistency of understanding on the purpose of the standards in providing a framework for the delivery of safe, effective and high quality services.

There have been high level commitments in Ireland to drive the integration of services to support children at risk and in the care of the State. These commitments

have been underpinned by national guidance and protocols to support their implementation. However, reviews have shown that the alignment of policy and practice has often been inconsistent.

3. International Review

The international review provides an overview of children's social services in six jurisdictions,, looking at the high level principles that guide the work of these services, relevant legislation, the model of service, standards, guidance and policies, the findings from reviews of services, and any lessons for Ireland. The jurisdictions selected for review were:

- Scotland
- England
- Northern Ireland
- Western Australia
- Sweden
- Vermont (USA)

These six jurisdictions were chosen following feedback from the scoping consultation, findings from the evidence synthesis and input from key stakeholders. A further desktop review of these six jurisdictions involving web-based searches of relevant literature and websites identified a number of key organisations and experts to contact and engage with.

As part of the international review, teleconference calls and or face-to-face meetings were held with experts in Scotland, England, Northern Ireland, Australia and Sweden between April and June 2019. Attempts were made to contact experts in Vermont however, at the time of writing, it had not proved possible to secure contact. The experts were primarily leaders in regulatory organisations, policy bodies, academic institutions and advocacy bodies. They provided key information on the current developments in children's social services within their jurisdictions and they assisted with providing relevant reference material and supporting documents relevant to the topic. Lessons from developing, supporting and sustaining consistent good practice in children's social services from their respective jurisdictions were discussed.

For each of the international jurisdictions, the review looks at five key areas:

1. the model of service delivery
2. relevant legislation and regulation
3. standards, guidance and policies
4. findings from reviews
5. lessons for Ireland.

3.1. Scotland

Scotland has a complex child welfare and protection system which aims to provide integrated early intervention and targeted support services. This review looks in further detail at the key points relevant to their model of service, legislative landscape and standards relating to children's social services.

The Scottish Government has made an overarching commitment to improve the lives of all people living in Scotland as set out in the '*National Performance Framework and National Outcomes'*. Specific to children is National Outcome 5: 'We grow up loved, safe and respected so that we realise our full potential'.[44]

Supporting the achievement of this outcome for all children is a wide range of legislation, national strategies, and policies. At a national level, the Scottish Government is responsible for child welfare and protection, with the Children and Families Directorate leading on the development of legislation, statutory guidance and policy on how the child welfare and protection system should work. While this Directorate holds responsibility for certain policies, there has been a Government wide commitment to improving the lives of children and supporting them to reach their full potential. Directorates also tasked with improving children's lives include: Justice, Health and Social Care, Housing and Social Justice, and Advanced Learning and Science.[45]

Local authorities are responsible for promoting child wellbeing in their area and providing or commissioning initiatives and services that support the achievement of this responsibility. Together, Police Scotland, NHS Boards and local authorities are the key agencies that have individual and collective responsibilities for child protection. They must account for this work and its effectiveness through regular reporting on their work and through inspections by oversight bodies such as the Care Inspectorate‡‡‡‡ and Healthcare Improvement Scotland (HIS).§§§§[46]

Scotland is a signatory to the UNCRC and in order to comply with the Convention, elements of the Scottish Government's strategy '*Getting it Right for Every Child'* (GIRFEC) have been placed on a statutory footing.[47] GIRFEC sets out the Government's commitment to early intervention, which outlines a coordinated and common approach by services around child wellbeing and child protection.[48] This

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‡‡‡‡ The Care Inspectorate is the independent regulator for social care and social services in Scotland. They undertake inspections of care services and social work services provided by local authorities and carry out joint inspections with partner organisations.
§§§§ HIS regulates and inspects healthcare providers in Scotland, and works with them to improve the quality of services.

approach is woven into all aspects of the work of those responsible for promoting child wellbeing and responding to children in need.[49]

The '*National Guidance for Child Protection in Scotland'* was developed by the Scottish Government to support the implementation of the Children and Young People (Scotland) Act 2014.[47] The guidance sets out how local authorities, Police Scotland, NHS Boards, and other bodies, professions and individuals involved in the care and support of children should work to protect children.[46] Similar to Ireland's '*Children First: National Guidance for the Protection and Welfare of Children',* the guidance is intended for use by the wide range of services, professions and individuals that come into contact with children and their families and promotes a coordinated and collective approach where there are concerns for children.[3]

In 2018, an estimated 14,738 children in Scotland were in care or aftercare, 2,668 children were on the child protection register and 655 children were in both care or aftercare and on the child protection register.[50]

The overarching standards for all health and social care, '*Health and Social Care Standards: My Support, My Life'* developed in 2018 reflect changes in national and local policies, developments in inspection and improvement systems and focus on better outcomes for people using services..[51] Although widely welcomed, there continues to be a strong sense from policy makers and practitioners that responsible services need guidance and support to achieve these standards, such as quality frameworks for specific service types.

3.1.1. Model of service

The primary responsibility for children's social services and child protection in Scotland is with local authorities, although the police also have a role in the latter. Within local authorities, children's services are delivered or purchased by statutory social work services. While there is a strong emphasis on the involvement of children and families in decision-making, reports indicate that the complexity of the system and differing approaches taken by local systems does not lend itself to consistent involvement.[52,53]

3.1.1.1. Overarching responsibility for children's services

Local authorities are responsible for promoting, supporting and protecting children in their area. The Children (Scotland) Act 1995 sets out that the duty to safeguard and promote the welfare of children in need falls upon the local authority as a whole and includes social work services, health, education, housing and any other relevant services required to safeguard and promote the welfare of such children.[54]

The '*National Guidance on Child Protection in Scotland*' (2014) requires local authorities, NHS boards and the police to take a strategic approach to planning and delivering children's services.[46] These bodies must prepare a 'Children's Services Plan' for Government every three years and report annually on what actions they have taken to promote the rights of children and young people in their area. The Scottish Government has published guidance on children's services planning, which provides local authorities and NHS boards, working in partnership with other public bodies, with information and advice about how they should exercise the functions conferred by the act. The guidance states that Children's Services Planning Partnerships seek to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is:

- integrated
- focused on securing quality and value through preventative approaches
- dedicated to safeguarding, supporting and promoting child wellbeing.

Compliance is monitored in part through joint inspections of children's services by the Care Inspectorate, HIS, and Her Majesty's Inspectorate of Constabulary in Scotland (HMICS).[47]

In each local authority, child protection services are overseen by a Chief Social Work Officer (CSWO). The CSWO is accountable for decisions made within the authority in relation to child protection and welfare. The CSWO reports to the Chief Executive of the local authority, who in turn reports to the Chief Officers Group, on the outcomes for children in their area.

The Chief Officers Group is comprised of Local Police Commanders and Chief Executives of NHS Boards and Local Authorities and is responsible for ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible. Chief Officers oversee the commissioning of child protection services and are accountable for this work. Importantly, they are responsible for leading and promoting a culture of child protection across all areas of their individual services and agencies.[45]

Each local authority has a Child Protection Committee (CPC), who is responsible within the local authority for multi-agency child protection policy, procedure, guidance and practice. CPCs work with local agencies, such as children's social work, health services and the police, to protect children.[45]

Figure 3 provides a representation of the child protection governance structures in place in Scotland. Child protection concerns in Scotland are primarily responded to by the local authorities and the police. If a child is in immediate danger, an order can be made through Scotland's sheriff courts. A child protection order (CPO) can be

issued by the sheriff to immediately remove a child from circumstances that put them at risk, or to keep a child in a place of safety. If a child isn't considered to be in immediate danger, the local authority will undertake a wellbeing assessment. This is undertaken in line with eight indicators of wellbeing for children. They are: 'Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included' (SHANARRI).[45]

If the child is assessed as being at risk of significant harm, a Child Protection Case Conference (CPCC) is held. This enables relevant professionals to share information, identify risks and outline what needs to be done to protect the child. A child protection plan will be drawn up and CPCCs will continue at regular intervals until the child is no longer considered at risk of significant harm or until they are taken into care.

Figure 3. Child Protection Governance flowchart
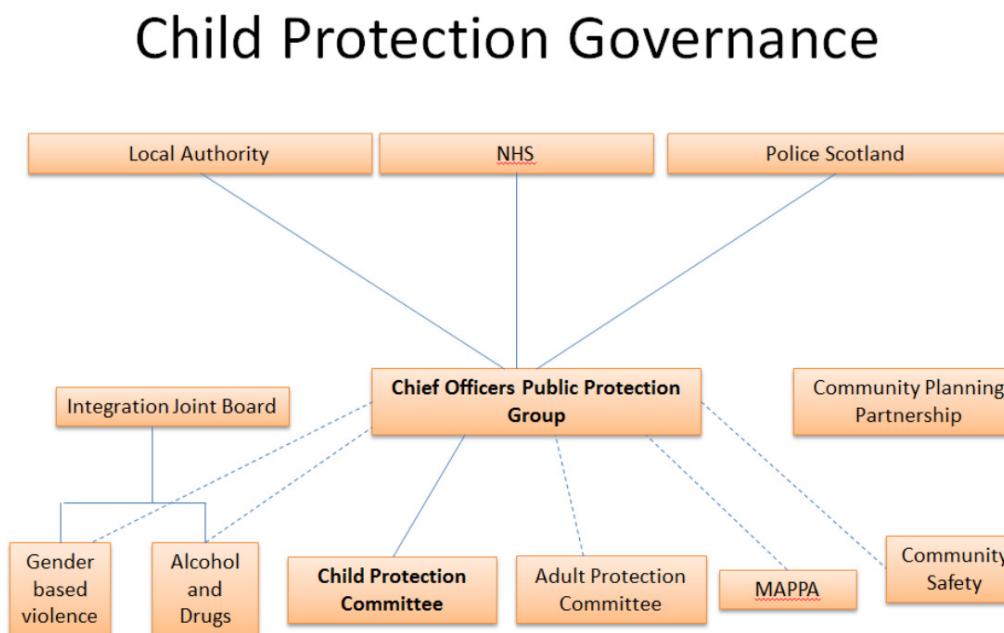
Source: Directorate for Children and Families. (2018). *Protecting Scotland's Children and Young People – National Policy*.*****[45]

3.1.2. Legislation

Scotland has a wide range of legislation and regulation in place which contributes to protecting children and young people who are vulnerable or at risk of harm. Scotland, as part of the UK, ratified the UNCRC in 1991.[17] The Children (Scotland)

***** MAPPA refers to Multi-Agency Public Protection Arrangements

Act 1995 outlines the legislative framework for Scotland's child protection system.[54] The Children and Young People (Scotland) Act 2014 focuses on improving the wellbeing of children and young people and ensuring their rights are respected across the public sector.[47] Finally the Public Bodies (Joint Working) (Scotland) Act 2014 sets the framework for integrating health and social care, to ensure a consistent provision of quality, sustainable health and social care services.[55]

The Children and Young People's Commissioner, equivalent to the Ombudsman for Children in Ireland, is tasked with promoting and safeguarding the rights of children and young people across Scotland. This is achieved through the review of law, policy and practice relating to the rights of children to assess their adequacy and effectiveness. The Commissioner highlights issues affecting a broad range of children and the Office has the power to investigate these and make recommendations to Parliament. Through consultation with children, the Commissioner seeks to make a positive difference to children's lives by ensuring their rights are at the heart of policy and implementation.

3.1.2.1. Children (Scotland) Act 1995

The Children (Scotland) Act 1995 is one of the primary pieces of legislation in relation to children in Scotland. It brings together aspects of family, child care and adoption law that affect children. It sets out the rights and responsibilities of parents and the scope of responsibilities for local authorities in promoting, supporting and safeguarding children in their area, including the role of child protection.[54] The act seeks to incorporate the three key principles of the UNCRC, that is non-discrimination (Article 2); a child's welfare as a primary consideration (Article 3); and listening to children's views (Article 12) - into Scottish legislation and practice.[17]

The act defines a child as being under-18 in terms of parental rights and responsibilities and it lays out the responsibilities of the local authority to looked-after children and children in need. In Scotland, a child legally becomes an adult when they turn 16, but where concerns are raised about a 16- or 17-year-old, agencies must consider which legislation or guidance is appropriate to follow, given the age and situation of the young person at risk. It is noted in the '*National Guidance for Child Protection in Scotland*' that this disparity can leave children between the ages of 16 and 18 potentially vulnerable to falling between the gaps of service provision. The guidance points to the need to ensure that local authorities, who are charged with the responsibility for delivering child protection and welfare services, work to address this through integrated Child and Adult Protection Committees.[46]

The key principles behind the act and which underpin current regulations are:

- each child has a right to be treated as an individual
- each child who can form a view on matters affecting him or her has the right to express those views if he or she so wishes
- parents should normally be responsible for the upbringing of their children and should share that responsibility
- each child has the right to protection from all forms of abuse, neglect or exploitation
- so far as is consistent with safeguarding and promoting the child's welfare, the public authority should promote the upbringing of children by their families
- any intervention by a public authority in the life of a child must be properly justified and should be supported by services from all relevant agencies working in collaboration.[46]

3.1.2.2. Children and Young People (Scotland) Act 2014

The Children and Young People (Scotland) Act 2014 explicitly upholds the commitment to implementing GIRFEC, the national approach to improving the wellbeing of children.[47,48] The eight GIRFEC indicators of wellbeing, have been included in the act and place a responsibility on all children's services to refer to these when assessing children's needs and planning and delivering services to meet these needs. The act requires that local authorities, working in partnership with other public bodies, should exercise the functions related to a 'Children's Services Plan'.[47] This plan sets out how each local authority plans for the wellbeing and safety of all children in its area.

The act also set out a number of other requirements including:

- having a 'Child's Plan' for every child that is deemed to need one, to be prepared by the health board for pre-school children and the local authority for school-aged children
- consulting with children and their families in planning and evaluating services.

3.1.2.3. The Public Bodies (Joint Working) (Scotland) Act 2014

The Public Bodies (Joint Working) (Scotland) Act 2014 requires local authorities and NHS Boards to jointly prepare an Integration Scheme, which sets out how health and social care integration is to be planned, delivered and monitored within their local area.[55] Further, the act establishes national outcomes for health and wellbeing which are rights-based and stress the importance of improving health and wellbeing, with services planned for the benefit of the individual.

Concerns have been raised in relation to how this act and the Children and Young Persons (Scotland) Act 2014 work together, as only some of these Health and Social Care Partnerships have a direct responsibility for children's services but all have responsibility for services for vulnerable adults and family members where children are part of the household.[52]

3.1.3. Standards, guidance and policies

Scotland has diverse standards, guidance and policies in place to support the welfare and safety of children. The Scottish Government supports the principles and model outlined in GIRFEC and it is woven into all government policies which support children and their families. The Government has also placed elements of GIRFEC on a statutory footing.[47] Overarching standards for all health and social care are provided in '*Health and Social Care Standards: My Support, My Life'*. These standards set out what can be expected when using health, social care or social work services in Scotland.[51] They also provide a guideline for how services and organisation can achieve high quality care. Finally, the '*National Guidance on Child Protection in Scotland 2014'* provides guidance and a national framework for anyone who could encounter child protection issues in their work.[46]

3.1.3.1. Getting it Right for Every Child (GIRFEC)

GIRFEC is the national approach to supporting action to improve the wellbeing of children at all stages of childhood, recognising that some children and their families might need more support at difficult times, or may need ongoing support to deal with more complex issues, including protection from abuse or neglect.[48] Through the Children and Young People (Scotland) Act 2014, the Scottish Government has placed key elements of GIRFEC on a statutory footing.[47] These elements are: assessing wellbeing; appropriate sharing of information; and ensuring there is a Child's Plan in place for a child in need of support. The Scottish Government has strongly championed GIRFEC as an approach that all bodies, organisations, professions and individuals working with children must take on. The Children and Young People (Scotland) Act 2014 provides a statutory definition of wellbeing, relating it directly to the eight wellbeing indicators in GIRFEC (SHANARRI).[47]

The 2012 guide to GIRFEC sets out a consistent approach for all services, professions and individuals that work with children and families in order to make a positive difference in their lives.[48] It promotes a shared approach and accountability that builds solutions with and for children and their families to improve their life chances. Importantly GIRFEC is about improving the lives of all children through early intervention and targeted support. This is particularly important for children who are at increased risk of harm, reducing the need for emergency social work intervention.

The guide to GIRFEC outlines ten core components, alongside a set of values and principles that underpin these components. These values and principles focus on services and individuals seeing the child as a whole, not just as the issue they are presenting with. This means seeing the multiple assets that children and families have, while recognising risks, and ensuring that care and support is delivered to them in the right way, at the right time and for the required duration, by competent and confident staff. The GIRFEC approach asks those working with children and families to ask five key questions:

- What is getting in the way of this child or young person's wellbeing?
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

Further, the guide sets out how single agency, multi-agency and interagency work is informed by the approach. The core components of the approach are presented in Table 1.

Table 1. Ten core components of the GIRFEC approach

1	Improving outcomes for children based on a shared understanding of wellbeing
2	A common approach to gaining consent
3	Involvement of children and families in assessment, planning and intervention
4	Coordinated approach to identifying concerns, assessing needs and taking action
5	Ensuring that systems are in place to deliver the right help at the right time
6	High standards of cooperation, joint working and communication at an interagency level, where required
7	A Named Person or Lead Professional for each child[†††††]
8	Building the skills of the wider workforce to address children's needs
9	Ensuring that the workforce is competent and confident
10	Capacity to share relevant information within and across agencies

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[†††††] Following a legal challenge to the policy of having a Named Person or Lead Professional this component of GIRFEC is under review by the Scottish Government.

The approach is built around eight indicators of wellbeing for children (SHANARRI). Each of these is used to inform a child's plan where they need support, and to inform how children's services are planned and delivered by local authorities and NHS boards. When required, the GIRFEC approach supports access to specialist services and immediate action to protect children.

3.1.3.2. Health and Social Care Standards: My Support, My Life

Twenty three sets of national care standards were published in 2002 under the Regulation of Care (Scotland) Act 2001.[56] They were developed from the point of view of people who use services and focus on the quality of life a child or an adult should experience when using those services. They are based on six principles; dignity, privacy, choice, safety, realising potential, and equality and diversity.

In 2014 the Scottish Government began a review of these national care standards. The aim of this review was to bring the standards in line with other public reform developments, such as the planned integration of health and social care to ensure that they were integrated around the needs of people using services.[57]

Following extensive stakeholder engagement, new health and social care standards, '*Health and Social Care Standards: My Support, My Life*', came into effect in Scotland in April 2018.[51,53] These standards apply to the NHS, in addition to health and social care services registered with the Care Inspectorate and HIS. These standards reflect changes in national and local policies, developments in inspection and improvement systems, and focus on better outcomes for people using services. While they do not remove the need to comply with legislation or replace previous healthcare standards and outcomes, they do replace the 23 sets of national care standards which were used previously by registered health and social care providers.[58]

The standards seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights that everyone is entitled to are upheld.

The health and social care standards are underpinned by five principles of dignity and respect; compassion; inclusion; responsive care; and support and wellbeing. These principles inform the five outcomes that people using health and social care services should experience:

1. I experience high quality care and support that is right for me.
2. I am fully involved in all decisions about my care and support.
3. I have confidence in the people who support and care for me.
4. I have confidence in the organisation providing my care and support.

5. I experience a high quality environment if the organisation provides the premises.

These standards sit above GIRFEC, and at a very high level, inform the work of children's social services. The impact of these standards is being monitored nationally and reported on through www.newstandards.scot, however they are at early stages of implementation, so impact is not yet fully understood.

3.1.3.3. Protecting Scotland's Children and Young People – National Policy and Guidance

The '*National Guidance on Child Protection in Scotland'* was developed to support the implementation of the Children and Young People (Scotland) Act 2014. The guidance sets out in detail, the context for child protection, roles and responsibilities for child protection, identifying and responding to concerns about children, and child protection in specific circumstances. However, there is also a focus on the responsibilities of each person who is involved in the child's life to prevent harm, to intervene early if there is a risk of harm, and to protect children if harm does occur.[46,47] Although this guidance does not have a legal footing, it does set out best practice. Best practice includes:

- children get the help they need when they need it
- professionals take timely and effective action to protect children
- professionals ensure children are listened to and respected
- agencies and professionals share information about children where this is necessary to protect them
- agencies and professionals work together to assess needs and risks and develop effective plans
- professionals are competent and confident
- agencies work in partnership with members of the community to protect children
- agencies, individually and collectively, demonstrate leadership and accountability for their work and effectiveness.

At the time of writing, the guidance was under review by the Scottish Government and a range of experts in the field.

3.1.3.4. Inspectorates

The Care Inspectorate

Established in 2010 as the independent regulator for social care and social services in Scotland, the Care Inspectorate took on the roles of the Care Commission, the child protection unit of Her Majesty's Inspectorate for Education (HMIE) and the

Social Work Inspection Agency. The Care Inspectorate undertake inspections of care services and social work services provided by local authorities and carry out joint inspections with partner organisations. Their role is to give assurance and provide protection for people who use services, their families and carers and the wider public, and to drive improvement in the sector.[59]

Since 2012 the Care Inspectorate, together with HIS, and other relevant inspectorates, have undertaken joint inspections of the effectiveness of the delivery of services by Community Planning Partnerships (CPPs) in Scotland to meet the needs of children and young people. During that time they have led a series of 32 joint inspections of services for children and young people in each of Scotland's local authority areas.[60]

Since 2017, to support the integration of health and social planning in local authority CPPs, the Care Inspectorate have been working closely with HIS and together they carry out joint inspections of services for children and young people and services for older people.

Healthcare Improvement Scotland (HIS)

HIS began operating in 2011, replacing Quality Improvement Scotland as the national healthcare improvement organisation for Scotland. HIS regulates and inspects healthcare providers in Scotland, and works with them to improve the quality of services. It is also responsible for informing the public about healthcare quality. As part of NHS Scotland, HIS works to support the healthcare policies of the Scottish Government. HIS is also currently focusing on the promotion of person-centred care and greater input from patients and communities.

HIS aims to drive improvements in quality by:

- supporting and empowering people
- undertaking inspections
- providing quality improvement support
- providing clinical standards, guidelines and advice.

Joint Inspection Approach

In 2017 HIS and the Care Inspectorate began undertaking joint inspections of CPPs to assess their effectiveness in commissioning and planning care in an integrated way. These inspections also focus on how well the leadership in the health and social care partnerships are using information to support and inform their planning and commissioning of services.

Staff members from the Care Inspectorate were seconded to the Scottish Government to lead on the development of the health and social care standards. In 2018, following the introduction of the *'Health and Social Care Standards: My Support, My Life'*, the Care Inspectorate published the self-assessment framework *'A Quality Framework for children and young people in need of care and protection'* to support the implementation of the new standards by CPPs responsible for developing Children's Services Plans.[49] This framework mirrors the joint inspection framework which poses a central question to CPPs which is: 'How well do we plan and commission services to achieve better outcomes for people?'[49,61]

3.1.4. Findings from reviews

Although there is a Government-wide commitment to improving outcomes for children who are in need of protection or who are looked after by the State, there continues to be poorer outcomes for these children.[60] Issues such as the recruitment and retention of staff in children's social services are raised as persistent problems which impact on children's lives.[53]

3.1.4.1. Child Protection Improvement Programme

In 2015, the Care Inspectorate published an overview report of children's services from 2011-2014. Recommendations arising from this were accepted by the Scottish Government's Children and Young People's Directorate and have informed the national Child Protection Improvement Programme (CPIP).[62]

One of the key issues highlighted in this report is the need for improved leadership at the level of Chief Officer Groups and CPCs. To support the achievement of this, and other recommendations in the report, the CPIP recommended the establishment of a National Child Protection Leadership Group. This group is tasked with driving improvement across the child protection landscape.[53]

The Systems Review Group was a subgroup set up as part of the CPIP tasked with reviewing a wide range of elements of the child protection and welfare system. This group found that when children or young people are identified as being at risk of or subject to significant harm, then the child protection system works well. However, they also found that children who are being neglected and who are at risk, are not being identified early enough to prevent harm occurring.

A further finding was that children and families were often not included in the child protection process, the process happened to them, not with them. The reports showed that while there were examples of good practice in involving children and young people in child protection processes, it was not consistent or widespread.[53]

3.1.4.2. Joint inspections of Community Planning Partnerships 2012-2017

In 2018, the Care Inspectorate published overall findings from its '*Joint strategic inspection of services for children and young people from 2012-2017*'.[60] Three main indicators were considered in this report. These were:

- improvements in outcomes for children and young people, primarily improvements in their wellbeing
- the impact of services on children and young people
- the impact of services on families.

The report notes that, generally, there has been an improvement in outcomes for children overall and a greater commitment to integrated working between social work, health, education and housing. This improvement was most evident where there was strong leadership from Chief Officers, a culture of collaborative working, learning and development, and one where evidence-based performance management was in place.

However, in line with the findings from the CPIP, despite these improved outcomes for children and young people, the joint inspections found that the overall medium and long-term wellbeing outcomes for looked-after children were lower than those for other children, particularly children with experience of residential care.

3.1.4.3. The Brock Report

The 2015 report '*Safeguarding Scotland's vulnerable children from child abuse: A review of the Scottish system*' was commissioned by the Scottish Government in light of the UK Government's inquiries into historic child sexual abuse. The report sought to ensure that the Scottish approach to safeguarding children and young people was reliable.[52]

This report identified four strategic areas for improvement. These are:

- addressing the needs of children who are vulnerable and 'on the radar' but not yet engaged in child welfare services
- improving outcomes for looked-after children
- removing the legislative, funding and policy barriers against effective early intervention by simplifying the policy landscape and supporting integrated working
- improving GIRFEC implementation and supporting vulnerable children by strengthening the local child protection systems capacity, confidence and capability to understand their responsibilities.

3.1.4.4. The Independent Care Review

Set up in 2017 at the request of the Scottish Government, the Independent Care Review is a group of voluntary, statutory and non-statutory representatives tasked with undertaking a 'root and branch' review of the alternative care system for children. The work of the review team has included hearing the views of over 5000 of those involved in their care and support. Findings from this review have showed that those with experience of care were two-and-a-half times more likely to be excluded from school and almost twice as likely to use drugs moderately. At the time of writing the Independent Care Review had produced its first report on Scotland's care system.[63] The report identified five foundations for change to transform how Scotland cares for children and families so that they are 'loved, safe, and respected and realise their full potential' in line with the National Outcomes for Scotland. The five foundations are:

- **Voice**: Children must be listened to and meaningfully and appropriately involved in decision-making about their care
- **Family:** Where children are safe in their families, families must be given support to overcome any difficulties
- **Care:** Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and have permanency in where they live
- **People:** Children must be actively supported to develop relationships with people in the workforce and wider community who care about them
- **Scaffolding:** Children, families and the workforce must be supported by a system that is there when it is needed.

3.1.5. Lessons for Ireland

Scotland has a wide range of legislation, policy, guidance and organisations involved in child wellbeing and child protection, but there is little cohesion of approach.

For children and families it is a very complex system to negotiate and while there is a strong emphasis on the involvement of children and families in decision-making, this complexity does not lend itself to involvement. Despite the strong commitment to child wellbeing by Government, and as set out in legislation to support the delivery of integrated services, there continues to be issues in the delivery of the services in a consistent and preventative way, with poorer outcomes for looked-after children overall.

While there are examples of good practice in involving children and young people in child protection processes it is not consistent or widespread. Concerns have been

raised regarding the capacity of organisations to support and sustain the involvement of children and young people in decisions about their care and support. There have also been requests for baseline or minimum national standards to be produced to guide how children's rights reports and children's services plans should be developed.[52] While the introduction of new Health and Social Care Standards may address this, there is a strong sense from policy makers and practitioners that responsible services need guidance and support to achieve these standards.

While the commitment to the wellbeing of children at government and local level has been welcomed, there is recognition that new legislation, standards and guidance has added to an already complex regulatory system. This has led to change-fatigue for practitioners with local systems responsible for child protection struggling to prioritise what policies to implement.

3.2. England

In England, the Department for Education is responsible for child protection on a national level while the Ministry for Housing, Communities, and Local Government provides the funding to the local authorities who are mandated to provide child protection and welfare services at a local level.

Out of the 12 million children living in England, just over 400,000 (3%) are in the social care system at any one time. More than 75,000 of these children are children in care. Across England, there are 152 local authorities responsible for ensuring and overseeing the effective delivery of social care services for children.[64]

While the Children Act 1989 lays out the specific responsibilities of the local authorities, further detail has been provided by the Children Act 2004 and subsequent statutory guidance.[65,66] Under this act, local safeguarding partners are responsible for child protection and welfare at a local level. The local safeguarding arrangements are led by the local authority, the police and the NHS clinical commissioning group. These three statutory safeguarding partners must coordinate and work together with other relevant agencies to protect and promote the welfare of children in their area.

The key guidance for child protection is '*Working Together to Safeguard Children*' which sets out how organisations and individuals should work together to safeguard children.[67] Specific standards for children in care are provided in the '*National Institute for Health and Care Excellence (NICE) Quality standards for looked-after children and young people*' and statutory guidance for children in care is provided in '*Promoting the Health and Wellbeing of Looked after Children*.'[68,69] Other guidance for children in care has also been developed for the purpose of supporting children's

services better meet their statutory obligations, and includes NICE's '*Guidance for looked-after children and young people'.*[70]

3.2.1. Model of service

The responsibility for service delivery in England lies with each individual local authority who have a statutory obligation to ensure children and young people are looked after and that their welfare is promoted. The local authorities, along with the police, also have primary responsibility for responding to child protection concerns.

3.2.1.1. Overarching responsibility for children's services

Within the 152 local authorities in operation across England, the Children's Services departments within local authorities are responsible for investigating and responding to child protection and welfare concerns. Each local authority's remit is in improving the wellbeing of children in the areas of:

- physical and mental health and emotional wellbeing
- protection from harm and neglect
- education, training and recreation
- the contribution made by them to society
- social and economic wellbeing.

Under the Children Act 2004, local authorities are required to set up local Safeguarding Children's Boards (SCBs) who are charged with overseeing the delivery of social services related to the care and provision of services for children.[66] At the time of this review the SCBs were being replaced by Safeguarding Partners, where each partner bears equal and joint responsibility for local safeguarding arrangements. These Safeguarding Partners are comprised of members of the local authority, the police and the NHS clinical commissioning group.

The purpose of Safeguarding Partners is to create a system whereby:

- children are safeguarded and their welfare promoted
- partner organisations and agencies collaborate, share and co-own the vision for how to achieve improved outcomes for vulnerable children
- organisations and agencies challenge appropriately and hold one another to account effectively
- there is early identification and analysis of new safeguarding issues and emerging threats
- learning is promoted and embedded in a way that local services for children and families can become more reflective and implement changes to practice

- information is shared effectively to facilitate more accurate and timely decision making for children and families.

Safeguarding Partners must set out how they will work together, as well as how they will work with any other relevant agencies. This allows for a shared strategy to tackle specific issues in an area and a joined-up response to any gaps in service that may arise in an area. Safeguarding Partners, even when delegating responsibility, remain accountable for actions or decisions made on behalf of their agency.

In England, the police are the first point of contact for reporting child protection concerns. From here, the Safeguarding Partners in an area will determine how any concerns are investigated and assessed and whether this is carried out jointly or independently. There is no general legal requirement on individual non-statutory organisations to report incidents of suspected child abuse, although professional bodies do develop their own procedures around this. Most local authorities provide procedures to the public for reporting child abuse, as seen in Figure 4.

Figure 4. Sample reporting procedure
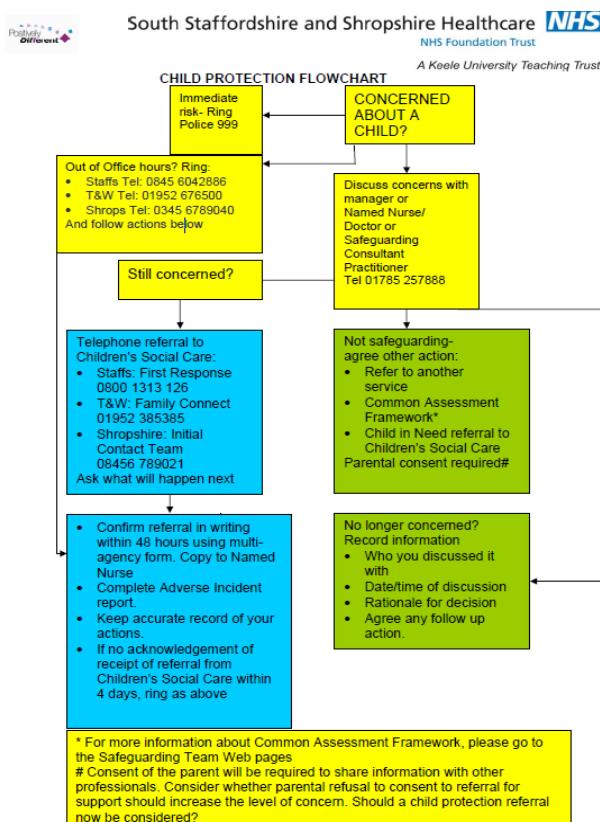
Source: South Staffordshire and Shropshire Healthcare NHS Foundation Trust. (2019). *Child Protection Flowchart.*[71]

3.2.2. Legislation

While there is no single piece of legislation that exclusively relates to child protection or child safeguarding in the UK, there are a number of laws that are continually being amended, updated, or revoked. England, as part of the UK, ratified the UNCRC in 1991. The Office of the Children's Commissioner for England, established under the Children Act 2004, speaks on behalf of children including children in care.[66] Independent of the Government and Parliament, the Commissioner carries out research and influences policymakers in the best interests of children and advocates on their behalf.

3.2.2.1. The Children Act 1989

The Children Act 1989 provides the legislative framework for the care and protection of children up until they turn 18.[65] Similar to the Irish Child Care Act 1991, the act defines the responsibility of parents and guardians and outlines the responsibilities and powers of the local authorities in responding to child welfare and child protection concerns.[18] As with Irish legislation, it outlines the powers of certain bodies in protecting children, such as the police, to remove a child to safety if they are thought to be at risk. The act outlines the duties and responsibilities of local authorities to safeguard and promote the welfare of children in need in its area. The act encourages partnership working with both parents and with other agencies involved in the welfare and protection of children.

3.2.2.2. The Children Act 2004

The Children Act 2004 supplemented the Children Act 1989 and promoted the message that all organisations working with children have a duty to help to safeguard and promote the welfare of children.[65,66] The act places a statutory duty on certain agencies to cooperate to safeguard and promote the welfare of children. This includes local authorities, NHS services and trusts, police, probation services and young offenders' institutions. Unlike Ireland's *Children First* legislation, people in these agencies who don't report suspected cases of child abuse may face disciplinary hearings but not criminal penalties. The act also sets out that organisations working with children must have regard for guidance given to them by the Secretary of State, which includes the guidance '*Working Together to Safeguard Children*.'[67] Although the act does not give such guidance a statutory basis, it does give it stronger footing.

3.2.3. Standards, guidance and policies

The standards, guidance and policies governing children's social services in England focus on interagency working, and provide evidence-based guidelines for looked-after children and young people.

3.2.3.1. Working Together to Safeguard Children

At a national level, the key guidance for child protection for all services, organisations or professionals working with children in England is '*Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children*' (2006).[67] This guides those working with or coming into contact with children in a wide range of settings. Similar to '*Children First: The National Guidance for the Protection and Welfare of Children*' in Ireland, this document sets out how professionals such as teachers, social workers, and the police should be vigilant for signs of child abuse and neglect, and how these professionals should communicate effectively to safeguard children.[3]

This guidance lays out the requirements of local authorities to meet the needs of children in their area with regard to promoting their welfare, safeguarding them from harm, carrying out enquiries when they have reasonable cause to suspect that a child is suffering or likely to suffer significant harm, providing immediate protection if necessary, and accommodating children in need. Where a local authority has a concern about a child they undertake an Early Help Assessment (EHA). This assessment process is used by local authorities and relevant partners to identify and assess the needs of children who may be at risk. The assessment sets out the strengths and needs of the child and their family, to inform a coordinated multi-agency support plan. This assessment allows services to determine the appropriate level of response to children at risk. Using this framework across services allows for services to provide coordinated support to meet the needs of children and young people.

'*Working Together to Safeguard Children*' also outlines how serious case reviews after incidents should be carried out and how the learning from these should be shared.

This guidance is updated every two to three years.

3.2.3.2. Statutory Guidance on 'Promoting the Health and Wellbeing of Looked after Children'

Under the Children Act 2004, and in line with relevant legislation governing the work of local authorities, local authorities are issued with the '*Statutory Guidance on Promoting the Health and Wellbeing of Looked after Children*'.[66,69,72] This statutory

guidance was issued jointly by the Department for Education and the Department of Health and Social Care. Looked-after children are children who are being accommodated by the local authority through voluntary or compulsory care orders. The guidance also applies to other professionals involved in the care of looked-after children such as Primary Care Trusts, the NHS, and Strategic Health Authorities. It outlines some of the duties of professionals such as a child's social worker and the Independent Reviewing Office.‡‡‡‡‡

The guidance sets out the responsibilities of local authorities, healthcare professionals, and others involved in the care of looked-after children around their engagement with, and access to, health and welfare services. Responsibilities of the local authorities in safeguarding and promoting the welfare of looked-after children in their area includes; promoting the child's physical, emotional and mental health; obtaining a health review for the child; ensuring children have up-to-date and individualised health plans; and ensuring children have access to appropriate and timely healthcare. All of this must be done in partnership with the NHS Clinical Commissioning Groups and the guidance emphasises that poor interagency cooperation cannot be a cited as a reason for poor care for children, placing final responsibility on the local authority to ensure that children's needs are met effectively.

The guidance is underpinned by principles set out in the Children Act 2004. These principles are to:

- deliver services that are tailored to the individual and diverse needs of children and young people
- put the voices of children, young people and their families at the heart of service design and delivery
- address health inequalities and have an emphasis on prevention
- make sure that health needs are accurately assessed and met
- deliver excellent, world-class, standards of care
- make sure all professionals working with looked-after children have a clear understanding of the roles and responsibilities of all relevant agencies
- be holistic, including consideration of physical health, sexual, emotional and mental health, wellbeing and health promotion
- use integrated working and joint commissioning based around effective partnerships at both strategic and individual case level to improve service delivery, information sharing, confidentiality and consent.[66]

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‡‡‡‡‡ The Independent Reviewing Office is required to review local authorities care plans for children.

This guidance is due to be reviewed in 2020 however at the time of writing the review had not been carried out.

3.2.3.3. Non-statutory 'NICE guidance for looked-after children and young people'

NICE and the Social Care Institute for Excellence (SCIE) developed joint guidance for children in the care of the State in 2010.[70] Although this guidance is not on a statutory footing, NICE recommends its use by all services and institutions involved in the care of looked-after young people to meet their statutory obligations. It details recommendations on audits and inspections for children's services, decisions on family contact, and professional collaboration for professionals involved in the care of young people. All of the recommendations are underpinned by principles which focus on supporting participation, building meaningful relationships, promoting overall wellbeing, and delivering high quality tailored services to suit a child's needs.[70]

3.2.3.4. NICE Quality standards for looked-after children and young people

NICE also developed a set of quality standards for looked-after children and young people, published in 2013.[68] These standards are endorsed by the Department of Health and Social Care, as per the Health and Social Care Act 2012.[73] Although these standards are not statutory, they are recommended as pathways to service improvement for agencies. NICE recommends that any commissioner of services, such as the NHS or local authorities, use these standards to assess service providers' performance. NICE provides tools for service providers to help self-assess against these standards. They provide detailed breakdowns of outcome measures, data collection, and direction for how to improve quality. These standards are arranged by the following quality statements:

- warm, nurturing care
- collaborative working between services and professionals
- stability and quality of placements
- support to explore and make sense of identity and relationships
- support from specialist and dedicated services
- continuity of services for placements outside the local authority or health boundary
- support to fulfil potential.

3.2.3.5. Inspectorates

A number of bodies have responsibilities around inspecting different aspects of services provided to children, which overlap at certain points of service delivery. It

has been highlighted that this creates a very complicated system for both service providers and for the inspectorates themselves. To reduce the potential for duplication and confusion, in recent years these bodies have undertaken joint inspections on specific issues. The four agencies described below inspect against a range of standards and criteria.

Her Majesty's Inspectorate of Constabulary and Fire Rescue Services (HMICFRS)

HMICFRS inspects the child protection work of police across England and carries out multi-agency inspection of the handling of child welfare cases by policing districts. These inspections are assessed using the HMIC '*National Child Protection Inspection Programme Assessment Criteria'* which lay out the child's journey from contact with the police, step-by-step through an investigation and assessment process.[74]

The HMICFRS releases inspection reports on individual police districts. These look at governance, contact and assessment, decision-making, and managing those posing a risk to children, providing a detailed overview of each of these for each area.

Office for Standards in Education, Children's Services and Skills (Ofsted)

Ofsted is a non-ministerial department that inspects and regulates both local authority's services that care for young people and services that provide education and skills for young people. Ofsted reports directly to Parliament and is independent and impartial. It primarily inspects against the '*Social Care Common Inspection Framework'* for social care services and the '*Inspection of Local Authority Children's Services'* for local authorities, but also has some specialised regulation for other agencies such as child-minder services and further education and skills providers.[75,76] The '*Social Care Common Inspection Framework'* and the '*Inspection of Local Authority Children's Services'* are both underpinned by three principles; and provide explanations of how these principles work in practice to inform inspections.

The '*Inspection of Local Authority Children's Services'* principles are:

- Intelligent: That the work is evidence-led and evaluation tools and frameworks used are valid and reliable
- Responsible: The frameworks used are fair and the findings are clear
- Focused: That time and resources are targeted where they can lead directly to improvement.[76]

The '*Social Care Common Inspection Framework'* is underpinned by the following principles:

- to focus on the things that matter most to children's lives. This means including children in inspections, asking them about their experiences and

what matters most to them. This criteria allows inspectors to focus on the difference that providers are making to children's lives.

- to be consistent in the expectations of providers. This means using a standardised approach to inspection so professionals and members of the public can compare services.
- to prioritise work where improvement is needed most. This means using resources where they are needed the most. This could mean that high performing providers are inspected less, while taking into account the risk to children of not inspecting as frequently.[75]

From these principles, evaluation criteria are created for the *'Social Care Common Inspection Framework'.* These focus on:

- the overall experiences and progress of children and young people
- how well children and young people are helped and protected
- the effectiveness of leaders and managers
- the quality of education and related learning activities in secure children's homes.[75]

Inspectors use the description of what 'good' looks like in each of these inspection criterion from which to judge performance. Ofsted set out that this is not intended to be a checklist, but rather, a professional evaluation of the impact of the care and support provided on the lives of children and young people. A review of the inspection framework, published by Ofsted, indicated that it had been well received by service providers and the inspection workforce. Service providers noted that the framework appeared to allow inspectors to spend longer with children and less time looking at policies and procedures, and overall, that reports are better able to demonstrate the impact of service providers.[77]

The Care Quality Commission (CQC)

The CQC regulates health, mental health, and adult social services. The CQC is responsible for inspecting and producing reports on safeguarding efficacy in health and mental health services, including interagency cooperation. The CQC overlaps in some areas with Ofsted, for example if a children's care facility provides healthcare. The provider may then have to be registered with both the CQC and Ofsted. In these cases and especially if some activities within a service fall under Ofsted and CQC regulation, they collaborate closely so that there is not 'double accountability' for the same activity.

Joint Targeted Area Inspections (JTAI)

Due to the interconnected nature of the child protection and welfare services in England, special inspections, known as Joint Targeted Area Inspections, are undertaken collaboratively by different inspectorates including HMICFRS, Ofsted and CQC. These inspections do not replace general inspections by individual organisations, rather they are integrated inspections to see how well agencies work together to protect children. JTAIs focus on multi-agency arrangements for:

- the response to all forms of child abuse, neglect and exploitation at the point of identification
- the quality and impact of assessment, planning and decision-making in response to notifications and referrals
- the protection of children and young people at risk of a specific type (or types) of harm and how services work together to provide care for children who are looked-after and or care leavers
- the leadership and management of this work
- the effectiveness of local safeguarding arrangements in relation to this work.

JTAIs are arranged by themes and in each inspection, a theme is chosen as a 'deep dive' theme. These themes are changed and updated regularly and have looked at:

- children experiencing abuse and neglect
- child sexual exploitation and missing children
- children living with domestic abuse
- child sexual abuse in the family environment.

Taking one inspection as an example, a JTAI examined Islington's services using the theme of response to sexual abuse in the family. This inspection was carried out by inspectors from HMICFRS, CQC and Ofsted, as well as colleagues from probation services.[78] The inspection highlighted both the strengths in the work of the local authority, such as strong leadership that drives interagency cooperation, good opportunities for staff training to build specialised knowledge, as well as problem areas in need of improvement such as services having a clearer understanding and data on the prevalence of sexual abuse within families in the area which is essential for service planning.

3.2.4. Findings from reviews

Outcomes for children are measured separately by the organisations for different areas such as education, child protection and justice, but also through a joint assessment that follows individual children's experiences through several children's social services.

3.2.4.1. Annual Ofsted statistics

Ofsted publishes statistics on early years and childcare, children and families' services for local authorities and inspection reports for individual residential centres. They also publish overviews of their inspections for the year, although these reports focus on statistics related to service outputs, rather than outcomes for children.

The '*Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills'* gives an overview of the issues within local authorities.[79] The most recent report for 2017-2018 indicates that reductions in funding for local authorities have led to them not being able to invest in prevention and early intervention mechanisms. The report also highlights that when Ofsted re-inspects underperforming local authorities that two-thirds of these local authorities improve, noting that the local authorities that do not show improvement tend to have issues with staffing, a failure to address longstanding issues, and a lack of purposeful management oversight of practice. Although this report highlights the need for these local authorities to improve, it does not provide any detail on how this will be achieved.

3.2.4.2. CQC reports

The CQC publishes reports on mental health services for young people, as well as publishing inspections on some health centres and services for young people.[80] In their 2019 report *'Review of children and young people's mental health services',* the CQC called for regulation to be less fragmented and for regulators and commissioners to establish a single shared view of quality. While the report highlights some good developments in mental health services for young people, such as innovation, collaboration and dedicated and caring staff, they also highlight a number of systemic areas that require improvement such as interagency cooperation and fairer allocation of scarce resources.

3.2.4.3. Local authority reports

Generally, each local authority publishes its own report on child welfare and protection in their area. As an example, the largest local authority, Birmingham, produced their annual report for 2017-2018 on the safeguarding of children.[81] This report summarises the safeguarding activities of all NHS services that come into contact with children or young people. The report includes overviews of initiatives in the area such as the creation of the Multi-Agency Child Sexual Exploitation Team and its efficacy. This report also judged the local authority's compliance with the Children Act 2004 for the area. While the report found evidence of good practice, it also outlined challenges, including sustaining the quality of safeguarding services, whilst fulfilling increasing responsibilities in other areas.[81]

3.2.4.4. The Children's Commissioner Reports

The Children's Commissioner releases annual reports on key issues facing children in care. The 2019 report shows that while some children talked about the advantages of being placed away from home, other children spoke about how they feel they have little or no say over decisions made about the. The main areas of concern identified by the Children's Commissioner were:

- unwanted placement moves and instability
- poor support for care leavers
- housing and homelessness
- education for children in care
- not having the right service at the right time – especially mental health support.[82]

3.2.4.5. Department for Education

A 2019 report by the Comptroller and Auditor General to the Department for Education titled '*Pressures on children's social care*', looked at local authority spending on children's services over the last ten years.[83] The purpose of this report was to help create data to support the Government's promise to provide all children with access to high quality care by 2022. The report found child protection investigations have risen sharply, up 56% in the past decade. Local authorities claim this is due to increased awareness around child protection issues, but it is putting the budgets of child protection services under strain. This report found that the overall real spending power by local authorities declined over the last decade, this has left local authorities in a position where they are spending less on non-statutory children's services and preventative work while increasing spending on statutory social work.

3.2.5. Lessons for Ireland

A major focus of reform in England's child protection and welfare systems is interagency cooperation and clear lines of accountability. This is primarily being carried out by local safeguarding boards and through the creation of Safeguarding Partners. Safeguarding Partners seek to ensure that there is shared accountability between social work, the police and clinical services. The guidance document '*Working Together to Safeguard Children*' puts an obligation on agencies to outline how they will work together effectively, highlighting that there is no room for agencies to shift responsibility for services or failings to each other.[67]

JTAIs allow for a more connected view of the work of children's social services and how they are performing. This allows inspectors to follow an individual child's

experience of services and highlight any inconsistencies or gaps that can result in child protection and welfare issues not being fully addressed. They also allow for joint responses by agencies in an area, making approaches to solving issues more strategic and united.

3.3. Northern Ireland

Northern Ireland has a high percentage of young people (0-18) compared to the other UK countries, with 25% of their population being under 18. Northern Ireland has a complex and multi-layered social services system for staff to navigate and comply with. Rates of referral to child protection services are comparatively higher than the rest of the UK, though Northern Ireland has comparatively fewer children in care.[84] In 2019, 24,289 children in Northern Ireland were known to Social Services as a child in need. A total of 3,139 child protection referrals were received by Health and Social Care Trusts (HSCTs) while 2,211 children were listed on the Child Protection Register.[85] The majority of contact with social services result in family support at a community level.

The legislative framework for Northern Ireland's children's services is set out in The Children (Northern Ireland) Order 1995.[86] The Northern Ireland Executive, through the Department of Health, has ultimate responsibility for children's services. The Health and Social Care Board (HSCB) is charged with ensuring these responsibilities are carried out. The HSCB in turn commissions six HSCTs with delivering child protection and wellbeing services at a regional level.

The creation of the Safeguarding Board of Northern Ireland (SBNI) was set out in law in the Safeguarding Board Act (Northern Ireland) 2011.[87] The SBNI coordinates and ensures the effectiveness of work to protect and promote the welfare of children and includes representatives from groups concerned with child protection and welfare. Five Safeguarding Panels support the SBNI's work at a regional level by allocating resources and efforts in a region. Safeguarding Panels are responsible for facilitating safeguarding and child protection practice at a local level.

HSCTs work with the police to investigate child protection concerns. They assess the needs of a child and take action to protect the child as appropriate through statutory involvement or other support. The guidance '*Understanding the needs of children in Northern Ireland'* (UNOCINI) is used to assess a child's needs.[88]

The Children's Services Co-operation Act (Northern Ireland) 2015, requires public authorities including the police, the HSCB and HSCTs to co-operate in contributing to the wellbeing of children.[89] Under this act there is also a duty to develop a children and young person's strategy. The Children and Young People's Strategy 2017-2027, developed in consultation with children and young people, is designed to create a

coherent framework for agencies involved with children to cooperate to improve outcomes.[90]

Children's services are inspected against the Standards for Child Protection Services by the Regulation and Quality Improvement Authority (RQIA).[91]

3.3.1. Model of service

The primary responsibility for providing children's social services is with the HSCTs either through the services they provide themselves or through commissioned services. Each HSCT works with the police to investigate child protection concerns. The local child protection planning for services is carried out by the safeguarding panels.

3.3.1.1. Overarching responsibility for children's services

It is mandatory to report a relevant offence to the police, including those against children, and failure to do so is an offence in Northern Ireland.[92] Individual cases of suspected child abuse can be reported to local HSCTs, the NSPCC, and the police. Child welfare and protection duties are primarily carried out by HSCTs. HSCTs are public groups that are commissioned by the HSCB to carry out these duties. There are six HSCTs operating in Northern Ireland, including the Northern Ireland Ambulance Trust.

The trusts operate child protection gateway services. These gateway services are the first point of contact for all referrals to children's social work services and assess if the child is at immediate risk of danger. If the child is not in immediate danger, the gateway services indicate that an initial assessment will be completed within 10 working days, using all available information to decide what further action is required. As part of this process, the service must consider whether the '*Protocol For Joint Investigation By Social Workers And Police Officers Of Alleged And Suspected Cases Of Child Abuse – Northern Ireland'* should be implemented.[93] The protocol outlines how joint investigations work between police and social workers. Following the results of the assessment, the HSCT may:

- take no further child protection action if the child hasn't been harmed and isn't considered to be at risk of harm. They may offer additional support instead
- Categorise the child as 'a child in need'. This means the child and their family are entitled to receive extra support from the relevant agencies
- provide additional social work support to the child and their family. A pathway assessment is carried out to give an in-depth assessment of their needs
- provide time-limited intervention.

The HSCTs are also responsible for providing or commissioning all health and social care services for children and young people including services for children with disabilities, hospitals and aftercare services, among others. They also accommodate children under care proceedings or taken into voluntary care, this includes children who do not have anywhere suitable to live. Children in the care of the HSCTs are known as looked-after children.

Safeguarding Panels support the SBNI's work and are responsible for facilitating safeguarding and child protection practice at a local level. These panels are primarily made up of representatives from the SBNI, among other local services. Safeguarding Panels are made up of: an independent chair, representatives from the HSCT, representatives from the police and justice services, medical representatives, and representatives from charities, and youth and community services.

3.3.2. Legislation

There is no single piece of legislation governing children's social services. The Children (Northern Ireland) Order 1995, consolidated relevant child protection legislation, with the Safeguarding Board Act (Northern Ireland) 2011, creating a single body charged with primary responsibility for safeguarding the children and young people of Northern Ireland.[86,87] Finally, the Children's Services Co-operation Act (Northern Ireland) 2015 ensures the numerous services in the area work together, prioritising the safety and wellbeing of children and young people.[89]

The UNCRC was ratified by the United Kingdom of Britain and Northern Ireland in 1991.[17] Although not directly in response to the UNCRC, the post of Commissioner for Children and Young People in Northern Ireland was created in 2003 with responsibility for protecting and promoting the rights of children and young people. These rights are referenced as the rights laid out in the UNCRC. The Commissioner's statutory duties are: promoting the best interests of children and young people; monitoring and reviewing the effectiveness of law and practice, monitoring and reviewing the adequacy and effectiveness of services; and advising Government on the rights and best interests of children. The Office of the Commissioner also assists with complaints against relevant authorities and assists or intervenes in legal proceedings.

3.3.2.1. The Children (Northern Ireland) Order 1995

The primary principle guiding The Children (Northern Ireland) Order 1995, is that a child's welfare is the paramount concern.[86] The legislation enumerates parental rights and responsibilities and sets out that a failure of a parent to meet these responsibilities can result in a child being taken into care. The legislation is extensive and covers childcare, child employment, children living in an educational setting such

as a boarding school, and fostering arrangements, among others. The order imposes a general duty on HSCTs to provide a range of services for children in need within their area and provides a definition for a child in need. This definition is 'A child in need of protection is a child who is at risk of, or likely to suffer, significant harm which can be attributed to a person or persons or organisation, either by an act of commission or omission'. These duties include those related to the provision of care and accommodation for children in the care of the State.

3.3.2.2. Safeguarding Board Act (Northern Ireland) 2011

The Safeguarding Board Act 2011 provides the legislative framework for the creation of the SBNI and and the establishment of five Safeguarding Panels to support the SBNI's work at a HSCT level.[87] The Safeguarding Panels report to the Safeguarding Board who, in turn, report to the Department of Health. The functions of the SBNI are:

- to develop policies and procedures for safeguarding and promoting the welfare of children and young people
- to promote an awareness of the need to safeguard and promote the welfare of children and young people
- to keep under review the effectiveness of what is done by each person or body represented on the Board to safeguard and promote the welfare of children and young people
- to undertake case management reviews
- to provide advice in relation to safeguarding and promoting the welfare of children and young people
- to promote communications between the Board and children and young people
- to make arrangements for consultation and discussion in relation to safeguarding and promoting the welfare of children and young people.

The act specifies the composition of the board, which is to have representatives from the social care, health, justice, education, voluntary and community sectors. Each of these agencies has a statutory obligation to cooperate by putting in place mechanisms, policies and joint investigation protocols, to ensure these functions are carried out. This is primarily achieved through ensuring clear working relations between agencies and bodies involved in the welfare of children, such as ensuring that at times of transition, there is a continuum of care and support from all relevant services so that children do not get lost between services. These Safeguarding Panels allow for coherent strategies and practices to be pursued while still allowing individual areas the freedom to plan according to their own needs and means.

3.3.2.3. Children's Services Co-operation Act (Northern Ireland) 2015

The Children's Services Co-operation Act (Northern Ireland) 2015, was created to improve cooperation between departments and agencies aimed at improving the wellbeing of children and young people.[89] The act requires the Northern Ireland Executive (the Executive), to make arrangements to promote interagency cooperation and requires certain named bodies to cooperate.

This act also requires the Northern Ireland Executive to develop and adopt a strategy which delivers on agreed outcomes for children and young people. While the act sets out that these outcomes should be evaluated and reported on, at the time of writing none of these reports are publicly available.

Cooperation under this act is statutory and in practice means that agencies must cooperate around pursuing the targets of the Children and Young People Strategy. The act applies to the following agencies which are defined as children's authorities under the act:

- Northern Ireland Government Departments
- District Councils
- HSCTs
- Regional HSCB
- Regional Agency for Public Health and Social wellbeing
- Education Authority
- Northern Ireland Housing Executive
- Police Service for Northern Ireland
- Probation Board for Northern Ireland.

3.3.3. Standards, guidance and policies

There are a range of standards, guidance and policies, as well as an overarching strategy, aimed at improving the lives of children and young people in Northern Ireland. The Northern Ireland Executive designed the '*Children and Young People's Strategy*' to create a coherent framework for agencies involved with children to cooperate to improve outcomes.[90] The policy '*Co-operating to Safeguard Children and Young People in Northern Ireland*' outlines how communities including services should work together to safeguard children.[94] It also provides a framework to be used in the assessment of a child's needs. Finally, the '*Standards for Child Protection Services*' (2008) provides the standards by which the RQIA monitor and inspect children's services.[91]

3.3.3.1. The Children and Young People Strategy

Under the Children's Services Co-operation Act (Northern Ireland) 2015 there is a duty to develop a children and young person's strategy aimed at improving outcomes for them.[90] The strategy focuses heavily on interdepartmental cooperation and is designed to support the Programme for Government's desired outcome 'giving our children and young people the best start in life'. The act also states that before adopting the strategy, the Executive must consult widely with children and young people, parents and guardians of children and young people, as well as advocates, service providers and policy makers.

The *'Children and Young People's Strategy 2017-2027'*, was designed to create a coherent framework for agencies involved with children to cooperate to improve outcomes.[90] It has been developed by the Department of Education, undergone public consultation and a consultation draft is available, but has not officially commenced or been published. Due to legislative difficulties, the previous strategy, '*Our Children and Young People – Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016*,' is officially still in effect.[95]

Similar to the previous strategy, the 2017-2027 strategy highlights key areas for improvement and pathways to achieve the desired outcomes. The outcome areas being pursued and measured are illustrated in Figure 5.

The strategy is strengthened by the legislative duty to cooperate, which compels many key bodies to work together in pursuit of the Government's desired outcome, which includes adhering to key principles of cooperation, establishing effective structures to support interagency cooperation and collaboration, and proactively identifying opportunities to cooperate. [89,90]

Figure 5. The eight parameters of wellbeing being measured as outcomes

Source: Department of Education (Northern Ireland). (2017). *Children and young people's strategy 2017-2027 consultation document.*[90]

3.3.3.2. Co-operating to Safeguard Children and Young People in Northern Ireland Policy

This policy, published by the Department of Health, provides the framework for safeguarding children and young people in the statutory, private, independent, community, voluntary, and faith sectors.[94] Originally published in 2017, it is underpinned by the principles named in the Children (Northern Ireland) Order 1995.[86] In this document, safeguarding is described as promoting the welfare of a child, preventing harm through early identification of risk, appropriate and timely intervention, and protecting children from harm when required.

The policy provides guidance for organisations and individuals working with children on certain areas such as early intervention, engaging with families and reporting child protection concerns.

The aims of the policy are:

- to embed a culture which recognises a child's fundamental right to be safe
- to promote their general welfare
- the promotion of a child-centred approach
- early identification of needs and or risk to children who may require assistance.

The policy recognises that support may be required from a range of professions, disciplines and organisations and services should be coordinated on a multi-disciplinary and interagency basis. Importantly, the policy outlines that any interventions should be in consultation with families. This policy also requires all organisations involved with children to create a safeguarding policy and sets out relevant lines of professional accountability for reporting child protection concerns. The policy sets out guidance for using UNOCINI which is used to assess the child's needs and identify the most appropriate forms of intervention to meet identified needs of the child or young person.[88] The policy also provides guidance about when and how to refer a child to children's social services when it has been assessed that their needs warrant this.

3.3.3.3. Standards for Child Protection Services (2008)

The '*Standards for Child Protection Services in Northern Ireland*' were developed and published by the Department of Health, Social Services and Public Safety.[91] The standards are applicable to all public bodies, organisations, professionals, and persons who provide statutory services to children and young people. These standards are used by Health and Social Care (HSC) commissioners for the planning, commissioning, quality-assuring and auditing of such services. They also provide guidance for people receiving services and providers, as well as regulatory and professional bodies on what is reasonably expected from child protection services. The standards are underpinned by eight principles, presented in Table 2.

Table 2. Principles underpinning the Standards for Child Protection Services (2008)

1	Safeguarding and promoting the welfare of children who are abused or at risk of abuse or neglect is a priority when decisions are made about access to and eligibility for services.
2	Listening to and engaging children and their families is a crucial element to ensuring their full participation in discussions where decisions are being made that affect them.
3	Children and their families receive responses and services which engage them as partners in problem solving, avoiding where possible family breakdown, preventing harm and promoting children's development and life chances.

4	Some children are particularly vulnerable due to their circumstances, and the design and delivery of services should promote and safeguard their wellbeing.
5	Child Protection Services promote the inclusion and citizenship of children, are provided within an ethos that maximises protection, access to appropriate education, life chances, opportunities and independence, and accommodates religious, linguistic, ethnic, social and cultural backgrounds, individual circumstances and children and families rights to privacy.
6	Services are planned and delivered in a way which empowers children requiring to be safeguarded, respects their dignity and assists them to lead as full a life as possible, while ensuring that professionals discharge their responsibilities for safeguarding children.
7	Children and their families are involved in the assessments of their needs and in the coordinated approaches designed to meeting these.
8	Children have a right to equality of access to services, which are developed or tailored to best meet their assessed need.

There are eight standards statements, laid out under eight headings. These headings are:

- planning, commissioning, providing, quality-assuring and auditing services
- the purpose of and access to services
- assessment, case planning, case management and record keeping
- protecting vulnerable children in specific circumstances
- the establishment and operation of Area CPCs and Trust Child Protection Panels (both subsequently replaced by the SBNI)
- case management reviews
- the interfaces and joint working arrangements for children in need of residential care, across fieldwork, CAMHS, adult mental health and other agencies
- equality and human rights.

Under each of these headings, the standard statement explains the level of performance to be achieved. The standard then has criteria to guide and be inspected against. For example, a heading, a standards statement, and criterion are outlined below:

1. **Heading**
   Equality and human rights
2. **Standard**

Organisations fulfil their statutory duties in respect of human rights and equality legislative requirements. Human rights and equality principles are integrated into practice within all aspects of child protection services

3. **Criterion**

   All relevant policies have been subject to appropriate screening and consultation in accordance with Section 75 of the Northern Ireland Act 1998.[96]

The '*Standards for Child Protection Services*', are open to interpretation by the RQIA who monitor and inspect the quality and availability of health and social care. This includes children's homes, children's leaving care services, children's hospitals, services for children with a disability, and child protection services.

3.3.4. Findings from reviews

Rates of referral to child protection services in Northern Ireland are comparatively higher than the rest of the UK.[84] This is due to what is termed a 'wide funnel' approach, with families coming into contact with social services at an earlier stage, before a crisis occurs. However the system is marked by a 'high filter' in that only one in 10 of the cases proceeds to investigation. The majority of contact with social services results in family support at a community level. A recent study shows that Northern Ireland has comparatively fewer children in care compared to the other three countries in the UK.[97] This study suggests that this is due to early intervention and prevention, rather than a failing to identify children in need.

3.3.4.1. Regulation and Quality Improvement Authority (RQIA)

This independent agency was created in 2005 as part of a commitment by the Department of Health, Social Services and Public Safety to improve quality in these areas. The RQIA has the legal authority to take enforcement actions proportionate to the risk of people receiving services and breach of regulation. They will also follow up to ensure that quality improvements have been achieved.

The RQIA publishes reports regularly on the state of child protection arrangements in Northern Ireland.[98] The latest report for 2018, lays out the themes in a similar way to HIQA reports in the Republic of Ireland. These are:

- corporate leadership and accountability
- workforce
- workload and management of unallocated cases
- supervision
- training
- assessment

- records management and record keeping
- interdisciplinary working at an operational level
- compliance with policies and procedures
- accessibility of services.

The report found that a major issue was waiting lists for non-urgent referrals, with some cases becoming unattended as a result of short-term staff absences. Other issues raised were a lack of urgency around filling gaps in staffing and increased workload on staff. This was found to result in anxiety and stress among staff, who blamed poor corporate leadership for these issues.[98] Further, the investigation team was critical of UNOCINI as an assessment tool for meeting the needs of children. While UNOCINI aims to give a holistic overview of a child's needs and situation, the RQIA inspection team found it difficult to join-up the information in it in order to assess whether a child was getting the right care and support. The report found that UNOCINI was also contributing to social workers feeling their job was too bureaucratic, with a focus on form-filling rather than a good quality assessment and appropriate allocation of services.

The inspection team noted areas of good practice in the report, with the supervision policy largely being adhered to and strong interagency working at an operational level. The report noted that the effectiveness of interagency working can be, in part, attributed to the Safeguarding Panels allocating resources consistently efficiently and pursuing coherent strategies agreed on across disciplines and areas.[98]

3.3.5. Lessons for Ireland

A key lesson from Northern Ireland is the use of the SBNI and the local Safeguarding Panels. These allow for all services involved in child protection and welfare to jointly tackle issues and pursue goals and strategies, without treating local areas as entirely uniform in their needs and means. This is underpinned in legislation through the Children's Services Co-operation Act (Northern Ireland) 2015.[89] This act means that there is a statutory obligation on named bodies to cooperate, including having a plan to address the targets of the '*Children and Young People's Strategy.*'[90] This encourages more cooperation but also provides a clear direction for that cooperation within children's services in the Northern Ireland.

The '*Children and Young People's Strategy 2017-2027'* plans to use the outcomes-based accountability model. This model focuses on the impact policy and programmes have on children's lives, not just the amount of money spent or number of programmes delivered. While the 2006-2016 strategy set out clear goals and measures to assess the achievement of these goals, due a lack of evaluation, the results remain unclear.

A major strategy within Northern Ireland is the UNOCINI holistic assessment tool which takes into account children as individuals, their families, their communities, and the services available to them.[88] This tool is available to all practitioners and has guidance accompanying it, as well as guides for actions to take to respond to needs identified by the assessment. It is important to note that, despite the benefits that practitioners believe that UNOCINI has brought to assessments, such as ensuring that there is a more consistent approach to assessment across the sector, there have also been criticisms. These criticisms are chiefly aimed at the tools being cumbersome in nature and its failure to provide a holistic overview but rather a portioned and disconnected look at different aspects of a young person and their situation.[98]

3.4. Western Australia

In Australia, under the federal system, the country's children's social services are governed by both federal and state laws. State and territory Governments hold statutory responsibility for child protection and welfare. Each state and territory Government operates according to independent governing acts and has individual departments that coordinate child protection and welfare services. While the governing acts differ across each state and territory, key pieces of Commonwealth legislation provide collective guidance, in particular the Family Law Act 1975 and the Australian Human Rights Commission Act 1986.[99,100] These acts have established guiding principles, which are applicable to child protection and welfare services nationally. These principles are:

- best interest of the child
- early intervention
- participation of children and young people in decision making.

Australia has adapted a public health model of child protection. This model focuses on promoting the welfare of all children through investment in primary prevention programmes. The Department of Social Services (DSS) is the federal government agency that has broad responsibility for national policies and programmes provided to children and families. The DSS helps to support children and families through providing funding and services for structured, community based prevention and early intervention parenting programmes such as '*Best Beginnings'* and *Building Safe and Strong Families: Earlier Intervention and Family Support Strategy',* as well as benefits and payments at a national level.[101,102]

The Royal Commission into Institutional Responses to Child Sexual Abuse is the largest royal commission in Australia's history and one of the largest public inquiries into institutional child abuse internationally.[103] The Commission was established in 2013 by the Australian government to inquire into and report upon responses by

institutions into instances and allegations of child sexual abuse in Australia. Investigations and subsequent recommendation reports have been published over a five year period. Three major themes emerged from the inquiry. These were:

- the failure to protect children
- the resilience of survivors
- opportunities to create safe environments for children.[104]

The National Office for Child Safety leads in the development and implementation of a number of national initiatives recommended by the Royal Commission including the '*National Principles for Child Safe Organisations*' and the '*National Framework for Protecting Australia's Children 2009-2020*.'[105,106]

The National Framework consists of six action areas that aim to reduce child abuse and neglect in Australia.[106] Since 2009, the framework has set out a rolling series of three year actions plans. The framework also details the role of the statutory and non-statutory organisations in child protection and welfare services in Australia and acts as a long-term response approach to addressing child protection at a national level.

For the purpose of this review, the model of service, legislation, standards, policy, the model of service, and the implementation of the National Framework will be reviewed at a national level and at a local level in one jurisdiction. Western Australia was chosen for this review as a representative example of the child welfare and protection service in Australia. In 2017 Western Australia recorded 18,438 children at risk of abuse and harm. The number of Aboriginal children entering care has been growing at a much higher rate than non–Aboriginal children. In 2017, there were 4,795 children living in out-of-home care (OOHC)§§§§§ in Western Australia; 54.3 per cent of these children were Aboriginal.[107]

3.4.1. Model of service

Although each jurisdiction in Australia has its own legislation, policies and practices in relation to child protection, the processes used to protect children are broadly similar. A simplified version of the main processes used in child protection systems across Australia is shown in Figure 6.

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§§§§§ The term out-of-home care refers to the provision of alternative accommodation for children and young people who are unable to live with their parents.

Figure 6. The Child Protection Process in Australia
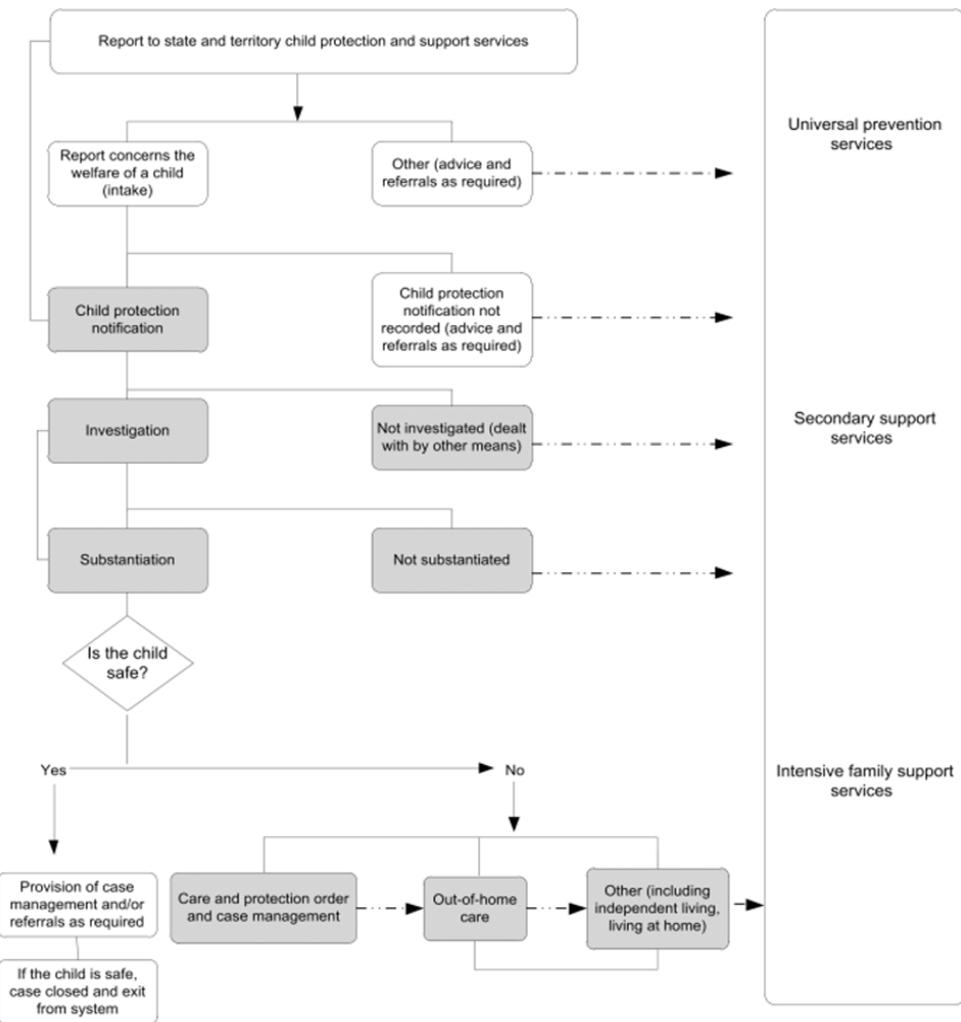
Source: Australian Institute of Health and Welfare. (2013). *The Child Protection Process.*[108]

The public health model of child protection (see Figure 7), has been widely adapted in Australia to help to reduce the burden on child protection departments and deliver better outcomes for children and families.[106] The focus of the public health model is that primary services are the largest component of the service system, focusing on promoting the welfare of all children, with secondary and tertiary services focusing on providing targeted services to children who are identified as being potentially at risk. Investment in primary prevention programmes has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect.[109]

Figure 7. Public Health Model of Care applied to children's services
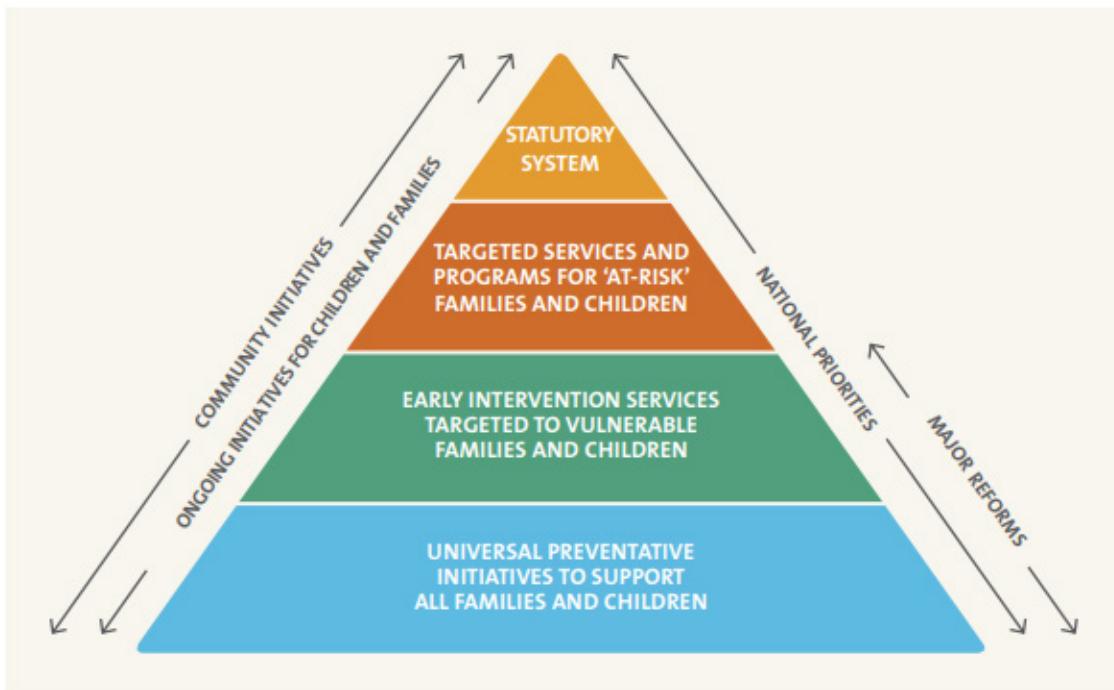
Source: Department of Social Services (Australia). (2011). *An Outline of the National Standards for Out of Home Care*.[110]

3.4.1.1. Overarching responsibility for children's services in Western Australia

The Department of Communities, Child Protection and Families, the Western Australian Police and various non-statutory organisations that support at-risk children are the key agencies that have individual and collective responsibilities for child protection in Western Australia. While the police do investigate reports of child abuse through their child abuse squad, the Police Act 1892 in Western Australia does not specify any provisions related to child protection.[111]

The Department of Communities, Child Protection and Families

Child protection services are facilitated through 17 District Offices in Western Australia and several non-government service providers. In each of the District Offices, child protection services are overseen by a District Leadership Team. Team Leaders oversee the Child Protection teams and work with frontline staff such as Child Protection Workers (social workers) and Child Protection Support Workers (social care workers) to manage complex cases in their districts. When decisions are

being made about placing an Aboriginal child into care, Aboriginal Practice Leaders****** are consulted for their cultural and practice knowledge.

The Team Leader is a focal point for the development of strong working relationships with government and non-government partners and community agencies. Both the role of Team Leaders and Child Protection Workers are statutory roles, which means they are responsible for responding to serious concerns about the welfare and safety of children and young people under the Children and Community Services Act 2004.[112]

Care Team Approach Practice Framework for Out of Home Care (OOHC)

In Western Australia, every child in OOHC will have a 'care team' comprising of a group of people important to a child and carer. The care team maintains and supports a child's care arrangements and their continued connection to parents, siblings, their wider family, network, community and culture. The emphasis is to create stability and reduce the disruption to lifetime connections that a child has when they enter OOHC. The care team approach is not an 'add on' task but a core and integrated element of how department staff work together with children, parents, carers and their families, and other stakeholders. This approach is linked to the Department's other frameworks and policies which include:

- Aboriginal services and practice framework
- Western Australia's Signs of Safety child protection practice framework
- permanency planning
- care planning
- residential care (sanctuary) framework
- rapid response
- outcomes framework for children in OOHC.

Care team members have a shared responsibility for meeting the needs of the child in their care journey. The care team are guided by the question, 'What do I need to do to support the child's development, learning, stability and growth, as well as healing?' This way of working places the child's best interests and needs as the central focus. Care team members will vary depending on the child's needs, pre-existing family and community relationships and their individual circumstances, and will evolve over time as the child's needs change. The care team can include:

****** An Aboriginal Practice Leader is a senior Aboriginal staff member who is part of the District Leadership Team. The Aboriginal Practice Leader provides guidance to the district on how to apply Aboriginal ways of working.

- the child, age and capacity permitting (where the child is not an active member due to age or capacity, then the care team has an additional responsibility to find ways to keep the voice of the child at the centre of their work)
- parents and family members
- the carer and their family members
- safety network members (such as family members, professionals and carers)
- members of the child's community
- the child protection worker (case manager) and other Department staff
- residential care staff – where the child is in a residential care facility
- a cultural representative as appropriate (family member, elder, community member, or community organisation representative)
- professionals and service providers involved with the child
- any other person deemed important in the child's life, such as a close friend.

Where possible, the care team for an Aboriginal child must include at least one person from their extended family or community who has an important role in the child's life.[113]

Non-statutory organisations

The Department of Communities Child Protection and Families establish service agreements with non-statutory child protection services in Western Australia. Non-statutory child protection services do not remove children from their homes, but provide services for protection once referred by the Department of Communities Child Protection and Families.[106] Many of these services have a main focus on protection services in the delivery of OOHC which include foster care and family group homes (residential care).

Other non-statutory services have a primary focus on prevention and early intervention initiatives such as Child and Parent Centres. The intention of the Child and Parent Centres in Western Australia is to bring together allied health services, government and non-government agencies, for the purpose of early intervention to ensure children have the best health and development. These services aim to increase the capacity of families to provide experiences and home environments that enable children to thrive.[114]

The Multi-agency Investigation and Support Team (MIST) is a community based, collaborative working model designed to support children, young people and their families who have experienced child sexual abuse. The team comprises an investigation team, child protection workers, specialist child interviewers, medical services, psychological therapeutic services and child and family advocates. The aim of the team is to improve the lives of children affected by abuse through the co-

located, integrated and localised delivery of services to respond to all the needs of the child from the point of referral to police and child protection services.[115]

3.4.2. Legislation

Australia is a signatory to the UNCRC and many of the principles of the Convention are included in Australia's child protection legislation.[17,116] Australia's legislation governing children's social services is divided between federal and state laws, with the federal law applying to the entire country and the state applying to individual jurisdictions. This section will look at the relevant federal law and state laws particular to Western Australia.

3.4.2.1. Federal law

The most relevant federal laws are the Family Law Act 1975, which governs how the courts should keep the best interests of the child in mind when making decisions and the Australian Human Rights Commission Act 1986.[99,100] The latter act, under the UNCRC, established the necessity for a Children's Commissioner and set out the functions of the Commissioner for the rights and wellbeing of children in Australia. The Commissioner is equivalent to the Ombudsman for Children in Ireland and is tasked with a number of key national duties in the protection of children. These duties include advocating nationally for children and young people, promoting children's participation in decision-making, taking national leadership on rights issues, and leading on monitoring.

The Family Law Act 1975 is Commonwealth legislation for the courts systems.[99] It refers to the best interests of the child in family law proceedings. This act covers areas of legislation such as: how a court determines what is in a child's best interests, how the views of a child are expressed, informing the court of relevant family violence orders and informing the court of care arrangements under child welfare laws. Later amendments to the act in 2006 included: examination of issues involving family violence, child abuse or neglect and importance being placed on a child's family and social connections.[117]

3.4.2.2. Western Australia's legislation

The Western Australia state law applies only to this jurisdiction and governs how the responsibilities for children are divided between children's social services and the roles each must play in this. The Commissioner for Children and Young People Act 2006 creates a commissioner role separate from the national commissioner for the jurisdiction of Western Australia.[118]

The Children and Community Services Act 2004

The Children and Community Services Act 2004, which came into operation in 2006, is the main legislation that governs the Department of Communities, Child Protection and Families' three service. These service areas are:

- supporting children and young people in the Chief Executive Officer's (CEO) care
- protecting children and young people from abuse
- supporting individuals and families at risk or in crisis.[(112)]

The act seeks to promote the wellbeing of children, families and communities. It recognises that parents, families and communities play the primary role in safeguarding and promoting the wellbeing of children, and seeks to encourage and support parents, families and communities in carrying out that role. The act sets out how children will be protected and cared for in circumstances where their parents have not given, or are unlikely or unable to give, that protection and care.

The act also provides the legislative framework for the Department of Communities, Child Protection and Family Support to develop standards for children and young people in care or where there may be concerns regarding a child's safety.

The Commissioner for Children and Young People Act 2006

The Commissioner for Children and Young People Act 2006 created the position of a Children's Commissioner in Western Australia.[(118)] Similar to the National Children's Commissioner, the Children's Commissioner in Western Australia promotes public discussion and awareness of issues affecting children, conducts research and education programmes and consults directly with children and representative organisations. The role also reports and makes recommendations to the state parliament or legislative assembly on issues concerning children and young people. The work of the National Children's Commissioner complements the work conducted by state and territory children's commissioners.[(119)]

3.4.3. Standards, guidance and policies

Standards, guidance and policies for children's social services are divided into national and state level. This section will first look at national standards that apply to Australia, followed by the standards, guidance and policies specific to Western Australia.

3.4.3.1. National

National standards, guidance and policies apply to organisations across Australia. '*The National Principles for Child Safe Organisations*' aim to improve the safety of

organisations through creating underpinning principles focused on child wellbeing and safety while '*The National Standards for Out Of Home Care'* aim to create quality and consistency in the delivery of residential and foster care for children.[105,110]

The National Principles for Child Safe Organisations

'*The National Principles for Child Safe Organisations'* were developed as part of the '*National Framework for Protecting Australia's Children Third Action Plan 2015-2018*.'[105] The Australian Human Rights Commission was engaged by the Commonwealth DSS to lead the work. The principles aim to provide a nationally consistent approach to creating organisational cultures that foster child safety and wellbeing. The ten principles, as outlined in Table 3, are the vehicle for giving effect to recommendations from the Royal Commission into institutional responses to Child Sexual Abuse.[103]

The principles are underpinned by a child rights, strengths-based approach. They are designed to allow for flexibility in implementation across all sectors engaging with children and young people and in organisations of various sizes. The principles are aligned with existing child safe approaches at the state and territory level.[105]

Table 3. The National Principles for Child Safe Organisations (Australia)

1	Child safety and wellbeing is embedded in organisational leadership, governance and culture
2	Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
3	Families and communities are informed and involved in promoting child safety and wellbeing
4	Equity is upheld and diverse needs are respected in policy and practice
5	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
6	Processes for complaints and concerns are child focused
7	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
8	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
9	Implementation of the national child safe principles is regularly reviewed and improved
10	Policies and procedures document how the organisation is safe for children and young people

The National Standards for Out of Home Care

'*The National Standards for Out Of Home Care*,' were developed by the Department of Families, Housing, Community Services and Indigenous Affairs as priority under the '*National Framework for Protecting Australia's Children 2009-2020*.'[106,110] The standards are designed to deliver consistency and drive improvements in the quality of care provided to children and young people in OOHC settings. The 13 standards focus on the key factors that directly influence better outcomes for children and young people living in OOHC.

Monitoring progress against the national standards is carried out by data collection through the Child Protection National Minimum Data Set (CP NMDS).[120] The National Survey of Children and Young People is also used as tool to capture the views of children and young people in OOHC to gauge the difference the national standards are making to their lives. The second national survey was conducted in 2018 and findings from the survey will be discussed in Section 3.4.4.[121,122]

3.4.3.2. Western Australia

Western Australia has a number of relevant standards, guidance and policies. '*Better Care, Better Services: Standards for Children and Young People in the Protection of Care Western Australia*' and '*Child Safe Organisations WA: Guidelines*', look to improve children's social services.[123,124] The Western Australia jurisdiction has also adopted the Signs of Safety (SoS) approach, discussed in more detail below.[125] The overall strategy for children's social services is '*Building Safe and Strong Families: Earlier Intervention and Family Support Strategy*.'[102] To address disparities in outcomes for Aboriginal peoples in Australia, the '*Aboriginal Services and Practice Framework 2016- 2018*' aims to improve the experiences of those in Aboriginal communities who come into contact with child protective services.[126]

Child Safe Organisations WA: Guidelines

In 2014, the Western Australia Commissioner for Young People and Children commenced a project to encourage and support the voluntary implementation of principles and practices of child safe organisations in Western Australia. A reference group and survey of key stakeholders from government and non-government agencies advised the development of the project. Similar to Ireland's '*Children First: National Guidance for the Protection and Welfare of Children*', these guidelines are intended for use by the wide range of services, professions and individuals that come in to contact with children and their families.[3,124] The guidelines outline nine domain areas that organisations are encouraged to consider (see Figure 8) and are accompanied by a self-assessment and review tool that assists organisations in their work to review and monitor practice across the domains.

Figure 8. Child Safe Organisations WA: Guidelines

Source: Commissioner for Children and Young People Western Australia. (2018). *Child safe organisations WA – Guidelines*[124]

Better Care, Better Services: Standards for Children and Young People in the Protection of Care Western Australia.

The Department of Communities, Child Protection and Family Support in Western Australia has a legislative role in safeguarding and promoting the wellbeing of children. '*Better Care, Better Services Standards*' sets out 11 standards to guide this role, however they represent only one aspect of an effective quality framework.[123] Providers of children's social services have a range of internal and external ways of examining all aspects of their service, assuring the quality of the services they provide and identifying and implementing opportunities for continuous improvement. The Standards Monitoring Unit within the Department of Communities, Child Protection and Family Support undertakes assessments on the quality of these services. However, at the time of writing, there is little information on the results of these assessments.

Signs of Safety (Western Australia Policy)

The Department of Communities, Child Protection and Family Support has adopted SoS as its child protection practice framework (policy).[††††††][(125)] The purpose of this framework is to ensure that SoS, as an approach, is integrated throughout the Department's child protection work, with the focus on applying it to child protection practice and, as appropriate, to other service areas.[(127)]

SoS seeks to create a more constructive culture around child protection organisation and practice.[(127)] Central to this, is the use of specific practice tools and processes where professionals and family members can engage with each other in partnership to address situations of child abuse and maltreatment. Three principles underpin SoS:

- building constructive working relationships between professionals and family members, and between professionals themselves
- thinking critically and fostering a stance of inquiry
- finding and documenting descriptions of what on-the-ground good practice with complex and challenging cases looks like and making sure this is used in everyday practice.

The Department collects a number of performance indicators and undertakes a regular staff survey to assess the implementation and effectiveness of SOS in practice.

Currently, there is limited evidence that the SoS Framework improves outcomes for children. A three year programme of research evaluation examined the impact and implementation of SoS as the child protection practice framework in Western Australia. Findings from research that involved children, parents, and practitioners, alongside an analysis of administrative data, showed that SoS as an approach had mixed outcomes. The research found that staff were clearer about their role and responsibilities in relation to child protection and there was better engagement with parents. However, an analysis of the administrative data showed that anticipated changes in the numbers of children being taken into care, as well as families who the services had worked with and closed their case coming back into contact with child protection services, were actually higher after SoS had been implemented.[(128)] In 2016, The Department of Communities, Child Protection and Family Support began a 'Signs of Safety Reloaded' project to revise and further strengthen the framework.[(129)]

[††††††] Tusla is currently adopting the SoS policy framework in Ireland.

Aboriginal Services and Practice Framework 2016- 2018

The framework aims to improve outcomes for Aboriginal children, families and communities who come into contact with the child protection system.[126] The framework is primarily intended to build on and inform the department's review, development and implementation of services, policies and practice when working with Aboriginal children, their families and communities. The framework is an important facet of early intervention practice to tackle over-representation of Aboriginal youth who are involved in child protection and or juvenile justice systems.

3.4.3.3. Inspectorates

The Department of Communities, Child Protection and Family Support in Western Australia has a legislative role in safeguarding and promoting the wellbeing of children.[130] Independent Assessors employed by the Department carry out inspections of residential and secure care facilities. These assessors can visit these facilities at any time to: inspect the facility, inquire into the operation and management of the facility, inquire into the wellbeing of any child in the facility, see and talk with any child in the facility and inspect any document relating to the facility or to any child in the facility. Added to this, any child in an out-of-home facility, or parent or relative of a child, may request that the person in charge of the facility arrange for an Independent Assessor to visit the facility.[130]

The Standards Monitoring Unit within the Department is a specialist oversight mechanism that undertakes monitoring visits against the *'Better Care, Better Services Standards'.*[123] The unit assesses whether the services provided by the Department through District Offices and non-government service providers are meeting the required standards.

3.4.4. Findings from reviews

The outcomes for children and young people is measured at both national and state levels, and the primary sources for each are typically research projects carried out in conjunction with academic and government organisations.

3.4.4.1. National findings

The most recent statistics from the Australian Institute of Health and Wellbeing (2018) show that, as of 30 June 2017, there were 47,915 Australian children living in OOHC, with a marked increase between 2011 and 2017.[131] Factors contributing to this increase have been identified as a growing population in the State, an increase in domestic violence and increasingly complex issues developing in family's lives.

There is limited Australian research that examines the long-term outcomes of children in OOHC. At the time of this review two longitudinal studies were underway: '*Beyond 18*' in Victoria, and '*Pathways of Care*' in New South Wales.[132,133] The findings from these studies will provide important information about the lives of children and young people who have spent time in OOHC.

The second national survey of the '*Views of Children and Young People in Out of Home Care*' was published in March 2019.[131] The survey presents an overview of results from a 2018 national data collection on the views of children in OOHC. One key finding of the 2018 survey, by comparison to the 2015 pilot survey, was that respondents were happy in their current placement. However, some children were unhappy with their placement history, with the report surmising that this may be due to a high number of previous placements, or placement instability.[131]

3.4.4.2. Western Australia findings

In the last decade, there have been significant changes in the Western Australian community, which have impacted on the child protection and OOHC system. Rapid population growth in the area and the displacement of Aboriginal communities have been significant factors in this. Since 2016, the Department of Communities, Child Protection and Family Support has worked in partnership with the community services sector to develop a suite of reforms to adjust to these changes and pressures. Reform projects have consisted of cross-sector alignment within health, education and justice departments. They have involved the development and enhancement of needs assessment tools, foster care and adoption processes, and policy and practice direction. While the reform projects have been in the implementation phase since mid-2016, oversight of the impact of these projects are still in early stages of development.

As part of the reform, the Department published an '*Outcomes Framework for Children in Out-of-Home Care in Western Australia 2015-16*'.[134] The purpose of the framework is to provide objective measures of the performance of the OOHC system and to monitor, measure and regularly report on the outcomes achieved for children living in OOHC. Each indicator is linked to the national standards for OOHC. Six outcome areas comprise the framework:

- safe and stable: Children live safely in a stable care arrangement
- healthy: Children have strong physical, social and mental health
- achieve: Children attend, participate and achieve quality education
- belong: Children develop and retain a deep knowledge and understanding of their life-history and identity
- included: Children are included by the systems that support them

- future life outcomes: Children leave care equipped with the resources to live productive lives.[110]

Projects are ongoing in the areas of re-contracting of OOHC funded services and updating legislation in Western Australia.[135] Some of the key strategies highlighted from the '*Out of Home Care, Strategic Directions 2015-2020'* discussion paper is the requirement for a shared sector vision for OOHC in Western Australia, consistent language throughout the sector and implementation of processes and arrangements to best ensure the system provides a reliable, high quality of care[135].

3.4.5. Lessons for Ireland

Statutory child protection services recognise that, in isolation they are unable to provide support to all children and families in need, in order to reduce the risk of child abuse and neglect. Child protection approaches in Australia now recognise that protecting children is everyone's business and that parents, communities, governments, non-government organisations and businesses all have a role to play.[136] Taking on board the strategy of a shared sector vision for child protection services and focusing on strong partnerships between statutory and non-statutory service providers, could potentially alleviate shortcomings in service provision to children who are in child protection services in Ireland. Recent reform programmes have focused on voluntary bodies being commissioned to carry out services in their communities, alleviating the pressure on statutory services and reducing waiting periods for children at risk in the community.

The care team approach adopted in Western Australia emphasises that department staff work with children, parents, carers and their families, and other stakeholders to create stability for a child entering OOHC. Care team members, including the child and their family, have a shared responsibility for meeting the needs of the child in their care journey. This way of working places the child's best interests and needs as the central focus and sustains links with important people in the child's life.

Common overarching themes in the national framework, as well as jurisdictional policies and approaches, are focused on prevention and early intervention so that families never need child protection services. These policies and approaches also focus on supporting children and young people to remain with their families, where this is in the best interests of the child.[121] Structured, community based programmes such as '*Best Beginnings, Strong Families'*, delivered through Child and Parent Centres in Western Australia, are good examples of how statutory and non-statutory organisations partner to achieve the best outcomes for children by resourcing prevention and early intervention initiatives.[101]

Another lesson that can be learned is the importance of sharing relevant information using a multi-agency approach. MIST in Western Australia was implemented in 2017 by Western Australia Police, the Department for Child Protection and Family Support, the Department of Health, Department of the Attorney General (Child Witness Service), and Parkerville Children and Youth Care Inc.[114,115] The co-location of these agencies ensures timely information-sharing between agencies and streamlined responses to families. Evidence from Western Australia shows that this co-location of services can significantly enhance the communication process and response times when there are child welfare and protection concerns and have led to better outcomes for children and their families.[115]

3.5. Sweden

In Sweden, political power is decentralised and the responsibility for health and social services is devolved to a municipal level. Although there are local differences in how children's social services are organised and delivered, all such services employ a family support model.[137] This model seeks to work in partnership with parents and is focused on prevention and voluntary family support interventions, where possible.[138] A family support model views abuse as a failure of the State to support a family properly, and a first course of action would be to, with the consent of the family, put in structural supports to strengthen the family's capacity, avoiding coercive or legal actions. On the frontline, social workers offer both children and parents a range of supports. The nature and duration of these supports is dependent on whether a case has come to the attention of the social services through mandatory reporting – made for example, by a school or a health service - or whether parents have voluntarily applied for a support service.

The Ministry of Health and Social Affairs is in charge of policy related to social welfare, financial security, social services, medical and health care, health promotion, and the rights of children and people with a disability. The Ministry discharges its responsibilities to develop standards and regulation for health and social care through the 'Socialstyrelsen' which is the National Board of Health and Welfare. The Socialstyrelsen collect, compile and analyse information related to social and health services, which is made available to policymakers and the public. They develop standards based on legislation and information collected, and maintain health data registers and official statistics.[139] When developing guidance, the Socialstyrelsen uses principles to underpin what good health and social care should look like for a child or adult accessing the system. These principles are found in Figure 9.

Figure 9. Socialstyrelsen definition of good health and social care
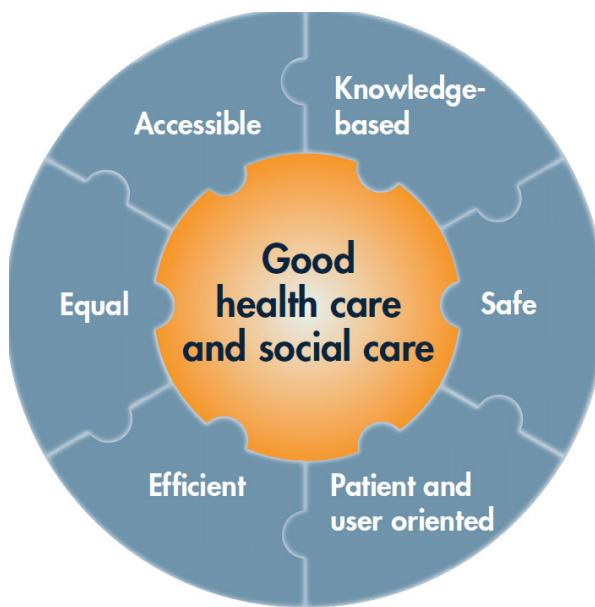
Source: Socialstyrelsen[139]

Sweden does not have specific child welfare legislation. It is instead, integrated into the Social Services Act 2001 which covers support for children and families. The act also outlines the power of the Health and Social Care Inspectorate (IVO), to regulate and licence social care providers in the private and public sectors. Key to the IVO's responsibilities is to inspect whole care chain functions and how collaboration between services takes place.

In the early 1980s, Sweden significantly reduced the number of children being taken into care after receiving negative international press on the harshness of its child protection system.[140] This reduction was in part due to the introduction of the voluntary model through the Social Services Act 2001.[138] The rates of children taken into care were reduced from four per thousand children to two per thousand children, far lower than the latest rates in Ireland of five per thousand children in state care.[141] Research has shown that this move away from higher levels of coercive care has downsides as well, with the current decision-making process screening out some children in need.[142] Swedish social services are striving to find the balance between these two approaches.[142]

It is important to note due to the decentralised nature of social services in Sweden, as well as the scope for professional leeway, generalisations about children's services in Sweden are not possible. While the legislation, policies and model of service are the same across municipalities, the resources, the organisational structures, and the practises may vary.

3.5.1. Model of service

Sweden has a strong focus on early intervention and prevention services to support families. The primary responsibility for children's social services is with each individual municipality in Sweden. This means there are many approaches but they are all still underpinned by the same family services model. There are also supportive structures such as Barnahaus[‡‡‡‡‡‡] which facilitates interagency work between social workers, medical professionals and the police in the case of child protection cases.

3.5.1.1. Overarching responsibility for children's services

There are 290 municipalities in Sweden, each with its own social services department which is charged with delivering social services and is managed by a local Social Welfare Board (SWB). This SWB is comprised of politically appointed laypersons who are mandated by the Social Services Act 2001 to ensure that children at risk of harm are given protection and support.[145]

Municipalities are responsible for providing all social services to their areas in Sweden, including responsibility in the case of child protection concerns.[146] The child welfare system in Sweden puts an emphasis on providing universal services and interventions for families to strengthen them and build their capacity to provide nurturing care to their children. Families can apply for support themselves or it may be given as a result of a report being submitted to the local social authorities, which is more common.[147]

If there is a concern about a family's ability to care for a child, tailored interventions are provided to address these concerns. These include: parental support, counselling, and mediation for separated parents in relation to their children. Municipalities have a great deal of freedom in this respect and will choose interventions that are focused on achieving the best outcomes for children and families.[138] At the highest level of intervention, compulsory care can be ordered by the courts.

Although municipalities have leeway the interventions they chose to achieve the best outcomes for children and families, the Social Services Act 2001, sets out the procedures for decision-making about child protection concerns. In the case of child protection decisions, a subsection of the SWB called the Social Welfare Committee

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[‡‡‡‡‡‡] Barnahaus is a child friendly, interdisciplinary and multi-agency centre for child victims and witnesses to be interviewed and medically examined for forensic purposes, comprehensively assessed and receive therapeutic services from professionals. The Barnahaus model was established to meet the unique needs of children who have been victims or witnesses of abuse. A Barnahaus pilot was launched in Ireland in 2019.[143,144]

(SWC) may be created to make decisions. This is part of Sweden's non-professionalised system where laypersons make decisions on policy and individual cases at every level, although they are informed by professionals such as social workers and judges.[148] An example is that children cannot be taken into care on the authority of a social worker, even with parental consent. Instead the social worker must defer the decision to the SWC comprised of laypeople.[149] However, the SWC makes this decision based on the social workers investigation and in reality rarely go against the advice of the social workers.[147]

3.5.2. Legislation

Sweden does not have specific child welfare legislation. It is instead integrated into the Social Services Act 2001, which outlines responsibilities for children's social services and also the supportive ethos embodied by Swedish social services.[145] The act also outlines the role of the IVO. The Social Services Act 2001 is supplemented by the Care of Young Persons Act 1990, an act regulating compulsory care.[150]

Sweden approved the UNCRC in 1990. While current Swedish legislation is in line with the provisions of the convention, the Swedish Government voted in 2018 in favour of adopting the UNCRC as law. This will come into effect in 2020.[151]

Similar to Ireland, the role of the Ombudsman in Sweden is to represent children regarding their rights under the UNCRC.[17,152] The Ombudsman may publish reports based on interviews carried out with children or young people, or information it requests from agencies, which is one of the statutory powers of the office.

3.5.2.1. Social Services Act (2001)

The Social Services Act 2001, is the primary legislation in relation to children in Sweden.[145] It replaced previous legislation and took Sweden's social services in a new direction, becoming more goal-oriented and focused on prevention and early intervention through voluntary and supportive measures. It is amended regularly to incorporate the rights of children and reflect best international practice at the time.[138]

In relation to child protection, the act primarily focuses on how all families should be supported by social services and how decisions related to families should be made.[145] The act defines a child as anyone under the age of 18, and uses a definition of child abuse which is similar to international definitions, that is, child abuse is when an adult person subjects a child to physical or psychological and or emotional violence, sexual abuse, humiliating treatment, or neglects to provide for a child's basic needs. The definition differs in one respect from Ireland in that it also includes witnessing domestic violence as a form of abuse.[145]

The act allows for individual social workers to exercise discretion in their decision-making and avoids outlining actions that must be taken in certain circumstances. The act also outlines the role of the IVO that has the power to regulate and licence social care providers in the private and public sectors.

3.5.2.2. Care of Young Persons Act (LVU 1990:52)

This act allows for compulsory care orders of children or young people deemed by social services to be at risk.[150] The act stipulates the reasons a child can be taken into care against the will of the child and or parents, such as, if there is risk of damage to the young person's health or development related to physical or mental abuse. There is some discretion on the part of social workers as to what level of risk is significant enough to warrant invoking the act. This act only applies when the parents have not consented to the child being taken into care and or the child is over the age of 15 and consents to be taken into care.

3.5.3. Standards, guidance and policies

In Sweden, standards and guidance for healthcare are produced by the Socialstyrelsen who also compile statistics related to social care and protection.[139] The main piece of guidance in children's social services is the '*Children's Needs in Focus*' (Barns Behov i Centrum BBIC) which provides guidance on how children's social services should treat children and young people.[153]

3.5.3.1. Children's Needs in Focus (Barns Behov i Centrum BBIC)

BBIC is a tool that aims to place children at the centre of the social support system.[153] According to a study of seven municipalities, there are mixed views on the efficacy of BBIC, with social workers reporting that while BBIC has led to better assessments it has also increased paperwork and administration.[154] The study showed that BBIC assessments were considered to provide a holistic understanding of children's needs and that the assessment process was more inclusive of children. The study showed that the introduction of BBIC assessments led to improved outcomes for children, as social workers and parents were better able to clearly understand and meet their needs.[154]

The final report on the trialling project of BBIC was largely positive in that it provided a more consistent and thorough assessment than was previously available. It has subsequently been rolled out across municipalities on the condition that it is open to change and development.[153,155]

3.5.3.2. Inspectorates

The Health and Social Care Inspectorate (IVO)

The IVO is the government agency with responsibility for inspecting whole care chain functions and how collaboration between services takes place. Although they are not a professional body they can advise restrictions on licences to healthcare professionals who they have concerns about. However, the IVO does not have this power with relation to social workers, as social work is not a legally protected profession in Sweden.[156,157] The IVO inspects social services provided by individual municipalities, including each municipality's compliance in executing decisions. Although it is not the IVO's place to inspect care homes, it does inspect the decision-making process that leads to a child being placed in a care home to ensure it is the best decision for the child.

The Socialstyrelsen sets standards and regulations which the IVO inspects against.[158] These regulations are statutory and are translated as *'The Social Committee's Responsibility for Children and Young People in Family Homes, Emergency Homes or Home for Care or Accommodation'*. The regulations lay out objectives related to the care of young people. However, these regulations recognise that while social services need fundamental features such as good governance and child-centred decision making, these can look different depending on the needs of the child. Advice on how to achieve targets in these areas is offered, however it is not prescriptive and recognises that other ways of achieving the objectives are acceptable.

The IVO responds to complaints about social services and carries out inspections routinely in response to these, although it is not obliged to investigate all complaints. The IVO's annual reports primarily focus on what isn't working in the health and social care system. The most recent findings mirror similar findings in reports on social services internationally, pointing to a shortage of staff and poor staff competence which exposes children and adults using health and social care services to serious risk.[159]

3.5.4. Findings from reviews

In its 2018 report on individual and family care, Socialstyrelsen noted several challenging areas in the area of individual and family care, similar to many international jurisdictions, including issues around collaboration between municipalities and between social services.[160] The report pays particular attention to the challenges of unaccompanied children seeking asylum who represent a very

vulnerable population.§§§§§§ In cases of unaccompanied children, the report found discrimination in the treatment of unaccompanied girls as opposed to boys, with girls receiving less suitable placements. Unaccompanied children were highlighted as being underserved by social services due to recruitment issues, large caseloads, and a lack of structure for these special cases.

The report raised concerns about the general competence of social services staff. While there has been a push for national training programmes to up-skill the workforce, much of the training has focused on moving staff from temporary positions to fill vacant posts rather than up-skilling workers as a whole.

The report also looked at initiatives such as *'My Effort'*, a campaign launched in 2017, aimed at encouraging individuals and communities to get involved in care, rather than leaving care purely to the professionals. Part of this campaign was to increase public knowledge and to encourage people to volunteer as foster carers, emergency homes, or guardians. This initiative was launched by the Socialstyrelsen with an accompanying website which has helpful vignettes detailing what it means to take on each of these roles, an example of someone who has done it, and how people can get involved. Although this has not been formally evaluated, the support materials have been viewed over 1.4 million times.

A number of reports also indicate that the role of social workers in Sweden is becoming more bureaucratic, with less time for direct engagement with children and families, leading to complaints from social workers.[154,162]

The 2017 report by the IVO, focused primarily on the placement of children in foster homes and highlighted shortcomings in the municipalities inspected.[159] The report found that children were often not matched to the homes, with their individual needs not being taken into consideration and there was sometimes no plan for monitoring the children's care once they were placed. Further issues identified were that there were long waiting times for foster home investigations, meaning that if a child is not suitably placed in a foster home then there may be a delay in addressing this.

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§§§§§§ Unaccompanied children are children arriving in Sweden claiming asylum who are not accompanied by a custodian or guardian. 35,000 unaccompanied children arrived in Sweden in 2015.[161]

3.5.5. Lessons for Ireland

One lesson that can be drawn from Sweden is how children's social services encourage families to engage voluntarily in prevention and early intervention support programmes, and to build solutions together to prevent child welfare concerns escalating to child protection concerns.[147] There is debate around how much of this is voluntary, as families may feel pressured into agreeing to these interventions when the alternative is the potential use of coercive measures by social work services. This pressure can lead to parents accepting measures when there may be little evidence that necessitates them. At the time Sweden began introducing this model it managed to lower the numbers of children in care, although it is not clear these are linked and there is no clear national data on the outcomes this has had for children.

There are debates about the role of laypersons in child protection proceedings, with professional organisations arguing that decisions should be made by professionals. However, this system has persisted because it helps give proceedings in a fraught area more legitimacy and transparency and it shares the responsibility for decisions made about private matters between public and private officials.[147]

Ireland has started a pilot of the Barnahaus model, which supports integrated working between social work, health and police services. These services are co-located to minimise the impact on a child who has witnessed or experienced abuse. It is envisaged that when the model is fully operational, that it will ensure close coordination and cooperation between key services, and support families in caring for their child throughout a difficult process.

3.6. Vermont

In the USA, the Children's Bureau within the Department of Health and Human Services is the national agency that aims to improve the wellbeing of children and families.[163] Under the federal system, children's social services are governed by both federal and state laws. Each state must comply with federal laws and guidelines in order to receive funding from the federal Government, but they are allowed a degree of flexibility in determining the best practices and programmes that meet the needs of children and families.[164]

For the purpose of this review, one jurisdiction was reviewed at national and local level. The State of Vermont was chosen for this review as a representative example of the child welfare and protection service in the USA. Vermont is a small jurisdiction in the New England region with a population of over 600,000, almost a fifth of whom are children under the age of 18.[165]

The USA as a whole, is experiencing an increasing number of children coming into statutory care.[166] Vermont reflects this issue, with the rising misuse of opioids by adults contributing to the number of children being taken into statutory care.[166,167] During the last quarter of 2018, there were 1,283 children in state custody, 743 children in the conditional custody of a parent, relative or other person known to the child and family, and 512 families receiving ongoing services after an investigation or assessment determined there was a high, to very high, risk of future maltreatment.[167]

In 2018, the federal Government introduced the Family First Prevention Services Act.[166] The aim of this act is to encourage a shift toward a more family and community-based support system by providing federal funding to these services.[167,168] Through this act, the federal Government is strengthening its partnership with community organisations and services and has increased assistance to families to build their capacity to provide safe and nurturing homes for children to grow up in.

In Vermont, the Family Services Division (FSD) of the Department for Children and Families (DCF), is responsible for ensuring that children in Vermont are safe from abuse, have their basic needs met, and live in safe, supportive, and healthy environments. The DCF assumes a wide range of responsibilities, which includes developing standards, delivering services, regulating providers, and monitoring the outcomes of these services.

3.6.1. Model of Service

3.6.1.1. Overarching responsibility for children's social services

Vermont has implemented a family-centred service model in response to the challenging caseload experienced by the State's welfare system. The family-based approach also reflects the State's belief that children do better when they are placed in a stable environment with families and communities. Offering support to the entire family and allowing children to remain with their families when engaging in child protection services is becoming increasingly common in Vermont. Nonetheless, according to the reported outcomes, the number of children in state care remains high.

In Vermont, social services for children and families are covered by a single government agency, the FSD. The FSD provides services to support child and family wellbeing and development. It operates a Child Protection Hotline, assesses reports of abuse when there are child protection concerns and is charged with licensing and regulating out of home care (OOHC) facilities. It also actively engages with families

when there are child protection concerns to support safe placements and, ultimately, a permanent solution to the problems faced by families.[169]

In the USA, Children's Advocacy Centres (CACs) work to ensure that investigations into child abuse cases are effective and that in this process children are kept safe.[170] The Vermont Children's Alliance (VCA) is Vermont's state chapter of CACs and is an accredited chapter member of the National Children's Alliance. It represents all the CACs in the State and assists with the development, continuation, and enhancement of the CAC model throughout Vermont.[171] Under the CAC model, multiple parties including the law enforcement, child protection, prosecution, mental health, medical and victim advocacy and child advocacy, work together to conduct interviews and make team decisions about investigation, treatment, management and prosecution of child abuse cases. Prior to the establishment of the CACs, a child had to be interviewed repeatedly by many different professionals and was potentially re-traumatised during the process.

Mandated reporters in Vermont are a group of people who are legally required to make a report to the FSD of any suspected act of abuse or neglect within 24 hours of the time the information of the act is first received or observed. The mandated reporters in Vermont include healthcare providers, individuals employed by educational institutions, childcare workers, law enforcement, and social workers.[172] The reporters are held liable if a necessary report is not made in time.[173] The FSD have the primary responsibility for responding to child protection concerns and they collaborate with the police on such issues.

Once the FSD opens an assessment or an investigation, a social worker is assigned to the case and commences the relevant process. Based on the information gathered by the social worker, the supervisor determines whether the abuse or neglect occurred and whether the family is in need of services.[174] Vermont's ongoing family services caseload includes three types of cases: children in DCF care; children in the conditional care of a parent, relative or other person known to the child and family; and families receiving ongoing support from children's social services.

In more recent years, encouraged by the Family First Prevention Services Act (2018), the Family Court judges are more likely to order conditional custody than DCF custody in order to keep the children with the families and assist the families to better support children in the long-term.[166]

3.6.2. Legislation

The legislation governing children's social services is divided between federal law, which applies to every state, and state law which is specific to Vermont.

3.6.2.1. Federal Law

The main legislation at a federal level is the Child Abuse Prevention and Treatment Act (CAPTA 1974-2010) which outlines definitions and legal responses to child abuse.[175] More recently, the Family First Prevention Services Act (2018) is focused on prevention and encourages a family-services approach to child welfare.[166]

The Child Abuse Prevention and Treatment Act (CAPTA 1974-2010)

CAPTA is the key overarching federal legislation that addresses child abuse.[175] It was originally enacted in 1974; however, it has been amended several times over the years and most recently re-authorised in 2010.[176] CAPTA sets out the federal legal definitions of child abuse. It also provides for the allocation of federal funding and guidance to public agencies, private and non-profit organisations in support of activities that are focused on the prevention, assessment, investigation, prosecution, and treatment of child abuse.[176] In order for its intervention and protection programmes to be funded by the federal Government, Vermont, like other states in the USA, is required to comply with CAPTA and incorporate the definitions of abuse into the State's own legal terms.

Family First Prevention Services Act (2018)

The Family First Prevention Services Act 2018 sets out that children and families have the best results when they are supported to stay with their families, in a safe and stable environment that supports children's long-term wellbeing.[166] The act aims to shift children's social services from intervention to prevention by providing funding to:

- support prevention and community-based early intervention services such as mental health services, substance use treatment, and family support services training
- provide support for kinship (relative) caregivers
- improve the quality and oversight of services
- improve services to older children.

3.6.2.2. State law

The DCF holds statutory responsibility for the healthy development, safety, and wellbeing of children in Vermont. While the department receives funding from the federal Government and therefore follows the federal law and guidelines, each division of the DCF develops policies and rules to regulate social services in the State.[177]

In the USA, the monitoring of social services is localised. Each state designates a special office to monitor the delivery of children's social services and to handle complaints related to child welfare.[178] In Vermont, the Consumer Concerns Team within DCF hear and resolve the concerns and complaints from the clients.[179]

3.6.3. Standards, guidance, and policies

The DCF sets out licensing regulations for a range of children's social services. These are: child-placing agencies (bodies authorised by the State to place a child in OOHC), shelters for children who have run away, foster homes, residential treatment programmes, and juvenile rehabilitation centres.

In these regulations, DCF is listed as the primary inspector of its own rules and regulations. Once approved, the original license for any OOHC lasts for one year.[180] At the time of this review there is very little information on how inspections are conducted and the outcomes of these inspections.

The Residential Licensing and Special Investigations (RLSI) unit, is the DCF division responsible for licensing regulations. Prior to approval of a licensing application, the RLSI assesses applicants on their compliance with regulations, identifies areas of non-compliance and recommends steps to resolve issues. Outside of licensing renewals, RLSI monitors compliance with standards if specific complaints are made regarding regulation and or child safety violations. RLSI conducts investigations into centres and resolves complaints with either recommendations for compliance or revocation of licenses.[181]

Out-of-home placements are expected to be in full or substantial compliance with regulations from the time of approval to the time of re-evaluation. Variances in regulation are occasionally granted by the RLSI in cases of foster care if the existing regulations would result in unnecessary hardship for the licensee, child, and or family.[182]

3.6.4. Findings from reviews

In Vermont, DCF generates the majority of reports and statistics in relation to child protection cases. However, the federal body, the Children's Bureau investigates whether state authorities are fulfilling their obligations. On a national level, the Child Welfare League of America (CWLA) produces data on services for children, although it does not relate specifically to particular states. The CWLA is a national coalition of hundreds of private and public agencies that work with children and families who are vulnerable.

3.6.4.1. Vermont's Department of Children and Family

The DCF publishes regular data reports on children's social services. In 2017, Vermont's child protection system reported a 25% increase in child protection cases with 1252 children in DCF care.[167] There were 573 families receiving on-going services where a social work assessment had determined that there was a high risk of future maltreatment, 44% more than 2013.[167] The statistics show that although an increasing number of children and families are involved in family-centred services, the total number of cases across family-centred services and child protection is increasing.

3.6.4.2. Report from the Children's Bureau

The Children's Bureau, part of the federal Department of Health and Human Services' Administration for Children and Families, is authorised to administer the *'Child and Family Services Review'* programme for each state using safety, permanency and wellbeing outcomes as indicators of effectiveness. The CFSR allows the Children's Bureau to:

- ensure that states are conforming to certain federal child welfare requirements
- determine what is actually happening to children and families when they are engaged in child welfare services
- assist states in enhancing their capacity to help children and families achieve positive outcomes.

The CFSR has demonstrated a positive correlation between the time a social worker spends with the family and the outcomes for the children and families. However, they have also found that the average staff turnover rates for child welfare agencies nationwide range from 20% to 40% and is much higher than the recommended 10%. According to the CFSR, this high level of turnover is having an impact on the safety and wellbeing of children and families at a national level.[183]

The Vermont DCF participated in the third round of the 'CFSR in 2015.[183] The Children's Bureau report complimented Vermont's DCF for its identification and involvement of children's relatives in many of the safety, permanency, and wellbeing outcomes. The report also highlighted collaborative efforts by the FSD to engage school systems, parents, foster parents, and community providers to address children's educational and mental health needs. However, the report also pointed out the caseload challenges for FSD in relation to child protection cases, consistent with the findings of the DCF report, mentioned above, and the impact of the capacity of children's social services to meet the needs of children effectively.[183]

3.6.4.3. Report from the Child Welfare League of America (CWLA)

Each year, the CWLA publishes the *'Children at a Glance'* report for the child population from each federal state. It covers information such as child poverty rates, numbers of abuse cases, the total number of children in care, and the child welfare workforce in the relevant area.[165]

In CWLA's 2018 report, the organisation identified nationwide staff shortages and high levels of staff turnover in the children's social services sector.[165] The high staff turnover rates have meant that each worker has had to take on a bigger caseload, which may result in negative outcomes for children in the child welfare system, for instance placement disruptions and increased time in OOHC.[165,184]

3.6.5. Lessons for Ireland

In Vermont, social services for children and families are covered by one government agency, the DCF. Although having several divisions in charge of different fields of services, the DCF assumes a wide range of responsibility from developing standards, delivering services, regulating providers, and monitoring the outcomes. However, it lacks an independent advocacy body or ombudsman to assess DCF's accountability.[185]

Investment in early intervention services has been put on a statutory footing to reduce the instances of children needing to come into state care, aiming to build capacity in families and reduce trauma to children and families, whilst also reducing the impact on an already overburdened child protection system.

The State Government and federal agencies keep a good record of wholesale statistics, such as the total number of children in care, to offer a clear picture of the basic needs of children in Vermont and to inform future policy making. However, their reports are generally quantitative and provide little information on whether social services are achieving positive outcomes for children.

3.7 Summary of findings from the international review

The review of children's social services has highlighted the progressive development of legislation, strategies and policies that seek to enhance child wellbeing and welfare, and to protect children if they are at risk of harm. This progress is underpinned by high level principles as detailed in Appendix 1. The review of the international jurisdictions found the following high level similarities both to Ireland and to each other. Each of them has:

- legislation related to the safety and welfare of children that defines:
    - ⸺parental responsibilities

⸻ statutory responsibilities

⸻ systems for promoting child welfare

⸻ systems and legal mechanisms for responding to child protection concerns

▪ an extensive statutory and non-statutory sector that works to ensure that child wellbeing is promoted and that children are protected if they are at risk of harm

▪ made a commitment towards integrated services that support children and their families

▪ expressed a commitment to listening to children and families and has mechanisms in place to support this

▪ set out that they use a strengths-based approach to working with children and their families

▪ recognised that families are the best place for children to grow up, while ensuring that children at-risk are protected from harm

▪ enhanced prevention and early intervention efforts to divert families from statutory child protection.

The main differences between the jurisdictions reviewed, is in the organisation of how services are delivered to children. Ireland is the only jurisdiction with a single national agency dedicated to the delivery and commissioning of children's social services. In Scotland and England, these services are delivered or commissioned by local authorities, in Northern Ireland, through HSCTs, in Western Australia services are delivered through District Offices, in Sweden through municipalities and in Vermont through the DCF. However, despite this variance, there are similar challenges in the delivery of these services. They include:

▪ poor early identification and intervention with children and families at risk in the community

▪ poor retention of staff and difficulty recruiting staff leading to unmanageable case loads

▪ an increasingly bureaucratic system for staff to navigate and comply with.

Lessons learned from the international review include the importance of a shared vision and commitment to child wellbeing and safety by Government, statutory services and non-statutory services. This vision and commitment must be underpinned by principles and mechanisms which ensure accountability for this, as exampled in England, where Safeguarding Partnerships between social care, health and the police hold equal responsibility for safeguarding children. This approach helps to ensure that no matter how children come into contact with children's social

services that there is a consistent response and that children do not experience any gaps in their care and support.

4. Evidence Synthesis Methodology

4.1. Overview of the evidence synthesis process

HIQA's Health Information and Standards Directorate undertakes detailed syntheses and reviews of existing literature and evidence to inform the development of national standards and guidance. These reviews describe the Irish and international context in which the work is being conducted and ensure that the work is informed by quality evidence and reflects international best practice. This is detailed in '*HIQA's Evidence Synthesis Process: Methods in the development of National Standards, Guidance and Recommendations for the Irish health and social care sector*.'[186] The evidence synthesis process has two phases: Phase 1 involves a scoping review and Phase 2 consists of a systematic search and literature review.

4.2. Scoping review

The scoping review was a time-limited review and was a preliminary assessment of the potential size and scope of the existing literature and how long it would take to review relevant literature. Through the scoping review, relevant databases and websites were identified. Three grey literature repositories were identified: Lenus, Open Grey and Trip. The academic databases identified were: ASSIA, PsycInfo, CINAHL, Social Sciences, and SocINDEX. The scoping review also informed the development of a tailored research question, search terms and search limiters. The returns were catalogued according to the type of article and the source of the article. The findings from the scoping review were integrated and used to inform Phase 2 of the evidence synthesis.

4.3. Objectives

The aim of the evidence synthesis was to assess and appraise available evidence to identify characteristics of good child-centred practice in children's social services.

Phase 2 of the evidence synthesis included the following objectives:

- To conduct a formal systematic search of the following literature sources, as identified in Phase 1:
    — grey literature repositories
    — academic databases
    — identified websites.
- To formally consult with stakeholders and subject matter experts through a scoping consultation to generate additional suggestions of evidence for inclusion in the evidence synthesis.
- To screen all articles for inclusion in the evidence synthesis.

- To conduct a quality appraisal of all included articles in the evidence synthesis.
- To describe and critically evaluate the articles and to identify emerging themes.

4.4. Search strategy methodology

4.4.1. Conducting a formal systematic search

Search terms identified in Phase 1 of the evidence synthesis were used to identify, retrieve and evaluate literature from academic databases and grey literature repositories from between 2012 and 2019[*******]. Five electronic academic databases were searched between June and July 2019: ASSIA, PsycInfo, CINAHL, Social Sciences, and SocINDEX. A combination of search terms was used; these related to the population (for example 'child', 'young person' and 'young people'), setting (for example, 'early intervention', 'welfare', 'protection' and 'in care'). Terms such as 'practice', 'standard', 'guidance', 'guideline' and 'recommendation' were included to classify the ways of providing a service to children at risk. A fourth concept was added to ensure that the search focused on children's social services, rather than wider services for children, this included 'social', and 'services'.

The identified websites and three grey literature repositories were searched. The search terms used for the academic databases were also applied to the grey literature, however it was not possible to apply all combinations of search terms at one time. A more sequential approach was taken with each source being searched iteratively using the agreed search terms.

4.4.2. Screening articles for inclusion

Evidence was deemed to be eligible for inclusion in the evidence synthesis if it described elements of children's social services. Quantitative, qualitative, mixed methodologies, reviews and opinion pieces were considered in the evidence synthesis. The following exclusion criteria were applied at three stages of study selection (screening by title, screening by title and abstract and during the assessment of the full text):

[*******] The Munro Report, published in the UK in 2011 was highlighted as marking a critical point in the reform the child protection system, policy and practice with a number of academic papers on this report published from 2012 onwards. As such a decision to put a date limiter of 2012-2019 was agreed.

- documents focusing on services for health, education, housing or other services for children who are not at risk and do not need child protection and welfare services
- documents focusing on developing countries
- books, book reviews, editorials and letters.

4.5. Scoping consultation and suggested resources

A scoping consultation was completed to inform the development of Draft National Standards for Children's Social Services. The scoping took place from August to September 2019 and ran for a six-week period. The purpose was to consult with people delivering and using services at the initial stages of the standards development process. The consultation asked what areas the standards should address and respondents were asked to provide examples of good practice. Respondents were also asked to provide key sources of evidence that would inform the development of the standards. In total, 53 responses were received from organisations and individuals. Following the removal of duplicate suggestions, 141 sources of evidence were suggested. These suggestions included legislation, books and journal articles, and information on websites. All suggested sources of evidence were screened and reviewed for relevance.

4.6. Summary of search results

Figure 10 depicts a flow chart of the selection process for relevant articles based on the combined evidence. Following the removal of duplicates, 9,380 potential documents were identified for inclusion. Reviewers independently screened titles and abstracts and or executive summaries. An independent reviewer reviewed all of the identified titles and abstracts again for potential relevancy. The remaining documents were read by two authors to determine eligibility for inclusion. Discrepancies about whether a paper or document met the inclusion criteria were discussed with a third reviewer and a final decision was made based on consensus. 162 documents were identified for inclusion in the evidence synthesis following a review of full texts.

4.6.1. Quality appraisal

The AACODS checklists were used to appraise the quality of the grey literature and assessed the literature using the following criteria: Authority, Accuracy, Coverage, Objectivity, Date and Significance. Grey literature articles assessed through this process made a significant contribution to the evidence synthesis. The articles came from reputable and credible authors or organisations and the findings were presented in a balanced and objective manner. There were, however, a number of

grey literature articles that did not include a bibliography, a methodology or evidence of peer review or editing by a reputable authority which were excluded.

The Mixed Methods Appraisal Tool (MMAT) was used to assess the quality of empirical studies.[187] The Critical Appraisal Skills Programme (CASP) was used to evaluate systematic reviews.[188] Peer-reviewed academic articles were also assessed using the AACODS checklist as they did not have a methodology consistent with a particular MMAT or CASP checklist.

Figure 10. Prisma flow chart of evidence synthesis

Returns from database searches (n=15,495)

Grey literature databases including Lenus, TRIP, and OpenGrey before screening (n=204)

Returns identified from the scoping consultation (n=141)

Remaining after removal of duplicates (n=9,380)

Outside scope (n=9,170)

Remaining after screening of title and abstract (n=210)

Outside scope (n=50)

Remaining after screening of full text (n=160)

Documents identified from content of documents and from hand-searching of reference lists of included full texts (n=2)

Total included (n=162)

Article

Article Screening

Included

5. Evidence Synthesis Findings

5.1. Structure of the literature review

During the evidence synthesis a number of themes emerged from the literature and have been used to structure this section. These themes are:

- participation
- safety and wellbeing
- strengthening families and communities
- accountable
- responsive.

Although these themes can be seen as distinct, in reality single issues can relate to several themes, for example when deciding on what intervention is appropriate for a child or young person, children's social services must consider the child's safety and wellbeing, but also the right of the child to participate in their care and support. In the literature review, topics that relate to more than one theme are discussed in the context of each relevant theme.

The rights of children are clearly stated and protected under current legislation in Ireland and human rights treaties which Ireland has agreed to uphold. The UNCRC outlines rights which are specific to children and the obligation of the Irish State to aid in the care and protection of the following children's rights:

- survival rights
- developmental rights
- protection rights
- participation rights.[189]

5.2. Theme 1: Participation

5.2.1. Introduction

Children have the right to be treated with dignity and to be recognised as individuals who are able to participate in and exercise a level of control over their lives. In line with the UNCRC, Ireland's Child Care Act 1991 sets out clear obligations to uphold children's rights to survival, development and protection.[18] The area of participation is less clearly defined or facilitated in law, however there are examples of strategies, policies and practices that support participation.

Evidence to support children's right to participate can be found in Ireland's '*National Youth Strategy (2015-2020)*', which builds on recommendations from the Council of Europe. These recommendations set out that each child has the right to be valued,

respected, express their will and preference and be heard within services.[190,191] This strategy sets out actions that services must undertake to ensure that children are listened to and that professionals who are responsible for their care are adequately trained and supported to listen to children and act on their wishes, as appropriate.

A review of national inspections undertaken by HIQA of children's residential centres highlighted barriers to real participation by children. This review noted that, although most services sought children's views about their everyday lives, this was not consistent across all services.[192] Similarly, the final report of Tusla's Programme for Prevention, Partnership and Family Support whose main focus is to work in partnership with children and families through community-based services, found that though this programme had strong levels of participation, there were still barriers to meaningful and consistent participation.[193] The report highlighted:

- some children reported they had previously expressed their views and had not been taken seriously
- difficulties of children in expressing their views
- a lack of agreement by parents to have the child participate in decisions
- not enough time for the development of trusting relationships
- a lack of child-friendly spaces.

All children's needs are different and each child requires an approach tailored to their individual strengths and needs. Taking a personal, relational approach builds on what a child knows about their rights and ensures that children's voices are elevated.[194]

This section sets out how children's social services providers can ensure that they are protecting the right of the child to participate in their care and support. The findings from the evidence reviewed are set out under these headings:

- Engagement: All children's needs are different and each child requires an approach tailored to their individual strengths and needs to ensure that they can participate in their care and support. Children should be treated in a non-discriminatory manner and a continuous and stable relationship between the child and staff caring for and supporting them should be encouraged, where the child is shown respect.
- Fairness: Children's social service providers can encourage fairness in all aspects of the decision-making process through supporting the child's participation, including their participation in the legal process.

5.2.2. Engagement

Engagement includes recognising that all children require a tailored approach to address their individual needs. The evidence highlights that to achieve this, children should not be discriminated against. A strong relationship between the child and their social worker is important and the child should be shown respect. This section is therefore laid out under the following headings:

- non-discriminatory practice
- relationships
- respect.

5.2.2.1. Non-discriminatory practice

Children should be treated in a non-discriminatory manner and it should be acknowledged that every child's needs are different.[195,196,197] This section sets out how services can develop non-discriminatory practices.

The rights set out by the UNCRC apply to every child regardless of race, colour, gender, language, religion, ethnicity, disability or any other status.[17,198] A study in the US has noted that often families and social workers do not share a common language, either linguistically or culturally, which can lead to distress for the child and family.[199] In order to bridge these gaps of understanding, a skilled interpreter who can help in building a linguistic and cultural narrative for the social workers is required.[199] The research highlights that when an interpreter service is effective, strong engagement and communication can be built between parents and children, as well as between the social worker and the family.[199] Without this bridge, families can feel excluded from the process and are resistant to social work intervention.

Research from Canada has found that many staff working with children lack knowledge of a child's religion and spirituality, resulting in reluctance by these staff to bring these practices into the child's day-to-day routine, regardless of their wishes. The research highlights the need to remove barriers to education for staff on the topic and suggests that this is an important organisational task.[200]

Ethnic discrimination occurs when a child is treated differently to another child based on their ethnicity in a manner that is unfair. Examples of ethnic groups in Ireland are members of Traveller and Roma communities. The '*Irish National Traveller and Roma Inclusion Strategy 2017-2021'* has outlined actions to ensure the inclusion of Traveller and Roma children in Irish society.[201] Actions outlined in the strategy include the training and continuous professional development of social workers to develop cultural competency within organisations. In addition, a key aspect of this strategy is the inclusion of Traveller and Roma organisations or committees when

social workers engage with families or develop initiatives. This strategy calls for the consideration and promotion of Traveller and Roma children's human rights along with culturally sensitive placement opportunities for children who are at risk.[201]

5.2.2.2. Relationships

The value of children being provided with continuous and stable relationships with their social workers and others who care for and support them, is highlighted in the research and is a theme that is explored in greater detail under the theme of leadership in Section 5.5.2.[202] Relationships and social connections are vital for children, in order for them to understand how their views can shape their care and support and how they can navigate social services, school, health or the transition to independent living.

The evidence shows that it is important not to underestimate the need for children in care to feel loved and to be nurtured by those charged with their care in a number of settings.[203,204] The provision of a nurturing environment for children in their home, school and in the wider community requires integrated support from the wide range of professionals who engage with children in these settings.[203] Specifically, research highlights the importance of a carer giving children social support, which includes children being listened to by their carer, receiving advice from them and being able to rely on them for help.[204] A stable relationship between the carer and children cultivates feelings of love among children and this consistent social support, even when the placement is at risk, can contribute to children's feelings of being loved and secure.[204]

A 2017 study from the UK that interviewed children who were involved in youth justice services, found that the relationship between the children and the professionals involved was a significant factor in determining how they felt about the service overall, and how they interacted with staff.[205] The children interviewed, all prioritised relationships as being more important than formal interventions, for example working in the community to make up for their crime. The participants stated that a strong relationship allowed them to be open and to talk through issues which reduced their levels of self-perceived stress, tension and anger.[205]

The keyworker relationship ††††††† is integral for a child when they are in care. This relationship is built over time and provides recognition and continuity for a child who may have had multiple care placements.[206] Research highlights the importance of this relationship as a child moves out of residential care and into post-care

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††††††† A keyworker carries particular responsibility for the child, liaises directly with them, coordinates health and social services, and acts as a resource person.

independence, or from paediatric healthcare services to adult healthcare services.[206,207,208] The keyworker is seen as a valuable advocate, as well as source of security and safety for the young care-leaver and is there for them to turn to if they need help with their newly independent life. However, the research notes that while this is an important relationship, the lack of lack of financial resources impacts on the keyworkers ability to support young care-leavers in achieving post-care independence.[206] The relationship between a child and the keyworker can be influenced by a number of factors, such as the amount of time allocated to building relationships, the level of choice a child has over their keyworker, and the environment within which the child is cared for.[207]

5.2.2.3. Respect

When there is a positive relationship between children and their social workers, children feel listened to, respected and valued.[194] Respect in children's social services encompasses a number of factors, including respect for children's personal information and respect for children's social networks.

Good information governance is essential in ensuring that important and sensitive information is only shared with relevant staff providing care and support to a child. Research shows that staff need education and guidance to clearly understand what information should be documented and shared and what to treat as private information which is to be kept confidential.[209] One illustrative Irish study found that a common practice among healthcare professionals has included the sharing of sensitive sexual health information of young people who were leaving care, despite no evidence of child protection concerns. The study highlighted that the resulting mistrust and fear of breaches in confidentiality may lead to a young person not choosing to access health services in the future.[209]

As discussed in Section 5.2.2.1, every child's needs are different and building an understanding of a child's culture, their beliefs, values and circumstances should help professionals to develop a genuine understanding of families and children.[195] Linked to this is the importance of sustaining a child's social network while they are in care as this network connects children to their family, friends and community of origin.[194,204,210,211] Research has called for awareness among social workers in children's social services, to be mindful of protective factors such as 'cultural connection'.[210] The authors describe a cultural connection as an intrinsic link to an individual's sense of identity and place. Staff who are undertaking assessments and care planning must work to ensure that this cultural connection is recognised and supported in the short, medium and long-term.[210]

5.2.3. Fairness

Children have a right to fair treatment when decisions are being made about their lives and they are entitled to participate in these decisions. This section sets out how children's social service providers can encourage fairness in the decision-making process by supporting real participation at all stages of the process, including when children and families are involved in legal proceedings.

Information, when shared in a child-friendly and age-appropriate format, supports participation and encourages transparency and fairness in the decision-making process.[192] Research has explored the degree to which children in Irish residential and foster care are involved in making decisions about their everyday lives.[192] The findings show that many children's residential centres used house meetings as a way of involving children in decisions regarding social or recreational activities. Conversely, inspection reports from foster care placements showed that children were often not encouraged to exercise the same level of choice about day-to-day decisions.[192] The same study found that children in residential care displayed a wider understanding of their rights than those in foster care placements. The children in residential care also commented on their overall satisfaction with the information they had received, compared to those in foster care placements.[192]

Promoting fairness when children are involved in legal proceedings requires tools, resources and training to aid all professionals working with children to understand their role in the process and to ensure that they are focused on the best interests of the child. This is necessary to ensure that their work is less adversarial, more child and family-focused, and that the lived experiences of the child, including hearing the voice of the child in any proceedings, is to the fore.[212,213] Research in Ireland has shown that engagement in the legal system can damage the relationship between children who are at risk, their families and social workers.[214,215] Social workers in the study found that the court system was adversarial, and felt that it pitted social workers against the parents or wider family members that they had been working with, each trying to undermine the others credibility, rather than focusing on the best interests of the child or children at the centre of the case.[214,215]

The research also highlights how the system can remove the voice of the child from the focus of court proceedings by not seeking the child's opinion during the court process, although it does acknowledge the role of the Guardian ad Litem in representing children's views during these proceedings. [214] The study found that this is in part due to insufficient resources and time being allocated to aid children and their families during court proceedings. The study notes that both the court and social work system need improvement to ensure that the child's views are heard and remain at the centre of the process.[214]

5.3. Theme 2: Safety and Wellbeing

5.3.1. Introduction

Every child has the right to be free from potential and active harm and to feel safe. While in Ireland child protection social workers and An Garda Síochána have statutory responsibility for safeguarding children, in reality child welfare and protection is a shared responsibility amongst those who engage with children, such as healthcare professionals, teachers, early-years staff and youth workers. The research shows that the level of engagement and access that these professionals have to children and their families is a valuable asset when identifying potential issues and developing early intervention strategies.[216,217,218,219,220,221,222]

While research shows that the physical safety of a child and the stability of their family situation is critical in child welfare and protection, in recent years there has been an increased awareness of the wellbeing of the whole child.[223] Wellbeing refers to a number of dimensions of the child's life, including the child's mental and behavioural health, their safety and physical environment, their social and emotional health, and their academic outcomes. Research has urged children's social services to reflect on these dimensions when both planning and delivering children's social services.[223]

The research finds that, in order to increase the focus on children's safety and wellbeing, it is vital that the child's whole needs are considered by professionals across a number of services who engage with children, rather than each profession dealing only with their discrete area of speciality.[216,217] As outlined in Section 5.2, research has shown that it is essential to approach each child as an individual and address their respective needs, so that a child is supported to reach their full potential. In order for professionals to be able to address the individual needs of a child, they must first have the organisational support to assess each case individually and provide tailored interventions to meet the child's needs. Research in this area finds that the more time that staff are given to do quality work and to reflect on their practice and their own lived experiences in a critical manner, the less likely it is that children will feel 'invisible' within children's social services.[224]

Evidence identified as relevant to the theme of safety and wellbeing are summarised under the following themes:

- Safeguarding children: Safeguarding is about protecting the child from harm, promoting their welfare and creating an environment which enables children to achieve their full potential. While any child may be at risk of harm, the evidence identified groups who may be particularly vulnerable such as

unaccompanied minors, children who have adverse childhood experiences, and children with disabilities.

- Child's best interests are paramount: The holistic assessment of children's individual physical, mental and emotional health needs, as well as their financial and educational needs is vital to support positive outcomes for children in the short and long-term.[223,225,226,227,228,229,230] This section focuses on education, parental relationships, tailored interventions for children, and life after care.

5.3.2. Safeguarding children

Safeguarding children includes the promotion of health and wellbeing, as well as recognising and responding to the individual needs of children who are at risk.[26] The evidence highlights that some groups of children may be more vulnerable to harm and in particular need of safeguarding due to their circumstances or an ongoing condition. These groups of children include:

- unaccompanied minors
- children who have adverse childhood experiences[‡‡‡‡‡‡‡]
- children with disabilities.

5.3.2.1. Unaccompanied minors

An 'unaccompanied minor' is a child under the age of 18 who arrives in Ireland without a parent or responsible adult. It is evident that children who have been separated from their families have an increased level of vulnerability.[196] This vulnerability is further compounded when children who have experienced trauma are seeking asylum. Recent research from Ireland finds that statutory services working with unaccompanied minors have a level of discretion in their work that allows them to safeguard the child's best interests.[§§§§§§§][197] An initial assessment is carried out by a social worker in order to discern what the child's needs are and where the child's parents can be located, in order to progress reunification of the child with their family. This differs from many European countries in that Ireland does not require the child to apply for asylum prior to receiving any services. A risk and needs assessment which is multidisciplinary in nature is carried out, to inform the child's

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[‡‡‡‡‡‡‡] Adverse childhood experiences is the term used to represent a group of negative experiences children may face or witness while growing up.
[§§§§§§§] This Tusla group of social workers engage with children who are seeking asylum, under 18, outside of their country of origin, who have applied for asylum and who are separated from the parent or legal career.

asylum process and to ensure appropriate wrap-around services are provided to support them.[197]

Research on the outcomes of unaccompanied minors in EU states finds that language is one of the key barriers faced by children in their educational attainment to enable participation in school and in wider society.[231] This research shows the importance of developing a child's ability to speak the language of the country that they are in, so that they can participate in school and in the community. Research from the UK and Ireland examines the role foster carers have in the integration and transition to adulthood of unaccompanied minors and finds that they have an important role in advocating for these children who have no parent with them to do so.[232] The importance of positive relationships between children and foster carers is highlighted, where foster carers recognise the emotional needs of unaccompanied minors and encouraging social participation. These relationships foster integration and security for the child.[232]

5.3.2.2. Children who have adverse childhood experiences

Understanding the circumstances that lead children to become known to children's social services is essential in addressing safeguarding concerns of children.

Research from Australia looks at the 'child aware' practices in adult health and social services, which examines both the capacity and capability of adult services to recognise and respond to concerns of child welfare and protection.[233] These concerns include parental mental illness, substance misuse, homelessness, parents with intellectual or learning disabilities, and domestic violence.

For children who have adverse childhood experiences, research recommends that those caring for and supporting them listen to and validate their experiences.[233] Through exploring the feelings of the child, the social worker can help in developing positive coping strategies for the child. The research recommends that children are provided with age-appropriate information, in a safe way, on the issues that they are facing, so that they can use it to develop their own understanding of what they are experiencing and the effect on them.[233]

Research from Canada, the US and Australia discusses the concerns for children who witness domestic violence or abuse.[234] The research recommends that, to strengthen staff responses to childhood exposure to domestic violence, children's social services consider the following:

- building a training programme to increase the knowledge base of effective practice and evaluating its effectiveness

- collaborating with other disciplines that are working with families who experience domestic violence to develop collaborative models of communication
- developing methods of working with parents to reduce the stigma associated with seeking support for domestic violence issues.

5.3.2.3. Children with disabilities

Research shows that the needs of children with a disability can bring an added layer of complexity for staff working with them to ensure their safety and wellbeing. Children who are at risk and who have a disability require specific understanding of their needs and circumstances, and research in this area calls for those working with them to have specific consideration to these needs when addressing child protection and welfare concerns.[235,236,237]

A review of the research on child protection and welfare amongst children with disabilities has found that there are higher instances of abuse in this group in comparison to their peers without disabilities.[235] Research carried out in the UK highlighted that children with disabilities can have an increased level of vulnerability to abuse and may experience multiple forms of abuse, with issues such as mobility difficulties and personal care requirements potentially leaving them more at risk of abuse. The research highlighted the challenges for children with a disability to report this abuse, including communication difficulties, perceived threat and the fear of not being believed.[236] Research also indicates that both children's social services and the criminal justice system can fail to take into account the heightened needs and vulnerability of this group.[235]

Training staff on the rights of children with disabilities who are in the care of the State is essential when maintaining best practice and ensuring that these rights are upheld in their day-to-day practices. Research from Scotland shows that the professionals involved with child protection services lacked confidence in identifying significant risks for children with disabilities and experienced difficulty in discerning what was a genuine case that met the threshold of significant harm.[236] Adopting a child-centred approach was seen to be a challenge when engaging with a child with disabilities, as the professionals involved tended to sympathise with the stress and coping needs of the parents, rather than seeing them as potentially the cause of the child protection concern.[236] The authors note that social workers who find ways to consult with children with a disability and to inform them of decisions being made regarding their care are providing these children with important opportunities to express their views and concerns. Further, the authors note that 'getting it right for every child does not mean treating every child the same'.[236]

A study examining permanency********* outcomes for children with a disability in foster care and adoption services highlighted that this group have different experiences and outcomes in comparison to their peers without disabilities.[239] The review found that these children can be discriminated against by decision-makers in charge of their care, and that these decision-makers displayed negative attitudes, such as pessimism about the success of a placement for a child with a disability. To address concerns regarding permanency, the study suggested that ensuring that specialist services are involved in the placement process, as well as identifying and addressing negative personal attitudes during the recruitment of carers, can facilitate stable placements for children with disabilities.[239]

Research from Sweden and England looks as young people with disabilities transitioning out of care and into adult services.[237] The study calls for the continued provision of education, employment, health and social care services until the age of 24 to young people with disabilities and care experience.[237] The extension of these services aim to combat the higher rates of poor health outcomes and address the educational needs experienced by care leavers with intellectual disabilities.[237]

5.3.3. The child's best interests are paramount

Irish legislation and policy related to children sets out that the best interests of the child are 'the paramount consideration' when decisions are being made which affect them.[23] If a child is at risk, services must make decisions that are in their best interests, and undertake a holistic assessment of children's individual physical, mental and emotional health needs, as well their ongoing educational needs, and provide relevant services to meet these needs.

This section focuses on:

- education
- parental relationships
- tailored interventions for children
- life after care.

5.3.3.1. Education

Research on the equality of access to early childhood care and education for children engaged in child protection and welfare services, finds positive developmental outcomes for children who are given the opportunity to attend these services consistently.[226] The research urges that, where children are leaving an area due to

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********* Permanency relates to 'children residing in a legal, stable, and nurturing environment'[238]

a change in placement or a family move, that there should be a focus on keeping the child in their school of origin. Other research highlights that it is vital that children in care receive appropriate and consistent education and it is the place of social workers and foster carers to promote this entitlement.[240]

Research that looked at the educational outcomes of young people leaving care, highlights that one of the critical factors in their success were the social supports they received during childhood, and highlight that it is critical that children in care are encouraged to have high expectations of their education by those caring for them.[192,241] The research shows that many children with experience of care show individual resilience, which is defined as 'the capacity to face adversity and be strengthened by it'.[242] However, the provision of practical and financial support to a child who is at risk or a young person with care experience can help with supporting their academic journey.[241]

5.3.3.2. Parental Relationships

A stable and continuous relationship between parent and child is important for the child when they engage in child welfare or child protection services. These parental relationships, when nurturing and beneficial to the child, should be encouraged and supported by children's social services.[243]

Guidance on Ireland's child welfare and protection system notes that when a parent is not able to care for their child that the State will step in to provide the supports and assistance required. Interventions carried out by the State are intended to build on the existing strengths within the family.[3] In most instances, the reunification of children with their parents is a common goal. However, research from the UK notes that services should work on addressing the reasons why children were taken into care as soon as they come into care and build on this work before facilitating a reunification process.[244] The study shows that earlier and proactive intervention, consistent safeguarding and stronger reunification processes are needed to ensure that a child does not end up moving repeatedly between their family and care services.[244] Further research in this area focused on factors which prevent the child re-entering social services. The research found that family support programmes and post-reunification follow-up services can help to reduce the rate of re-entry.[245]

A significant factor when considering a child's future wellbeing is the identification of whether a parent is willing to address the concerns that were raised in the initial assessment of the child's welfare.[246] One study cautions that by assessing parental capacity, difficulties can arise, as the focus is moved from the child's needs to the parent's needs. This study has recommended the adoption of a dynamic assessment tool which allows insight into the obstacles facing parental change, as well as the

factors which aid change, while always keeping the child's needs to the fore of any interventions or support.[246]

5.3.3.3. Tailored interventions

Adopting a child-centred approach to practice means focusing on the individual needs of the child and offering tailored support to children who are at risk. This includes children in detention, and those with additional needs.[227,228,247,248,249,250] Research from the UK which examines the interventions used in child welfare and protection found that recognition and analysis of the following factors contributes to the type, timing and duration of the interventions that should be considered:

- gender
- age
- developmental stage
- family make up
- ethnicity
- parental circumstances
- the nature of the abuse
- the child's pathway through the child welfare and protection system.[251]

Research addresses the issues of professional discretion afforded to social workers working with children where there are child welfare or protection concerns.[252,253] One study looks at the use of standardised templates versus professional judgement to assist social workers in making decisions and found there to be similar results in both scenarios.[252] Supporting the importance of professional discretion, a review highlights that, in current practice, social workers will often follow procedures set out by their organisations, at times using these in place of professional judgement.[253] The authors state that this has led to practitioners 'doing things right, not doing the right thing'. This study calls for a 'risk sensible' approach by social workers to everyday decisions. This approach should recognise that risk cannot be removed completely and that social workers must tailor their response to the individual child, their circumstances and best interests.[253] This topic is dealt with in further detail in Section 5.5.

5.3.3.4. Life after care

For young people with experience of care, their transition from children's social services into independent living can be challenging and disruptive and they require ongoing support to navigate this change.[206,254,255,256,257]

Research has shown that when services work with children in planning and preparing for leaving care this improves the overall outcomes for these

children.[255,256] Research has recommended that planning and preparation should begin with the child when they are aged between 15 and 16 to allow them time develop their understanding of what their life will be like after turning 18.[256] The study suggests that peer support might assist children in care to understand what independence might look like and some of the challenges they might face.[256]

Supports for young people leaving care can be provided by way of housing, finance and education.[254,256] Research shows that the transition from care to independent living is an unsettled time for young people and one study questions how developmentally ready the young person is, having just turned 18, to face the challenges that await them in adulthood and in a newly self-sufficient life.[254] The study finds that, in this transition, the provision of secure housing, financial support and community resources can help to reduce the vulnerability of young people leaving care during their transition into adulthood.[254]

Further research highlights the gaps between child and adult mental health service provision, highlighting the long waiting lists and restrictive criteria for young people leaving care.[256] The research suggests that aftercare supports be provided around the clock, pointing out that 'mental health and emotional difficulties rarely keep office hours'.[256]

Research carried out in Southern Australia investigates the lived experiences of young people in the first year after leaving foster care.[257] The study notes that for a young person leaving foster care the emphasis should be on stability rather than self-sufficiency and so there should be a flexible approach to their housing options and their entitlement to benefits. The study also notes that young people are unlikely to want to re-engage with children's social services and so require specialised aftercare services and support from community-based services that can help them overcome practical issues that may derail their progress.[257]

5.4. Theme 3: Strengthening Families and Communities

5.4.1. Introduction

To prevent child welfare issues becoming child protection concerns, children's social services can build strength and capacity in children, their families and their communities. The goals of this work include prevention of harm and neglect to children, early intervention by services to minimise the effects of harm and neglect, supporting the recovery of children, families and communities, and building capacity in these groups. Children's social services are in a better position to identify issues of concern when children and their families are linked with services within their community and thereby prevent child welfare issues becoming child protection concerns. Community services can act as a safety net where there have been child

welfare and or protection concerns and work at a local level to minimise the reoccurrence of these concerns.

Research shows that community-based prevention and early intervention strategies can 'interrupt the cycle of disadvantage and inequality passed through generations'.[258] A 2014 study from the UK on early intervention, reports an estimate that for every £1 spent, there is a total £8 saving.[222] Although it is not always possible to act before child welfare and protection concerns are known, research show that services that take an early intervention and preventative approach at a family or community level give children and families their best chance.[217,259,260,261,262]

Articles identified as relevant for this theme were analysed and categorised into the following subthemes:

- strengthening families
- strengthening communities.

5.4.2. Strengthening families

Several pieces of research have demonstrated the wide-ranging effects that strengthening families can have on children and their families. These include a reduction in the risk of child abuse and neglect, better functioning families and fewer children taken into care.[260,261,263,264,265,266]

Section 5.3.3.3 sets out that adopting a child-centred approach to practice means focusing on the individual needs of the child and offering tailored support to children at risk. In order to strengthen families, practitioners in children's social services need to balance child-centred and family-focused methods.[267,268] This balance is illustrated in a piece by a social worker who recounts being asked to maintain confidentiality by a parent who had disclosed information about a dangerous situation to the child.[267] This request put the practitioner in the position of having to break the parent's trust, which has the potential to stop the parent's engagement with children's social services in the future, while ensuring she upheld her duty to protect the child.

A study that interviewed staff about a family-focused approach found that participants felt that while there was nothing new in this approach, they felt unable to work in a truly family-focused and preventative way due to the lack of resources to support achieving this practice.[264] A 2014 review paper suggests that staff should always work to build supportive relationships between young people and their family and peers, as these relationships enable young people to access and

make the most of their opportunities in the community, build key skills, and develop positive beliefs about themselves and others.[222]

Family interventions can take several forms including family support groups, parenting courses, and home-based family supports such as life skills coaching.[260,261] A 2014 study from the UK, interviewed parents about their experiences of using family support services, and staff working in these services.[269] The authors found that if family interventions do not address deeper issues, such as issues in the parent-child relationship, families will often need to re-engage with services. The authors also summarise some findings from previous literature, such as parents who make positive changes after engaging with children's social services often require ongoing support to sustain these changes. Also, a key reason interventions fail is a lack of parental engagement with services.[269] Articles identified as relevant for this theme were analysed and categorised into the following subthemes:

- designing services with a family's situation in mind
- family engagement with services.

5.4.2.1. Designing services with a family's situation in mind

Supporting families is not 'one size fits all'.[270] To effectively work with families, an understanding of the impact of their situation on them can help staff gain an insight into how they can support the family to achieve better outcomes. The research highlights the importance of recognising the entirety of the situation that families are in, by taking into account issues such as their housing circumstances, their economic and employment situation, as well as their cultural values.[270,271]

Similarly, a 2017 paper argues that children's social services can be reductive of children's situations and could benefit from having a wider, more 'social' view of children and their families.[272] Research which looks at the social inequalities in different areas of the UK, has noted that when social workers are addressing child welfare or protection concerns, that an understanding of the deprivations and inequality of the child's environment should be taken into account.[273] In order to address child welfare and protection concerns, social workers need to understand how poverty affects the wellbeing and functioning of children and their families. Interventions at a community level to support families who are experiencing poverty include better intersectoral working between social services, housing, and health services, as well as pooling resources from these multiple services to address the multiple issues impacting on the family.[274]

Further research looks at the impact of culture and poverty on a child and family's circumstances and needs.[275] The authors of a 2013 study from the UK, suggest that

for a child's needs to be understood by a professional, they need to understand important aspects of the culture and socioeconomic position within which the child lives and the implications these have for the child's development and wellbeing.[275] The authors also make clear that the inability to recognise the real reason for children and their family's behaviours can lead to oppressive forms of social work. By this they mean that a family's conditions and situation can lead to children and families being blamed for issues that may be beyond their control.[275] The authors suggest there are four vital elements to developing staff practice so that they can work effectively with children and families experiencing poverty. The authors note that a failure to implement these four elements 'may add to the problems of disadvantaged families, rather than helping to challenge them'. The four elements are:

- recognising individual differences in the experiences of poverty
- understanding the links between poverty, family functioning and individual behaviour
- developing the capacity to talk about poverty issues with families
- developing the anti-poverty potential of social work services as agents of change.[275]

5.4.2.2. Family engagement with services

To understand how to get the best engagement from families, services can evaluate family buy-in to programmes of support. A study from the USA in 2014 surveyed parents and staff with experience of children's social services and identified several factors that helped to encourage parental buy-in to social work.[276] Parental buy-in was identified as important by the authors, because if it is lacking, some parents may only comply with social workers until they are no longer required to do so, leading to relapses in behaviour. The study found that when parents felt that staff were taking a strengths-based approach to their parenting, but were also willing to challenge them in a positive way, that parents were more willing to engage in the social work process and address identified issues.[276]

A 2018 systematic review related to parental satisfaction with child welfare and protection services gives some insight, from a parents perspective, of how better to engage families.[277] Nine factors positively influenced parents attitude to individual staff, these were:

- honesty
- trust
- skills
- courtesy
- qualification and experience

- actions of the worker
- practical support
- social support
- emotional support.

Parents also reported negative factors such as, staff being dismissive or disempowering, staff having poor interpersonal skills or staff being unqualified or incompetent. Parents also felt negatively towards staff when they believed that the actions that staff took were unfair or that their assessments were inaccurate. Further negative factors in parents experience of child protection services were systemic issues such as high staff turnover, organisational systems that were slow, stressful, and incomprehensible, and power imbalances. These findings suggest that the attitudes and actions of staff have a strong influence on parental perceptions of them in their work, and positive attitudes which help to encourage engagement.[277,278]

A 2016 case study from the UK, illustrates how family support services and the attitudes of staff within them, can help to improve outcomes for children and their families.[279] A family support worker took on a supportive role for the family, building up trust over a period of time so that she could engage in the disciplinary aspects of her role without resentment from the family members. This was described not as exercising power over the family but exercising power with them. For example, when the family support worker needed to issue a warning over lack of engagement with wider support services by the family, the family accepted and respected this and worked to address the issue. This approach resulted in reported outcomes such as improved parental self-esteem, the children remaining with the family and being taken off the child protection register, and better engagement by the family with services in the long-term.[279]

5.4.3. Strengthening communities

Similar to supporting a family to support a child, supporting a community can benefit the families in it. This is illustrated by a set of three case studies in 2012 from Western Australia, New Zealand, and Norway.[280] These studies build on the importance of using community development to build social capital and community capacity to strengthen families social networks, and reinforce the importance of the child's active participation.[280] The authors of another study from Western Australia make a similar call for a more participatory model for community development.[281] This study highlights that when considering a child's best interest, a strengths-based approach should be used to acknowledge that non-professional or 'lay' people such as family and community members. The study recognises that 'lay' people have both expertise in and knowledge of what might be in the child's best interests.[281]

The evidence reviewed highlights that community programmes should be collaborative rather than prescriptive in order to work well with the community. This means the planning stages for services should include voices from the community in order to be more participatory.[258] Community programmes should also be 'thoughtful' in that they capitalise on the strengths of the community such as existing knowledge and using existing social connections to promote and strengthen positive behaviours.[261]

A 2017 programme evaluation carried out in the USA looked at families who were involved with child protection services. The evaluation found that when families engaged in a community-based programme which gave them opportunities to engage with a variety of support services, most had no further involvement with child protection services.[260] This programme is similar to the Meitheal services in Ireland, discussed below.

Services can also be joined-up through community programmes which take many forms, but all with the goal of supporting children and families.[40,258,282] The research identifies several factors which are important in helping tie community services together. These include:

- prior to the programme beginning the organisers should:
    — undertake an assessment of readiness,
    — identify barriers and facilitators,
    — create a shared vision with the community,
- planning is underpinned by collaboration with and involvement by the community;
- there is a respect for existing work practices and values.[258]

Meitheal is an approach that has been developed in Ireland to coordinate a wide range of statutory services; including children's social services, An Garda Síochána, health, education and housing services, alongside community services to assist children and families who could benefit from the support of more than one service. It focuses on strengthening families and communities through early intervention. A study from 2017 examined the effectiveness of Meitheal as an early intervention approach.[40] Participants in the study discussed the benefits of using an early intervention, community-based model such as giving families a wider safety net and a more sustainable network of ongoing support.[40] However, participants highlighted that funding services like Meitheal should not result in less funding for child welfare and protection services. Some participants also noted that Meitheal could rely too much on individual relationships between services and would benefit from more systematic forms of communication and follow-up methods to ensure that agreed actions were being carried out by the relevant service. The study concluded that

while services like Meitheal can be beneficial, there needs to be systematic coordination and communication to meet the needs of children and families collectively and that an interagency approach should not act as an excuse to pass families back and forth between services.[40]

5.5. Theme 4: Accountable

5.5.1. Introduction

Accountable children's social services are services that have a clear vision for their work, support their staff to deliver on this vision, work well with other relevant services, and that regularly assess the impact of their work on those that they are caring for and supporting.[222] This theme is divided into the following subthemes:

- leadership
- interagency collaboration
- measuring impact.

Leadership and governance are vital to accountable children's social services.[202] Leadership is needed on a national and local level to ensure plans are carried out effectively across children's social services and changes in culture happen within them. Leadership should also be present at every level of a service or organisation, with all staff recognising that they have a role in driving improvement and change where possible.[202]

Accountable children's social services have clear lines of accountability when working together to care for and support children. This encourages effective and sustainable cooperation, both within and between children's social services. This applies not only to services dealing primarily with child welfare and protection but other sectors such as health, housing, justice and education who may be involved in ensuring the ongoing welfare and safety of a child.

Children's social services should focus not just on the delivery of their service, but also on the impact this service is having on children and their families. This impact helps to inform decisions for improving the service. Decisions should be informed by good data, with outcomes being measured from several perspectives where possible. It is also important that the measures used to report outcomes are reputable and suitable for their populations.

5.5.2. Leadership

Leadership plays a key role in terms of service or organisation's accountability, interagency working, enacting reforms and improvements and maintaining a high quality service. The research highlights strong leadership as one of the factors most

important to achieving good practice and ensuring strong collaboration to achieve the best outcomes for children.[202,283,284] The Munro report recognises that there have been historical communication difficulties between children's social services and other services working with children; such as health and education, and that the appropriate way to address this is to create a leadership role that oversees all statutory children's services. This creates a single point of accountability and provides local and coordinated leadership for services.[202]

The report also highlights that strong and skilled leadership at a local level is required to lead and sustain reform and that the development of these leaders is vital.[202] This local leadership allows for the implementation of plans throughout whole organisations, while avoiding a one size fits all approach. With regard to multi-agency working, the report recognises 'that all workers in all agencies need to be supported by strong leadership making decisions underpinned by full and unambiguous rationale' and calls for national leadership on multi-agency working as vital to develop the sector of children's services.[202]

An accountable service ensures its staff are supported and trained in order that their work meets children's needs and helps them to achieve the best outcomes possible. Research has urged that this can be achieved through regular reflection and review of work in both the planning and delivery of children's social services.[223]

5.5.3. Interagency collaboration

Research highlights that accountable children's social services should understand the benefits of interagency collaboration such as better use of their shared resources to ensure that children and families get the best outcomes possible. Children's social services should be open to developing structures and systems that improve interagency working. Collaborative efforts can be bolstered through a coordinated national strategy and strong local leadership.[227,285,286]

The evidence demonstrates the importance of taking a joined-up view of children, families, and communities. A systematic review from 2016, found that staff in children's social services often addressed child welfare and protection concerns, without taking into account the wider issues that families were dealing with and that could be contributing to these concerns, such as addiction or poverty. The authors suggest that this lack of joined-up thinking leads to poorer outcomes for children. To address this, the authors recommended that relevant services work together to develop an appropriate suite of interventions for these family-related factors, as well as developing interventions to address the child's presenting need.[233]

A 2015 international study that interviewed subject matter experts working in child welfare systems, had several recommendations relevant to integrated work.[287] The experts stressed that children should be thought of within their family, their school

and their community and that organisations working with them in each of these contexts needed to work together to achieve the best outcomes for children. The study highlights the importance of strong governance structures to ensure that interagency protocols are embedded into day-to-day practice, highlighting the need for relationship building between disciplines, as well as training that cuts across 'traditional disciplinary boundaries'.[287]

Research also finds that collaboration between services is associated with positive outcomes, such as supporting family reunification and permanency, and meeting children's educational and health needs.[238,288,289]

The Irish National Review Panel's *'Annual Report 2018'*, highlighted that when children have complex needs, a coordinated response is needed from services responsible for their care and support.[290] This requires a high level of interagency collaboration, rather than responsibility falling solely on statutory services. The report states that it should be clear to everyone involved in the child's care and support which service is taking the lead and who is responsible for each of the actions required to deliver effective care and support. The authors also caution the risk of overwhelming children and their families with too many professionals, noting that all care and support should be timely and tailored to suit the child's needs and circumstances. Finally, the review highlights the important role that a dedicated keyworker can play in leading interventions, managing the timely involvement of relevant services, and keeping all relevant services up to date.[290]

The international evidence supports the need for a dedicated staff member, such as a keyworker or a case worker for a child and finds that even well-integrated services could benefit from having an individual case worker who acts as an intermediary between children and their families and the children's social services they are involved with.[291,292] A single point of contact means that instead of families dealing individually with different services for different needs, they interact with the case worker, who in turn links in with other services on their behalf. One study noted that this approach was found to lower children and family's perceptions of disorganised services, which may result in more informed engagement with the range of services needed. The research also shows that when children who had been in care had a keyworker or a case worker who maintained contact with them after family reunification, it lowered the chances of the child's re-entry to the care system.[291] An additional benefit of having a dedicated keyworker or case worker who coordinates services to support a child was that other staff found they had more time to work on cases, as they no longer had to spend time researching different services and resources.[292]

The evidence reviewed also highlights the challenges to interagency work. Services who share common agendas and engage with the same children and families do not necessarily work well together. Evidence shows that services are often reluctant to share resources and there can be delays and a lack of continuity, with children ending up on multiple waiting lists.[293] An examination of referral processes between organisations in the UK found that despite formal processes for communication being in place, there was still some uncertainty among professionals about what information is relevant and appropriate to communicate.[294] For example, the study found that a general practitioner (GP) may not be familiar with what constitutes a child protection concern, so when making a referral they may leave out key information essential to the case.

Research in this area suggests that in order to address these barriers to interagency working that services should develop a set of agreed interagency protocols, undertake staff training on interagency working, and set out a vision for how they can support a continuum of care for children to ensure their safety and wellbeing.[293,294,295,296,297] The use of electronic information systems could also help to increase interagency communication and reduce 'tunnel vision' as practitioners can view more comprehensive information about the children and families they were working with, and not only what they considered relevant.[298]

Interagency cooperation between sectors beyond those strictly concerned with child protection and welfare is sometimes necessary, as oftentimes a child or family's needs extend beyond those that can be addressed by one sector.[270] A 2015 case study in the UK, demonstrated this effectively by looking at two parents with intellectual disabilities. These parents required interagency support as there were both child welfare and disability needs. However, researchers found that each service had little knowledge of how the other service could support these interlinked needs. For example, risk assessments were often unique to individual services and not suitable for working with families with needs across several areas. To ensure that individuals with a wider range of needs who may need support from several services are given the same standard of care, the authors suggest that there needs to be clear communication and collaboration between the services who appear to have very different remits but in fact are all working to achieve the same outcomes.[270]

To support effective interagency working, all staff need to have the same understanding of what constitutes a child welfare and protection concern. A review of mandatory reporting in Canada from 2013 found that cooperation between healthcare and child protection and welfare can be facilitated through standardised mandatory reporting and a use of plain English.[220] Specific professionals working in healthcare can be of unique benefit to child protection and welfare systems, as

found in a 2013 review of the health visitor literature in the UK.[299] Health visitors, such as Public Health Nurses, work across a number of settings and work alongside a variety of professional groups, so their input can be beneficial for early detection of risk to children. They are also in a position to potentially facilitate interagency support by linking children and families with community services, such as family support and other child welfare services.

5.5.4. Measuring impact

Research shows that children's social services often do not set out what long-term outcomes are important for children and their families as they move between and out of services, instead focusing on addressing the presenting concerns.[300,301,302] One study highlights that if services are to set outcomes for children based on data, that this data should be appropriate, reliable, and gathered over time.[303] Once suitable outcomes are determined, indicators must be developed and monitored to determine the service's performance against these outcomes.[304]

The vision, aims and objectives of any children's social service should be clearly stated and supported by outcomes data. This is supported by a study published in 2018 from the USA that found that focusing only on crisis service delivery did so to the detriment of other goals such as prevention of harm to children.[305] The authors suggest that services often focus on these aspects of service delivery, as they are clearly measureable, while a goal like prevention can be abstract and difficult to measure. Services should have a clear understanding of how all of their goals, including prevention and early intervention will be achieved to ensure they are translated into practice.[305] The first step in addressing this is choosing meaningful data to collect (such as wellbeing, health and permanency outcomes) and ensuring it is collected long-term in order to assess what works and use it to plan service development and delivery.[289,300,303,306]

Children's social services can benefit from pre-empting challenges in a systematic and evidence-based way. In a 2014 review of the literature on sector-led improvement and evidence-based practice, the authors found that in order to do more than just react to crises, it would be beneficial for services to perform 'horizon scanning' using evidence-based practice to lead improvements.[307] This includes looking at new practices and priorities, while still attending to the ongoing issues.[308] The authors of this review suggest that it can be difficult for individual services to do this alone, and recommends that, in order to support knowledge and behavioural change, that staff are offered blended learning supports. These supports include workshops and training opportunities, alongside initiatives such as e-bulletins for multiple services that summarise developments and can play a key role by providing services with updates on current practices and developments.

As discussed in Section 5.5.3, the practice of interagency collaboration also occurs between different services and sectors. The research suggests that systems such as children's social services and health should be linked to each other to better track outcomes for those who have been involved with children's social services. This includes merging information from a broader network of health, justice and educational services for children, as well as feedback from the children and young people themselves.[306] Reflecting on interagency collaboration and implementing evidence-based practices within systems of care can also be facilitated through communication and collaboration between scientists and services.[309] However, the research shows that this collaboration can be problematic due to lack of time, clinical workload and lack of funding.[310]

A review related to foster care in the USA from 2015 recommended that a series of national standardised quality measures be developed to inform child welfare agencies and policy makers about the gaps in care that need to be addressed. One example suggested was monitoring the outcomes of the regular health checks of children to pick up potential signs of neglect.[301] The same review recommends that several data sources should be cross-referenced for each individual child to provide the best quality of evidence. The authors suggest this could be achieved through coordinated efforts of healthcare institutions and child welfare services that track potential markers of concern for child protection, which include entry and exit patterns to the health service or noting if a child is regularly presenting for preventable health concerns.[301]

When using specific measures to record data, it is important that children's social services take into account whether the measure is appropriate for their population. A 2017 study which interviewed and surveyed children in care in the UK found that a questionnaire which had previously been used to assess the wellbeing of children in care was not fit for purpose as it had been developed with children with no care experience.[300] This study developed a new questionnaire designed around what is important to children in care. This questionnaire differed from the previous one in that it didn't assume children in care had the same priorities and needs as children who did not have experience of care. This research suggests that any measure being developed should not make assumptions about those that they are working with.[300]

5.6. Theme 5: Responsive

5.6.1. Introduction

Responsive children's social services respond to the needs of the children and families they work with. The findings from the evidence reviewed to support this theme are set out under the following subthemes:

- effective listening and communicating
- flexible approach to meeting the needs of children
- encouraging active participation
- reflective practice
- training and development.

Services listen to and encourage children and families to contribute to the provision and planning of their services. As well as listening, responsive services ensure that they are also communicating appropriately with children and their families. Staff are trained in how to effectively communicate with children and families and to respond to their needs.

Responsive services understand that all children and families are unique and that, although standardisation of certain administrative processes can be helpful, there is scope for professional discretion and flexibility. They recognise that poor accessibility to services creates barriers for engagement and participation, and engage with children in creative ways to improve accessibility and encourage active participation.

Responsive services think about the long-term outcomes for the children and families using their services, ensuring everyone using their services gets good care, while reflecting on their current practices. Reflection is a valuable tool for staff and services. It helps staff understand how they have treated children and families and facilitates assessment of whether they have achieved their individual and organisational goals.

5.6.2. Effective listening and communicating

Section 5.2.2 outlines the importance of listening to all children and communicating in a way that meets their needs and ensuring that professionals responsible for their care are adequately trained and supported to do so.[190,191] Listening in a non-judgemental and supportive way can provide insight into what interventions are appropriate to the child and their circumstances.[311,312] Research shows that services that do not take the child's voice into account in the planning of their care are not only failing to uphold a child's right to be heard and to participate in their care planning, they are also missing opportunities for service improvement.[17,194]

Research from the USA found that staff in children's social services can often have preconceived ideas about the families that they are working with.[313] The research highlights the need for staff to treat each family group as unique, while also being aware of how the family's circumstances may influence their needs. By approaching families this way workers can avoid bringing their own preconceptions to cases as this may affect their judgement.[195,236,313]

Research shows that, although it might be taken for granted that children's social services want what is best for children and families, in practice there are no real structures or systems for children to tell services what they believe is best for them.[192] In order to understand children's needs, it is crucial that staff listen to children, communicate with them in a way that meets their needs and develop appropriate systems for feedback.[236,314] Services cannot simply assume they know what is best for children, instead staff should take each child's unique circumstances into account.[219,244]

When asked about leaving care, young people in an Irish study from 2019 expressed that communication was a key issue for them.[315] The participants stated that having an ongoing relationship with an aftercare worker who communicated openly and honestly with them increased their participation and engagement with the aftercare process and allowed them to make their unique needs known to the staff supporting them.[315] A 2018 study highlights that communication between children and staff is a two way process and importance should be placed not only on feedback from children, but also in how staff communicate with children.[192]

A 2018 study in Ireland looked at how staff should be trained to support children and young people to participate in their care, and recommended the following:

- staff should be trained in communication skills that caters for non-verbal behaviour
- where possible staff should avoid excessive note-taking during their conversations with children
- staff should consider taking children to informal settings for important discussions and the child should have a say in where this location may be
- young people should be encouraged to participate in training sessions for staff to help them to understand non-verbal ways to communicate.[316]

One study found that effective listening and communication with children and young people can be limited by a lack of specific training in this area, by limited engagement and by a focus on changing parent behaviour, rather than responding to the lived experience of children.[317] A 2017 study in Ireland found that many social workers would benefit from specific training in non-verbal communication and self-reflection on their understanding of effective communication.[318] The study found that staff felt there was an over-reliance on verbal communication methods and a lack of training in non-verbal methods, which was inconsistent with a child-centred approach.[318]

Being flexible allows social workers to better address some issues in their encounters with children and young people. A 2017 study in the UK which observed 82 social worker encounters with 126 children found that flexibility around communication

(such as by using non-verbal communication methods) meant social workers were better able to respond to and engage with children and young people.[319] This flexibility was facilitated by organisational supports for social workers such as being provided with communication training and ensuring that they had a balanced caseload, so that they had time to engage more creatively with children.[320,321]

Similarly, a 2012 study carried out in the UK found that some groups of professionals had little training in supporting children to deal with their emotional and behavioural needs.[240] The authors recommend that the professionals have training, such as in managing group dynamics or distressing behaviours, that is responsive to the needs of the children and young people they deal with.

5.6.3. Flexible approach to meeting the needs of children

As discussed in section 5.3.3.3, adopting a child-centred approach to practice means focusing on the individual needs of the child and offering tailored support to meet these needs.[244] Research shows that while there has been movement towards standardisation across children's social services in an attempt to ensure children experience these services consistently, caution should be exercised as children do not have the same wants and needs.[219,317,322] Responsive staff recognise that children and young people are all unique and have many factors influencing their lives. The evidence shows that when staff take the individual needs of the child into account and act on it, it can improve outcomes for children and young people.[323,324,325]

How staff respond to children who may be at risk is largely informed by the experience and knowledge of frontline staff.[266,326,327,328] Research also points towards the exercising of 'taken-for-granted' knowledge that exists within the social work profession which aids sense-making of child welfare and protection cases that are not meeting a defined threshold of harm.[326] This research found that often staff used the argument of 'enough is enough' to indicate when they felt a case was strong enough to require a legal intervention, rather than relying solely on thresholds and assessments.[326] It is important that staff work in line with organisational policies and procedures while also bringing their previous experience to the decision making process. Research from Norway finds that the social workers involved in the study indicated their preference towards practice-based knowledge, gathered through previous experiences and via their colleagues.[327] Research looking at decisions made by social workers regarding the threshold of harm in child protection has noted the use of a 'layered sense making' exercise which professionals have developed while in a pressured working environment.[328] This sense making is developed through reducing the decision-making process to a 'limited set of manageable strategies'.[328] Although there is often a push for

standardisation as the answer to inconsistent levels of intervention, in practice the research suggests a level of discretion for those carrying out assessments to use their professional judgement should be retained.[308,319,329,330] By understanding the complexities that surround children's social services, staff develop a more nuanced approach to care. This enables them to recognise patterns so that services can respond appropriately. Research notes, however, that caution is needed in only using professional judgment based on experience as it may lead to inherent biases, as professionals judge new situations on past experiences, not taking into account the unique elements of a new situation.[331]

Having the space for professional discretion in assessment and generating solutions, can result in staff being better able to listen and respond to the unique needs of the child.[332] Tools and guidance can also be useful aids to listening, however research from the UK carried out in 2017 suggests that professionals carrying out assessments should be prepared to be flexible and change to meet the individual needs of children and families.[319,332] The authors suggest that children's social services workers should have a wide range of activities and tools to engage children but should be prepared to move on from them if they are not suited to meeting the needs of the child.[319] As discussed in section 5.5.4, any tool being used to assess the needs of children and families, should have: a strong theoretical basis, should be appropriate to the groups that they are being used to support and should meaningfully contribute to any overall assessments.[300,330]

Being flexible allows staff to better address issues that arise in their encounters with children and young people. This need for flexibility is supported by research that found that children wanted inspectors of children's services to have a certain amount of flexibility to allow room for situational judgement when applying the inspection criteria.[333]

5.6.4. Encouraging active participation

As discussed in section 5.2.2.1, all children have a right to participate in decisions that affect them. The research shows that the participation of children, young people and families in the provision of their services can increase children's confidence and enhance engagement in planning.[315]

Section 5.2.2.2 looks at the importance of the relationship between the keyworker and child. A 2017 study carried out in Norway which interviewed children with experience of children's social services found that in order for participation to be effective there must be a trusting relationship between the child and the keyworker.[334] A 2018 systematic review found that systemic issues, such as high worker turnover, impacted negatively on the experience of child protection services.[277] Having a consistent social worker, or case manager, can help in this, as

constant change of staff makes it difficult to build trusting relationships. The authors highlight that poor accessibility creates barriers for engagement and communication. They recommend that staff engage with children in creative ways to improve accessibility, such as making information about services available through websites, school visits and utilising community spaces. The authors suggest these efforts allow children and families who may not know about, or be able to access services at set times or in set locations, with the opportunity to do so.

It is the role of staff to support children to contribute to and participate in the development of their care plans. Research shows that this can help children at key times of change in their life and helps them to engage more fully with aspects of their care, such as aftercare planning. This participation contributes to children feeling more confident in their abilities to plan and make good decisions.[315] Positive and mutually agreed communication, where children have been involved in choosing and agreeing how services communicate with them, can encourage participation in aftercare planning.[315] Gradual increases in participation in the lead up to leaving care helped young people feel more confident in their decision-making and autonomy.[248,255]

The participation of children and young people can extend into designing and delivering training to professionals, as well as the inspection process.[333,335] Research notes that the inclusion of children in design of training should not be tokenistic, rather it should form part of each phase of training design and review. The authors of a 2019 study in Holland recommend that inspectors try to involve those with experience of children's social services in the design of inspection criteria as 'they express a distinct perspective on what quality of care is'.[333]

Participation and collaboration is suitable for all parents and families coming into contact with children's social services, and staff should make every effort to ensure their participation.[336] A 2018 study carried out in the UK found that social workers sometimes decided certain parents were unsuitable for active participation, such as those with low education levels, learning disabilities, or a perceived lack of insight into their children's needs.[336] These barriers were used as justification for not engaging in participatory practices. Another barrier was a perceived trade-off, where participants saw time engaging in participatory approaches with the parent as time lost from being spent with the child.

5.6.5. Reflective practice

Research shows that children's social services often focus on reacting to crises in the sector.[219] Although it is a challenge, staff can benefit from reflecting on their work so that they can be proactive in addressing the needs of children and families rather than reacting to crises. Research also shows that when staff engage in reflective

practice, their interactions with children improve and they gain better insight into the lived experience of children.[317,318,319,335,337,338,339]

A number of studies show that reflective practice is valuable for staff in understanding how they have treated children and families and assessing whether their work has achieved better outcomes for children, and is aligned to organisational goals.[326,327,340,341] In a 2016 review of social work theory, the authors call for staff to use reflection to help them to build a more humane approach to social work.[341] The authors argue that social workers should regularly reflect on their practice so that they understand how the system is treating children and families, in order to avoid dehumanising families and becoming authoritarian.[341]

In understanding the impact of their work on children and families, staff need to be empathetic. A 2019 study from the UK looked at the behavioural aspects of empathy when child protection social workers were meeting with parents, such as asking open questions and making an effort to understand the emotional impact of the situation on parents. This study found that the majority of social workers in the study did not display a high level of empathy, as examined through a motivational interviewing exercise.[††††††††][342] The study calls for a renewed focus on how staff think about the families they work with, supported by organisations that are more empathic in the way they think and feel about both their own staff and the families they work with.[342] This point regarding empathy was similarly found by an investigation by the Office of the Ombudsman in Ireland, into complaints received in relation to Tusla, finding that in some cases that the social workers involved in the complaint 'did not demonstrate good communication techniques and appeared to lack empathy'.[320]

A 2015 Swedish study which undertook interviews in two child protection centres found that, although evidence-based practice had the potential to improve children's social services workers performance, oftentimes workers only used this evidence to back up their pre-existing point of view.[327] The authors suggest that organisations should reflect with staff on how they use evidence to encourage learning and quality improvements.[327] A commentary from 2013 on child protection in the USA suggests that there is no 'one size fits all' model for working with children and families setting out from the findings that staff need to be open to reflecting on their practice and have the flexibility to incorporate elements of different practice models into their work, learning from what does and does not work.[340]

[††††††††] Motivational interviewing is a form of intervention developed in substance misuse services to support change through a non-confrontational approach between the client and the counsellor.

5.6.6. Training and development

A number of studies highlight the importance of both the trainee and practicing staff in children's social services participating in training that prepares them effectively for the work.[286,318,343,344,345] Staff working in children's social services deal with a wide range of issues that affect children and families, and these issues are often complex and challenging. As such, training for staff should appropriately reflect this complexity. The research shows that both initial professional training and continued professional development, is required for all staff and should seek to address any shortcomings in their current practice or any new challenges facing them.[317,318,335,337,338,339] As discussed in section 5.6.5, developing systems for reflective practice that focus on practice development can benefit staff and improve outcomes for children.[318,346] However, services should also recognise that these methods cannot be assumed to be effective in improving staff performance and checks should be put in place to measure outcomes for children and young people.[300,301,302,303]

Research finds that training should focus on ways to work with and engage children using a strengths-based approach that is affirming, respectful and focuses on the child's self-determination and strength.[198] A strengths-based approach builds resilience in children and is focused on the strengths of individuals rather than on deficits, as had traditionally been the case.[347]

It is important that staff are culturally competent and they acknowledge cultural norms and differences, without compromising the safety of children.[195] Research posits that staff who develop this cultural competency have a genuine understanding of families and children and move past stereotypes to approach the child and their family as they would in any other instance.[195]

A UK study examined the supports received by social workers who are engaged with parents who are resistant to the service or display hostile or intimidating behaviour.[348] The research shows that when working in these situations, social workers need ongoing support from within their organisation to build their capacity and skills to work to engage these parents. When there is a lack of proactive supports, the strain felt by social workers can result in burnout and lead to high levels of staff turnover. As a consequence of this turnover, the study found that there is an increased number of inexperienced staff who have less peer guidance from experienced staff to support their development, leading in turn to burnout in these newer staff.[348]

5.7. Summary of evidence synthesis

The project team carried out an evidence synthesis to retrieve and document evidence (from both grey and black literature) in relation to children's social services. The results were documented according to five themes and subsequently by subthemes, as outlined in the previous sections.

The evidence synthesis shows all children's needs are different and each child requires an approach tailored to their individual strengths and needs. Children's social services providers should ensure that they are upholding the right of the child to participate in their care and support. Through this participation, children gain a sense of control in their lives which can contribute to their psychological and emotional wellbeing. In order to meet a child's need for both safety and wellbeing, it is vital that the child's whole needs are considered. The holistic assessment of children's individual physical, mental and emotional health needs, as well as their longer-term educational attainment is vital to support positive outcomes for children in the short and long-term. Children's social services should work to strengthen families and communities, as this is where it is usually best for children to live. The goals of this work include prevention of harm to children, early intervention by services to minimise the effects of harm if it does occur, supporting the recovery of children, families and communities, and building capacity in these groups.

The evidence indicates that accountable children's social services have strong leadership at a national and local level to ensure that plans are carried out effectively across children's social services. Accountable services should understand the importance of interagency working and put structures and systems in place to facilitate this work. Well led and managed services also prioritise what data and outcomes to respond to and think about the long-term outcomes for the children and families using their services. The evidence indicates that as well as listening, responsive services should ensure that they are also communicating appropriately with children and their families to improve accessibility and encourage active participation. The research shows that responsive services employ trained and experienced staff who understand the needs of children, and work in a collaborative and creative way with them and their families, as appropriate, to ensure that children are safe and are supported to reach their full potential.

6. Summary, conclusion and next steps

This background document outlines the evidence that was reviewed by the project team to inform the development of Draft National Standards for Children's Social Services.

This included:
- an overview of relevant Irish approaches to delivering children's social services
- an overview of the model of services, legislation, standards, policy and guidelines for delivering children's social services in Scotland, England, Northern Ireland, Western Australia, Sweden and Vermont
- an evidence synthesis of academic and grey literature relating to children's social services described under the themes of participation, safety and wellbeing, strengthening families and communities, accountability, and responsive that emerged from the evidence review.

The evidence from the international review shows that each jurisdiction has extensive legislation, regulation, strategy, policy, and guidance, which is constantly developing to meet the needs of children at risk or in the care of the State. Each jurisdiction demonstrated progression towards enhancing child wellbeing and safety, and set out how improved child wellbeing would be achieved in national strategies, which were underpinned by high level principles. Appendix 1 provides an overview of a number of principles from relevant jurisdictions.

- While all jurisdictions had set out in legislation the importance of a child's safety and wellbeing, Scotland had put on a statutory footing a definition of wellbeing, relating it directly to the eight wellbeing indicators set out in GIRFEC, Scotland's national approach to early intervention and coordinating a common approach by services to promote child wellbeing and child protection.

- Evidence from the jurisdictions reviewed shows that there is a strong commitment to integrated and flexible services to meet children's needs. A number of jurisdictions, including England, Scotland and Northern Ireland, have put on a statutory footing the responsibility of all services to work together to meet the needs of children in their area. To meet such statutory obligations, England has developed a system of Safeguarding Partners who are responsible for child protection and welfare at a local level. The local safeguarding arrangements are led by the local authority, the police and the NHS clinical commissioning group. These three statutory safeguarding

partners must coordinate and work together with other relevant agencies to protect and promote the welfare of children in their area.

▪ Australia and Sweden have adapted a public health model of child welfare and protection. Sweden sees child protection concerns as a failure of the State to support families, rather than a failure by the family. This model aims to provide the maximum benefit for the largest number of children and families, and services are aimed at the primary prevention of risk to children by exposing a broad segment of their population to prevention measures in health, early years and education services. In Australia and Sweden primary services are the largest component of the service system, focusing on promoting the welfare of all children, with secondary and tertiary services focusing on providing targeted services to children who are identified as being potentially at risk.

▪ All jurisdictions reviewed have moved towards developing community-based services which work to intervene early with families if there are child welfare or protection concerns. The results of an investment in early intervention are particularly evident in Northern Ireland. In this jurisdiction rates of referral to child welfare services are comparatively higher than the rest of the UK, however the majority of these referrals receive support at a community level. Federal law that applies to Vermont has put on a statutory footing a commitment to funding early intervention work to strengthen families and communities so that children can safely stay with their families.

However, the evidence from the international review also shows that despite these commitments and the extensive systems to realise such commitments, there are challenges to the safe and effective delivery of services to children at risk and in the care of the State across the jurisdictions. These challenges include issues around the recruitment and retention of skilled staff, poor interagency working to meet the needs of children, inadequate resource allocation and ineffective planning and outcome measurement. Evidence from Scotland shows that this has resulted in services that are reactive to children at serious risk but that fail to identify and intervene where children are experiencing ongoing neglect or welfare issues.

The key findings from the evidence synthesis of national and international literature are documented under a number of interlinked themes which emerged over the course of the review. These are:

▪ participation
▪ safety and wellbeing
▪ strengthening families and communities

- accountable
- responsive.

Participation

In supporting the right to participate, the evidence stresses the importance of creating a culture where children are listened to and their views are acted on. To do this, services must put in place structures and systems to support meaningful participation. The evidence emphasises the importance of respect, fairness, and of valuing children as individuals in this process, and giving them power to influence in the decisions that are made about their care and support.

Safety and wellbeing

In protecting and promoting a child's safety and wellbeing, the evidence highlights the importance of examining the child's safety and wellbeing holistically, rather than simply responding to the most urgent presenting need. The evidence focuses on ensuring that children receive the right care, at the right time and for the right duration to build their capacity and to minimise the impact on their own, and their family, functioning. A call for clear guidance for all staff in how to achieve this balance was evident.

Strengthening families and communities

The evidence to support the theme of strengthening families and communities focuses on prevention and early intervention work in the community to ensure best outcomes for children and families, recognising that, in most instances, children do best when they live with their family. The evidence highlighted that while staff agreed that this work was key to better outcomes for children, that resources were generally diverted into dealing with crisis situations and they were not able to find time to focus efforts on early identification and intervention. This meant that children whose cases did not meet a threshold of harm could go beneath the radar.

Accountable

The evidence shows that in order for a service to be accountable to children and other stakeholders that it needs strong leadership and governance. Leaders and managers must work to strengthen and encourage their service's quality and culture, and ensure that resources are deployed effectively to achieve high quality, consistent services. The evidence highlighted that an accountable service works collaboratively with a wide range of professionals, organisations and services to ensure that children's needs are met effectively. Accountable services identify short,

medium and long-term outcomes and measure the achievement of these outcomes using a range of agreed indicators.

Responsive

The evidence sets out that a responsive service ensures that children are cared for and supported by staff who are skilled, trained and experienced. These staff use their professional judgement to ensure that children receive the care and support that is right for them and act as advocates to ensure their needs are met. Staff reflect on their practice through supervision to ensure it is anti-oppressive and dynamic in meeting the diverse needs of children.

This document will inform the development of Draft National Standards for Children's Social Services in conjunction with:

- detailed discussions at meetings of the project Advisory Group
- individual meetings with relevant informed and interested parties
- focus groups with:
    — children, young people and family members with experience of children's social services
    — front-line staff and management in these and partner services
    — relevant advocacy groups
    — policy makers.

When the draft national standards are developed, a public consultation will be held. Submissions received during this consultation will be reviewed and carefully considered, and the draft national standards may be revised and improved based on the feedback received. The main amendments will be published in a related statement of outcomes document, outlining the stakeholder engagement, along with the final National Standards for Children's Social Services which will be available on HIQA's website, www.hiqa.ie.

References

1. Health Information and Quality Authority. *Report of the investigation into the management of allegations of child sexual abuse against adults of concern by the Child and Family Agency (Tusla) upon the direction of the Minister for Children and Youth Affairs*. Dublin: Health Information and Quality Authority; 2018.

2. Department of Children and Youth Affairs. *Better outcomes, brighter futures: the national policy framework for children & young people 2014 - 2020*. Dublin: Department of Children and Youth Affairs; 2014.

3. Department of Children and Youth Affairs. *Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: Department of Children and Youth Affairs; 2017.

4. Department of Children and Youth Affairs. *Mid-term review of Better Outcomes, Brighter Futures: The national policy framework for children and young people 2014-2020*. Dublin: Department of Children and Youth Affairs; 2018.

5. Health Information and Quality Authority. *Annual report of the regulatory activity of the Health Information and Quality Authority: Children's Services 2014* Dublin: Health Information and Quality Authority; 2014. : .

6. Health Information and Quality Authority. *Annual report of the regulatory activity of the Health Information and Quality Authority: Children's Services 2015*. Dublin: Health Information and Quality Authority; 2015.

7. Health Information and Quality Authority. *Annual report of the regulatory activity of the Health Information and Quality Authority: Children's Services 2018*. Dublin: Health Information and Quality Authority; 2018.

8. Health Information and Quality Authority. *National Standards for the Protection and Welfare of Children: For Health Service Executive Children and Family Services*. Dublin: Health Information and Quality Authority; 2012.: .

9. Health Information and Quality Authority. *National Standards for Special Care Units*. Dublin: Health Information and Quality Authority; 2014.

10. Health Information and Quality Authority. *National Standards for Children's Residential Centres*. Dublin: Health Information and Quality Authority; 2009.

11. Department of Health and Children. *National Standards for Foster Care*. Dublin: Department of Health and Children; 2003.

12. Tusla - Child and Family Agency. *Annual Review of the Adequacy of Child Care and Family Support Services Available*. Dublin: Tusla - Child and Family Agency; 2018.

13. Child and Family Agency Act, 2013. Dublin: The Stationery Office; 2013.

14. Health Service Executive (Governance) Act, 2013. Dublin: The Stationery Office; 2007.

15. Health Act, 2007. Dublin: The Stationery Office; 2007.

16. Ombudsman for Children Act, 2002. Dublin: The Stationery Office; 2002.

17. UN General Assembly. *Convention on the Rights of the Child.* 1989.

18. Child Care Act, 1991. Dublin: The Stationery Office; 2007.

19. Tusla - Child and Family Agency. *Tusla Children's Charter*. Dublin: Tusla - Child and Family Agency; 2017.

20.   Tusla - Child and Family Agency. *Child and Youth Participation Strategy 2019-2023*. Dublin: Tusla - Child and Family Agency; 2019.

21.   Tusla - Child and Family Agency. *Child Protection and Welfare Strategy 2017 – 2022*. Dublin: Tusla - Child and Family Agency; 2017.

22.   Tusla - Child and Family Agency. *Joint Working Protocol for An Garda Síochána/ Tusla - Child and Family Agency Liaison*. Dublin: Tusla - Child and Family Agency; 2017.

23.   Thirty-first Amendment of the Constitution (Children) Act, 2012. Dublin: The Stationery Office; 2012.

24.   Kilkelly U, O'Connell A, Field SM, Fitzgerald B, Kenna N, Field SC, et al. *Case Study: The 'Children's Referendum' 2012*. 2015. Available from: https://www.ucc.ie/en/media/academic/law/childlawclinic/ChildrensReferendumBriefingNoteFinal8DecemberPDF.pdf. Accessed on: 5 May 2019.

25.   Children Act, 2001. Dublin: The Stationery Office; 2001.

26.   Children First, 2015. Dublin: The Stationery Office; 2015.

27.   Criminal Justice (Withholding of Information on Offences Against Children and Vulnerable Persons) Act, 2012. Dublin: The Stationery Office; 2012.

28.   Child Care (Placement of Children in Residential Care) Regulations, 1995. Dublin: The Stationery Office; 1995.

29.   Child Care (Placement of Children in Foster Care) Regulations 1995. Dublin: The Stationery Office; 1995.

30.   Child Care (Placement of Children With Relatives) Regulations, 1995. Dublin: The Stationery Office; 1995.

31.   Child Care (Standards in Children's Residential Centres) Regulations 1996. Dublin: The Stationery Office; 1996.

32.   Health Act 2007 (Care and Welfare of Children in Special Care Units) Regulations 2017. Dublin: The Stationery Office; 2017.

33.   Child Care (Amendment) Act, 2007. Dublin: The Stationery Office; 2007.

34.   Department of Children and Youth Affairs. *1st Quarterly Report of the Expert Assurance Group to Oversee and Advise on the Implementation of the Recommendations of the HIQA Statutory Investigation into Tusla's Management of Referrals*. Dublin: Department of Children and Youth Affairs; 2018.

35.   Department of Justice, Equality and Law Reform. *Standards and Criteria for Children Detention Schools*. Dublin: Department of Justice, Equality and Law Reform; 2008.

36.   Tusla - Child and Family Agency. *National Aftercare Policy for Alternative Care*. Dublin: Tusla - Child and Family Agency; 2017.

37.   Department of Health. *Report of the Working Group on Foster Care: foster care - a child centred partnership*. Dublin: Department of Health; 2001.

38.   Child Care (Amendment) Act, 2011. Dublin: The Stationery Office; 2011.

39.   Child Care (Amendment) Act, 2015. Dublin: The Stationery Office; 2015.

40.   Devaney C, McGregor C, Cassidy A. Early implementation of a family-centred practice model in child welfare: Findings from an Irish case study. *Practice (09503153)*. 2017;29(5):331-45.

41.   Tusla - Child and Family Agency. *Tusla Strategic Action Plan arising from the HIQA Investigation into the Management of Allegations of Child Sexual Abuse*

against Adults of Concern by the Child and Family Agency. Dublin: Tusla - Child and Family Agency; 2018.

42.   Department of Children and Youth Affairs. *Final Report of the Expert Assurance Group to Oversee and Advise on the Implementation of the Recommendations of the HIQA Statutory Investigation into Tusla's Management of Referrals*. Dublin: Department of Children and Youth Affairs; 2020.

43.   Ombudsman for Children. *Report to the UN Committee on the Rights of the Child on the examination of Ireland's consolidated Third and Fourth Report to the Committee*. Ombudsman for Children's Office; 2015.

44.   The Scottish Government. *National Performance Framework*. The Scottish Government: 2018.

45.   The Scottish Government. *Protecting Scotland's Children and Young People - National Policy*. The Scottish Government: 2018.

46.   The Scottish Government. *The national guidance for child protection in Scotland*. The Scottish Government: 2014.

47.   Children and Young People (Scotland) Act, 2014. Scotland: 2014.

48.   Children and Families Directorate. *Policy: Getting it right for every child (GIRFEC)*. The Scottish Government: 2014.

49.   The Care Inspectorate. *A quality framework for children and young people in need of care and protection.* The Care Inspectorate: 2018.

50.   Children and Families Directorate. *Children's Social Work Statistics 2017-2018* The Scottish Government: 2019.

51.   The Scottish Government. *Health and Social Care Standards: My support, my life*. The Scottish Government: 2018.

52.   Brock J. *Safeguarding Scotland's Vulnerable Children from Child Abuse: A Review of the Scottish System*. Scotland: 2014.

53.   The Scottish Government. *Child Protection Improvement Programme Report* The Scottish Goverment: 2017.

54.   The Children (Scotland) Act, 1995. Scotland: 1995.

55.   Public Bodies (Joint Working) (Scotland) Act, 2014. Scotland: 2014.

56.   Regulation of Care (Scotland) Act, 2001. Scotland: 2001.

57.   The Scottish Government. *National care standards review: public consultation*. The Scottish Government: 2014.

58.   The Scottish Government. *Health and Social Care Standards: Frequently asked questions*. Available from: http://www.newcarestandards.scot/wp-content/uploads/2018/08/HSC-Standards-FAQ-update_August-2018.pdf. Accessed on: 03 May 2019.

59.   The Care Inspectorate. *Scotland's Health and Social Care Standards.* The Care Inspectorate: 2018.

60.   The Care Inspectorate. *The joint strategic inspection of services for children and young people Review of findings from the inspection programme 2012-2017*. The Care Inspectorate: 2019.

61.   The Care Inspectorate. *A quality framework for care homes for older people*. The Care Inspectorate: 2018.

62.   The Care Inspectorate. *Inspecting and improving care and social work in Scotland: Findings from the Care Inspectorate 2011-2014.* The Care Inspectorate: 2015.

63.   The Independent Care Review. *The Promise*. The Independent Care Review: 2020.

64.   Ofsted. *Children's Social Care in England 2019.* England: Ofsted; 2020.

65.   The Children Act, 1989. The United Kingdom: 1989.

66.   Children Act, 2004. The United Kingdom: 2004.

67.   Department for Education. *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.* Great Britain: Department for Education; 2006.

68.   National Institute for Health and Care Excellence. *Looked-after children and young people.* United Kingdom: NICE; 2013.

69.   Department for Education, Department of Health. *Promoting the health and well-being of looked-after children.* Great Britain: Department for Education and Health; 2015.

70.   National Institute for Health and Care Excellence. *Guidance for looked-after children and young people.* England: NICE; 2010.

71.   South Staffordshire and Shropshire Healthcare NHS Foundation Trust. *Child Protection Flowchart* 2019. Available from: https://www.mpft.nhs.uk/. Accessed on: 07 April 2020.

72.   Local Authority Social Services Act, 1970. The United Kingdom: 1970.

73.   Health and Social Care Act, 2012. The United Kingdom: 2012.

74.   Her Majesty's Inspectorate of Constabulary and Fire Rescue Services. *National Child Protection Inspection Programme Assessment Criteria.* United Kingdom: HMICFRS

75.   Ofsted. *Social care common inspection framework (SCCIF) children's homes.* England: Ofsted; 2019.

76.   Ofsted. *Framework, evaluation criteria and inspector guidance for the inspection of local authority children's services.* England: Ofsted; 2019.

77.   Ofsted. *Implementation review of the social care common inspection framework.* England: Ofsted; 2019.

78.   Care Quality Commission, HMICFRS, Ofsted, HMIP. *Joint targeted area inspection of the multi-agency response to sexual abuse in the family in Islington.* England: Care Quality Commission; 2019.

79.   Office for Standards in Education Children's Services and Skills. *The annual report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2017/18*. England: Office for Standards in Education Children's Services and Skills; 2018.

80.   Care Quality Commission. *Review of children and young people's mental health services.* England: Care Quality Commission; 2019.

81.   Birmingham Community Healthcare NHS Foundation Trust. *Safeguarding Children Annual Report 2017/18*. Birmingham: Birmingham Community Healthcare NHS Foundation Trust; 2018.

82.   Children's Commissioner. *Pass the parcel: Children posted around the care system.* England: Children's Commissioner; 2019.

83.   National Audit Office. *Pressures on children's social care.* Great Britain: National Audit Office; 2019.

84.   Bunting L, McCartan C, McGhee J, Bywaters P, Daniel B, Featherstone B, et al. Trends in child protection across the UK: A Comparative Analysis. *The British Journal of Social Work*. 2017;48(5):1154-75.

85.   Department of Health, Social Services and Public Safety. *Children's Social Care Statistics for Northern Ireland 2018/19.* Northern Ireland: Department of Health, Social Services and Public Safety; 2019.

86.   The Children (Northern Ireland) Order, 1995. Northern Ireland: 1995.

87.   Safeguarding Board Act (Nothern Ireland), 2011. Northern Ireland: 2011.

88.   Department of Health, Social Services and Public Safety. *Understanding the Needs of Children in Northern Ireland (UNOCINI) Guidance.* Northern Ireland: Department of Health, Social Services and Public Safety; 2011.

89.   Children's Services Co-operation Act (Northern Ireland), 2015. Northern Ireland: 2015.

90.   Department of Education. *Children and Young People's Strategy 2017-2027 Consultation Document.* Northern Ireland: Department of Education; 2016.

91.   Department of Health, Social Services and Public Safety. *Standards for Child Protection Services.* Northern Ireland: Department of Health, Social Services and Public Safety; 2008.

92.   Criminal Law Act (Northern Ireland), 1967. Northern Ireland: 1967.

93.   Health and Social Care Board, Police Service, NSPCC Northern Ireland, Health and Social Care Trusts. *Protocol For Joint Investigation By Social Workers And Police Officers Of Alleged And Suspected Cases Of Child Abuse – Northern Ireland.* Northern Ireland: Health and Social Care Board; 2013.

94.   Department of Health, Social Services and Public Safety. *Co-operating to Safeguard Children and Young People in Northern Ireland*. Northern Ireland: Department of Health, Social Services and Public Safety; 2016.

95.   Office of the First Minister and Deputy First Minister. *Our Children and Young People - Our Pledge.* Northern Ireland: Office of the First Minister and Deputy First Minister; 2006.

96.   Northern Ireland Act, 1998. Northern Ireland: 1998.

97.   Bywaters P, Scourfield J, Jones C, Sparks T, Elliott M, Hooper J, et al. Child welfare inequalities in the four nations of the UK. *Journal of Social Work*. 2018.

98.   Regulation and Quality Improvement Authority. *Review of the Governance Arrangements for Child Protection in the HSC in Northern Ireland.* Northern Ireland: Regulation and Quality Improvement Authority; 2018.

99.   Family Law Act, 1975. Australia: The Australian Government; 1975.

100.   Australian Human Rights Commission Act, 1986. Australia: The Australian Government; 1986.

101.   Government of Western Australia, Department of Communities, Child Protection and Family Support. *Best Beginnings*. Available from: http://www.dcp.wa.gov.au/SupportingIndividualsAndFamilies/Pages/BestBeginnings.aspx. Accessed on: 12 December 2019.

102.   Department for Child Protection and Family Support. *Building Safe and Strong Families: Early Intervention and Family Support Strategy.* Western Australia: Department for Child Protection and Family Support; 2016.

103.   McClellan P. *Royal Commission into Institutional Responses to Child Sexual Abuse.* Australia: 2017.

104.   Australian Institute of Family Studies. *Creating child-safe organisations: Lessons learned from the Royal Commission*. Australia: Australian Institute of Family Studies; 2018.

105.   Council of Australian Governments, Australian Human Rights Commission. *National Principles for Child Safe Organisations.* Australia: Council of Australian Governments; 2018.

106.   Department of Families, Housing, Community Services and Indigenous Affairs.,. *Protecting children is everyone's business: National Framework for Protecting Australia's Children 2009-2020: An initiative of the Council of Australian Governments.* Canberra, A.C.T.: Council of Australian Governments; 2009.

107.   Department for Child Protection and Family Support. *Final Report.* Western Australia: Department for Child Protection and Family Support; 2017.

108.   Australian Institute of Health and Welfare. *Child protection Australia 2011-12.* Australia: Australian Institute of Health and Welfare; 2013.

109.   Australian Institute of Family Studies. *The public health approach to preventing child maltreatment.* Australia: Australian Institute of Family Studies; 2016.

110.   Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group. *National Standards for Out-of-Home Care.* Australia: The Australian Government; 2011.

111.   Police Act, 1892. Australia: The Australian Government, 1892.

112.   Children and Community Services Act, 2004. Australia: The Australian Government; 2001.

113.   Department of Communities Child Protection and Family Support. *Care Team Approach Practice Framework.* Western Australia: Department of Communities Child Protection and Family Support; 2016.

114.   Parkerville Children and Youth Care. *What we do and why*. Available from: https://parkerville.org.au/about-us/what-we-do-why/. Accessed on: 12 December 2019.

115.   Herbert JL, Bromfield L. *Multiagency Investigation & Support Team (MIST) pilot: Evaluation report.* Australian Centre for Child Protection: University of South Australia; 2017.

116.   Australian Institute of Family Studies. *Australian child protection legislation*. Australia: Australian Institute of Family Studies; 2018.

117.   Family Law Amendment (Shared Parental Responsibility) Act, 2006. Australia: The Australian Government; 2006.

118.   Commissioner for Children and Young People Act, 2006. Western Australia: Government of Western Australia; 2006.

119.   Commissioner for Children and Young People Western Australia. *Oversight of services for children and young people in Western Australia.* Western Australia: Government of Western Australia; 2017.

120.   Australian Government, Australian Institute of Health and Welfare. *Child Protection National Minimum Data Set (CP NMDS)*. 2018. Available from: https://www.aihw.gov.au/about-our-data/our-data-collections/child-protection-national-minimum-data-set. Accessed on: 12 December 2019.

121.   Australia Parliament Senate Community Affairs References Committee, Siewert R, Australia Parliament Senate Standing Committee on Community Affairs.

Out-Of-Home Care. Canberra, ACT: Senate Community Affairs Committee Secretariat; 2015.

122.   Sawyer MG, Arney FM, Baghurst PA, Clark JJ, Graetz BW, Kosky RJ, et al. The mental health of young people in Australia: Key findings from the child and adolescent component of the national survey of mental health and well-being. *Australian and New Zealand Journal of Psychiatry*. 2001;35(6):806-14.

123.   Department of Communities. *Better Care, Better Services: Safety and quality standards for children and young people in protection and care.* Western Australia: Department of Communities; 2017.

124.   Commissioner for Children and Young People (Western Australia). *Child safe organisations WA – Guidelines.* Western Australia: Government of Western Australia; 2018.

125.   Turnell A, Edwards S. Signs of safety. *A solution oriented approach to child protection casework*. 1999.

126.   Department for Child Protection and Family Support. *Aboriginal Services and Practice Framework 2016 - 2018.*: Western Australia: Department for Child Protection and Family Support; 2016.

127.   Department for Child Protection and Family Support. *The signs of safety: child protection practice framework.* Western Australia: Department for Child Protection and Family Support; 2011.

128.   Salveron M, Bromfield L, Arney F, K. Lewig. (In draft). Understanding Signs of Safety Challenges and lessons learnt from the implementation of a child protection practice framework to improve outcomes for children. 2016.

129.   Department for Child Protection and Family Support. *Organisational Reform Briefing.* Western Australia: Department for Child Protection and Family Support; 2017.

130.   Child Care Performance & Social Work Unit. *International Review The Regulation of Children's Social Services.* Australia. Child Care Performance & Social Work Unit; 2019.

131.   Heyes N, Smart J, Walton B, Goldsworthy K, Scott D, Nair L, et al. *Children in Care CFCA Resource Sheet.* Australia: Australian Institute of Family Studies; 2018.

132.   Australian Government, Australian Institute of Family Studies. *Beyond 18: The Longitudinal Study on Leaving Care*. 2014. Available from: http://www.beyond18.com.au/about-the-study/. Accessed on: 12 December 2019.

133.   Australian Government, Australian Institute of Family Studies. *Pathways of Care: Longitudinal study on children and young people in out-of-home care in New South Wales*. 2014. Available from: https://aifs.gov.au/publications/family-matters/issue-94/pathways-care. Accessed on: 12 December 2019.

134.   Department for Child Protection and Family Support. *Outcomes Framework for Children in Out-Of-Home Care in Western Australia: 2015-2016 Baseline Indicator Report.* Western Australia: Department for Child Protection and Family Support; 2016.

135.   Department for Child Protection and Family Support. *Out-Of-Home Care Strategic Directions in Western Australia 2015-2020 Discussion Paper.* Western Australia: Department for Child Protection and Family Support; 2015.

136.   Australian Institute of Family Studies. *History of child protection services CFCA Resource Sheet*. Australia: Australian Institute of Family Studies; 2015.

137.   Gilbert N. Combatting child abuse international perspectives and trends. New York: Oxford University Press; 1997.

138.   Spratt T, Nett J. Child Protection Systems: An international comparison of good practice examples of five countries (Australia, Germany, Finland, Sweden, United Kingdom) with recommendations for Switzerland 2013.

139.   *About the National Board of Health and Social Welfare*. Available from: https://www.socialstyrelsen.se/english/aboutus. Accessed on: 9 May 2019.

140.   Hort SE. Sweden. Towards a Deresidualization of Swedish Child Welfare Policy and Practice? In: Gilbert N, editor. Combatting child abuse : international perspectives and trends. New York: Oxford University Press; 1997. p. 105-24.

141.   Tusla - Child and Family Agency. *Annual Review on the Adequacy of Child Care and Family Support Services Available.* Dublin: Tusla; 2017.

142.   Östberg F. Using 'consensual ideology': A way to sift reports in child welfare. *British Journal of Social Work*. 2012;44(1):63-80.

143.   Johansson S, Stefansen K, Bakketeig E, Kaldal A. Collaborating against child abuse: exploring the Nordic Barnahus model: Springer; 2017.

144.   Edwards E. *Pilot project to bring supports for sexually abused children under one roof*. 2018. Available from: https://www.irishtimes.com/news/social-affairs/pilot-project-to-bring-supports-for-sexually-abused-children-under-one-roof-1.3680794. Accessed on: 7 May 2019.

145.   Socialtjänstlag, 2001. Sweden: 2001.

146.   Ångman I, Gustafsson M. Combating child abuse and neglect in Sweden. *Regionforbundet Orebro*. 2011.

147.   Svennson G, Höjer S. Placing Children in State Care in Sweden: Decision-making bodies, laypersons, and legal framework. In: Burns K, Pösö T, Skivenes M, editors. Child welfare removals by the state: A cross-country analysis of decision-making systems: Oxford University Press; 2016.

148.   Liljegren A, Höjer S, Forkby T. Laypersons, professions, and governance in the welfare state: The Swedish child protection system. *Journal of Professions and organization*. 2014;1(2):161-75.

149.   Liljegren A, Höjer S, Forkby T. 'I don't want to tell you how to do your job, but…'–laypersons challenging the authority of professionals in Swedish child protection. *Nordic Social Work Research*. 2018;8(1):50-63.

150.   Lag (1990:52) med särskilda bestämmelser om vård av unga, 1990. Sweden: 1990.

151.   *UN Convention on the Rights of the Child to become law in Sweden*. 2018. Available from: https://www.riksdagen.se/en/news/2018/jun/18/un-convention-on-the-rights-of-the-child-to-become-law-in-sweden/. Accessed on: 9 May 2019.

152.   *About The Ombudsman for Children in Sweden*. 2015. Available from: https://www.barnombudsmannen.se/om-webbplatsen/english/. Accessed on: 9 May 2019.

153.   *The Basics of BBIC*. Available from: https://www.socialstyrelsen.se/barnochfamilj/bbic/grunderna. Accessed on: 9 May 2019.

154.   Matscheck D, Berg Eklundh L. Does BBIC make a difference? Structured assessment of child protection and support. *Nordic Social Work Research*. 2015;5(3):193-211.

155.   Socialstyrelsen. *Child Welfare in a state of change - Final report from the BBIC project.* Sweden: Socialstyrelsen; 2012.

156.   Weiss-Gal I, Welbourne P. The professionalisation of social work: a cross-national exploration. *International journal of social welfare*. 2008;17(4):281-90.

157.   Hussein S. *Social Work Qualifications and Regulation in European Economic Area (EEA).* Sweden: The General Social Care Council; 2011.

158.   Socialnämndens ansvar för barn och unga i familjehem, jourhem eller hem för vård eller boende, 2012. Sweden: Socialstyrelsen; 2012.

159.   Sofia Norlund. *Barns rätt till familjehemsvård av god kvalitet.* Sweden: Inspektionen för vård och omsorg; 2017.

160.   Socialstyrelsen. *Individ- och familjeomsorg – Lägesrapport 2018.* Sweden: Socialstyrelsen; 2018.

161.   Riddel R. *Seeking Refuge: Unaccompanied Children in Sweden*. 2016 Available from: https://www.hrw.org/report/2016/06/09/seeking-refuge/unaccompanied-children-sweden. Accessed on: 9 May 2019.

162.   Tham P. A Professional Role in Transition: Swedish Child Welfare Social Workers' Descriptions of Their Work in 2003 and 2014. *The British Journal of Social Work*. 2017;48(2):449-67.

163.   Children's Bureau. *What We Do*. 2019. Available from: https://www.acf.hhs.gov/cb/about/what-we-do. Accessed on: 9 July 2019.

164.   Child Welfare Information Gateway. *Major Federal legislation concerned with child protection, child welfare, and adoption.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau; 2019.

165.   Child Welfare League of America. *Vermont's Children 2018.* Vermont: Child Welfare League of America; 2018.

166.   Family First Prevention Services Act, 2018. United States of America: 2018.

167.   Vermont Department for Children and Families. *2018 Report On Child Protection in Vermont.* Vermont: Department for Children and Families; 2019.

168.   *About Lund*. Available from: https://lundvt.org/about-lund/. Accessed on: 12 July 2019.

169.   Family Services Division. *Child Protective Services in Vermont*. Available from: https://dcf.vermont.gov/protection/services. Accessed on: 10 July 2019.

170.   The Vermont Children's Alliance. *About Children's Advocacy Centers*. Available from: http://www.vtchildrensalliance.org/about-cacs/. Accessed on: 15 July 2019.

171.   The Vermont Children's Alliance. *About Us*. Available from: https://www.vtchildrensalliance.org/about-us/. Accessed on: 15 July 2019.

172.   Vermont Department for Children and Families. *Mandated Reporters in Vermont*. Available from: https://dcf.vermont.gov/protection/reporting/mandated/reporters. Accessed on: 16 July 2019.

173.   Vermont Department for Children and Families. *Mandated reporters of child abuse/neglect*. 2019. Available from: https://dcf.vermont.gov/protection/reporting/mandated. Accessed on: 9 July 2019.

174.   Vermont Department for Children and Families. *What happens to reports received?* . 2019. Available from: https://dcf.vermont.gov/protection/reporting/mandated/what-happens. Accessed on: 9 July 2019.

175. Child and Family Services Reviews. *Child Abuse Prevention and Treatment Act of 1974 (CAPTA)*. Available from: https://training.cfsrportal.acf.hhs.gov/section-2-understanding-child-welfare-system/2995. Accessed on: 9 July 2019.

176. Child Welfare Information Gateway. *About CAPTA: A Legislative History*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau; 2019.

177. The Vermont Department for Children and Families. *Laws, Rules, and Regulations*. Available from: https://dcf.vermont.gov/laws. Accessed on: 15 July 2019.

178. Child Welfare Information Gateway. *Child Welfare State Complaint Offices*. Available from: https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=31. Accessed on: 15 July 2019.

179. Vermont Department for Children and Families. *Concerns & Complaints*. Available from: https://dcf.vermont.gov/concerns-complaints. Accessed on: 15 July 2019.

180. Family Services Division, editor. Licensing Regulations for Residential Treatment 2011: Vermont: Department for Children and Families; 2011.

181. Vermont Department for Children and Families. *Family Services Policy 241.* Vermont: Department for Children and Families; 2016.

182. Vermont Department for Children and Families. *Family Services Policy 221.* Vermont: Department for Children and Families; 2018.

183. The Children's Bureau. *Child and Family Services Reviews - Vermont Final Report.* Vermont: The Children's Bureau; 2015.

184. Strolin-Goltzman J, Kollar S, Trinkle J. Listening to the Voices of Children in Foster Care: Youths Speak Out about Child Welfare Workforce Turnover and Selection. *Social Work*. 2010;55(1):47-53.

185. Commentary. *Kevin Mullin & Ann Pugh: Vermont needs an Office of Child Advocate*. 2014. Available from: https://vtdigger.org/2014/11/04/kevin-mullin-ann-pugh-vermont-needs-office-child-advocate/. Accessed on: 15 July 2019.

186. Health Information and Quality Authority. *Evidence synthesis process: Methods in the development of National Standards, Guidance and Recommendations for the Irish health and social care sector.* 2018.

187. Pace R, Pluye P, Bartlett G, Macaulay AC, Salsberg J, Jagosh J, et al. Testing the reliability and efficiency of the pilot Mixed Methods Appraisal Tool (MMAT) for systematic mixed studies review. *International journal of nursing studies*. 2012;49(1):47-53.

188. Singh J. Critical appraisal skills programme. *Journal of pharmacology and Pharmacotherapeutics*. 2013;4(1):76.

189. Children's Rights Alliance. The United Nations Convention on the Rights of the Child. 2010.

190. The Council Of Europe. *Recommendation on Children's Rights and Social Services Friendly to Children and Families.* Strasbourg: The Council of Eurpore; 2011.

191. Department of Children and Youth Affairs. *The National Youth Strategy 2015-2020.* Dublin: Department of Children and Youth Affairs; 2015.

192.   Brady B, Kennan D, Forkan C, Tierney E, Jackson R, Holloway R. The participation of children and young people in care: Insights from an analysis of national inspection reports in the Republic of Ireland. *Child Care in Practice*. 2019;25(1):22-36.

193.   Tierney E, Kennan D, Forkan C, Brady B, Jackson R. Tusla's programme for prevention, partnership and family support: Children's participation work package final report. 2018.

194.   Barnes V. Social work and advocacy with young people: Rights and care in practice. *British Journal of Social Work*. 2012;42(7):1275-92.

195.   Sawrikar P, Katz IB. Recommendations for improving cultural competency when working with ethnic minority families in child protection systems in Australia. *Child & Adolescent Social Work Journal*. 2014;31(5):393-417.

196.   Avrushin A, Vidal de Haymes M. Wellbeing and permanency: The relevance of child welfare principles for children who are unaccompanied immigrants. *Child Welfare*. 2018;96(6):107-28.

197.   Richason L. Social work for separated children seeking asylum in the Republic of Ireland: Setting the standard for child-centred care and protection. *Child Care in Practice*. 2018;24(4):402-12.

198.   Scannapieco M, Painter KR, Blau G. Improving the mental health outcomes of LGBTQ youth and young adults: A longitudinal study. *Children and Youth Services Review*. 2018;91:39.

199.   Maiter S, Alaggia R, Chan AS, Leslie B. Trial and error: Attending to language barriers in child welfare service provision from the perspective of frontline workers. *Child & Family Social Work*. 2017;22(1):165-74.

200.   Kvarfordt CL, Kasha H. Religion and spirituality in social work practice with children and adolescents: A survey of Canadian practitioners. *Child & Adolescent Social Work Journal*. 2018;35(2):153-67.

201.   Department of Justice Equality. *National Traveller and Roma Inclusion Strategy 2017–2021.* Dublin: Department of Justice Equality; 2017.

202.   Munro E. The Munro review of child protection: final report, a child-centred system. United Kingdom2011.

203.   Evans A. The taboo of love for children in care: its emergence through the transference relationship and in the system around the child. *Scottish Journal of Residential Child Care*. 2019;18(1):7-28.

204.   Lausten M, Frederiksen S. Do you love me? An empirical analysis of the feeling of love amongst children in out-of-home care. *Scottish Journal of Residential Child Care*. 2016;15(3):90-103.

205.   Trivasse H. Investigating the voice of the young offender. *Journal of Forensic Practice*. 2017;19(1):77-88.

206.   Holt S, Kirwan G. The 'key' to successful transitions for young people leaving residential child care: The role of the keyworker. *Child Care in Practice*. 2012;18(4):371-92.

207.   Cahill O, Holt S, Kirwan G. Keyworking in residential child care: Lessons from research. *Children and Youth Services Review*. 2016;65:216-23.

208.   Collins JL. Integrative review: Delivery of healthcare services to adolescents and young adults during and after foster care. *Journal of Pediatric Nursing*. 2016;31(6):653-66.

209.   Hyde A, Fullerton D, Lohan M, McKeown C, Dunne L, Macdonald G, et al. The perceived impact of interprofessional information sharing on young people about their sexual healthcare. *Journal of Interprofessional Care*. 2016;30(4):512-9.

210.   Atwool N. Child-centred practice in a bi- and multi-cultural context: Challenges and dilemmas. *Child Care in Practice*. 2019.

211.   Jack G. 'I may not know who I am, but I know where I am from': The meaning of place in social work with children and families. *Child & Family Social Work*. 2015;20(4):415-23.

212.   Jensdóttir R. The Council of Europe action in favour of children's rights: Helping professionals working with children make the best use of available standards. *Irish Journal of Applied Social Studies*. 2015;15(2):12-24.

213.   Mooney J. Adult disclosures of childhood sexual abuse and section 3 of the Child Care Act 1991: Past offences, current risk. *Child Care in Practice*. 2018;24(3):245-57.

214.   Burns K, O'Mahony C, Shore C, Parkes A. What social workers talk about when they talk about child care proceedings in the District Court in Ireland. *Child & Family Social Work*. 2018;23(1):113-21.

215.   O'Mahony C, Burns K, Parkes A, Shore C. Child care proceedings in non-specialist courts: The experience in Ireland. *International Journal of Law, Policy & the Family*. 2016;30(2):131-57.

216.   Hultman E, Cederborg A-c, Magnusson KF. Social workers' assessments of children's health when arguing for children's needs. *Child & Adolescent Social Work Journal*. 2015;32(4):301-8.

217.   Hanafin S. Child protection reports: Key issues arising for public health nurses. *Community Practitioner*. 2013;86(10):24-7.

218.   Talsma M, Boström KB, Östberg A-L. Facing suspected child abuse—What keeps Swedish general practitioners from reporting to child protective services? *Scandinavian Journal of Primary Health Care*. 2015;33(1):21-6.

219.   Parton N. Social work, child protection and politics: Some critical and constructive reflections. *British Journal of Social Work*. 2014;44(7):2042-56.

220.   Pietrantonio AM, Wright E, Gibson KN, Alldred T, Jacobson D, Niec A. Mandatory reporting of child abuse and neglect: Crafting a positive process for health professionals and caregivers. *Child Abuse & Neglect*. 2013;37(2/3):102-9.

221.   Turner W, Hester M, Broad J, Szilassy E, Feder G, Drinkwater J, et al. Interventions to improve the response of professionals to children exposed to domestic violence and abuse: A systematic review. *Child Abuse Review*. 2017;26(1):19-39.

222.   Hanson E, Holmes D. That difficult age: Developing a more effective response to risks in adolescence.

223.   Jones AS, LaLiberte T, Piescher KN. Defining and strengthening child wellbeing in child protection. *Children and Youth Services Review*. 2015;54:57-70.

224.   Ferguson H. How children become invisible in child protection work: Findings from research into day-to-day social work practice. *British Journal of Social Work*. 2017;47(4):1007-10023.

225.   Andrea Lane E, Palmer L, Ahn E. Pregnant and parenting youth in care and their children: A literature review. *Child & Adolescent Social Work Journal*. 2019:1-11.

226.   Lee S-Y, Benson S, Klein SM, Franke TM. Accessing quality early care and education for children in child welfare: Stakeholders' perspectives on barriers and opportunities for interagency collaboration. *Children & Youth Services Review*. 2015;55:170-81.

227.   McElvaney R, Tatlow-Golden M. A traumatised and traumatising system: Professionals' experiences in meeting the mental health needs of young people in the care and youth justice systems in Ireland. *Children & Youth Services Review*. 2016;65:62-9.

228.   Steels S, Simpson H. Perceptions of children in residential care homes: A critical review of the literature. *British Journal of Social Work*. 2017;47(6):1704-22.

229.   Carnochan S, Moore M, Austin M. Achieving placement stability. *Journal of Evidence-Based Social Work*. 2013;10(3):235-53.

230.   Brady E, Gilligan R. The life course perspective: An integrative research paradigm for examining the educational experiences of adult care leavers? *Children & Youth Services Review*. 2018;87:69-77.

231.   European Migration Network. *Approaches to Unaccompanied Minors Following Status Determination in the EU plus Norway.* Synthesis Report. Brussels: European Migration Network; 2018.

232.   Sirriyeh A, Raghallaigh MN. Foster care, recognition and transitions to adulthood for unaccompanied asylum seeking young people in England and Ireland. *Children and Youth Services Review*. 2018;92:89-97.

233.   Tilbury C, Walsh P, Osmond J. Child aware practice in adult social services: A scoping review. *Australian Social Work*. 2016;69(3):260-72.

234.   Cross TP, Mathews B, Tonmyr L, Scott D, Ouimet C. Child welfare policy and practice on children's exposure to domestic violence. *Child Abuse & Neglect*. 2012;36(3):210-6.

235.   Stalker K, McArthur K. Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*. 2012;21(1):24-40.

236.   Taylor J, Stalker K, Stewart A. Disabled children and the child protection system: A cause for concern. *Child Abuse Review*. 2016;25(1):60-73.

237.   Roberts H, Ingold A, Liabo K, Manzotti G, Reeves D, Bradby H. Moving on: Transitions out of care for young people with learning disabilities in England and Sweden. *British Journal of Learning Disabilities*. 2018.

238.   Ogbonnaya IN, Keeney AJ. A systematic review of the effectiveness of interagency and cross-system collaborations in the United States to improve child welfare outcomes. *Children & Youth Services Review*. 2018;94:225-45.

239.   Welch V, Jones C, Stalker K, Stewart A. Permanence for disabled children and young people through foster care and adoption: A selective review of international literature. *Children & Youth Services Review*. 2015;53:137-46.

240.   Wigley V, Preston-Shoot M, McMurray I, Connolly H. Researching young people's outcomes in children's services: Findings from a longitudinal study. *Journal of Social Work*. 2012;12(6):573-94.

241.   Mendis K, Lehmann J, Gardner F. Promoting academic success of children in care. *British Journal of Social Work*. 2018;48(1):106-23.

242.   Hurley DJ, Alvarez L, Buckley H. From the zone of risk to the zone of resilience: Protecting the resilience of children and practitioners in Argentina,

Canada, and Ireland. *International Journal of Child, Youth & Family Studies*. 2015;6(1):17-51.

243.   Austerberry H, Stanley N, Larkins C, Ridley J, Farrelly N, Manthorpe J, et al. Foster carers and family contact: Foster carers' views of social work support. *Adoption & Fostering*. 2013;37(2):116-29.

244.   Farmer E. Improving reunification practice: Pathways home, progress and outcomes for children returning from care to their parents. *British Journal of Social Work*. 2014;44(2):348-66.

245.   Jedwab M, Shaw TV. Predictors of reentry into the foster care system: Comparison of children with and without previous removal experience. *Children & Youth Services Review*. 2017;82:177-84.

246.   Platt D, Riches K. Assessing parental capacity to change: The missing jigsaw piece in the assessment of a child's welfare? *Children & Youth Services Review*. 2016;61:141-8.

247.   National Preventive Mechanism. *Guidance: Isolation in Detention.* United Kingdom: National Preventive Mechanism; 2017.

248.   Lee T, Fouras G, Brown R. Practice parameter for the assessment and management of youth involved with the child welfare system. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2015;54(6):502-17.

249.   Keyser D, Ahn H. Predictors of mental health and developmental service utilization among children age birth to 5 years in child welfare: A systematic review. *Journal of Public Child Welfare*. 2017;11(4/5):388-412.

250.   Children's Mental Health Coalition. *Meeting the Mental Health Support Needs of Children and Adolescents: A Children's Mental Health Coalition View.* Dublin: Children's Mental Health Coalistion; 2015.

251.   Biehal N, Baldwin H, Cusworth L, Wade J, Allgar V. In-home support or out of home care? Thresholds for intervention with abused and neglected children. *Children & Youth Services Review*. 2018;89:263-71.

252.   Heggdalsvik IK, Rød PA, Heggen K. Decision-making in child welfare services: Professional discretion versus standardized templates. *Child & Family Social Work*. 2018;23(3):522-9.

253.   Higgins M, Goodyer A, Whittaker A. Can a Munro-inspired approach transform the lives of looked after children in England? *Social Work Education*. 2015;34(3):328-40.

254.   Mendes P, Pinkerton J, Munro E. Young people transitioning from out-of-home care: An issue of social justice. *Australian Social Work*. 2014;67(1):1-4.

255.   Liabo K, McKenna C, Ingold A, Roberts H. Leaving foster or residential care: A participatory study of care leavers' experiences of health and social care transitions. *Child: Care, Health & Development*. 2017;43(2):182-91.

256.   Dixon J, Ward J, Stein M. *Brighter Futures for Careleavers: A Consultation on Outcomes and Aftercare for Young People Leaving Care in Ireland.* Dublin: Focus Ireland; 2018.

257.   Rome SH, Raskin M. Transitioning out of foster care. *Youth & Society*. 2019;51(4):529-47.

258.   Hickey G, McGilloway S, O'Brien M, Leckey Y, Devlin M, Donnelly M. Strengthening stakeholder buy-in and engagement for successful exploration and installation: A case study of the development of an area-wide, evidence-based

prevention and early intervention strategy. *Children and Youth Services Review*. 2018;91:185.

259. Lushey CJ, Barlow J, Rayns G, Ward H. Assessing parental capacity when there are concerns about an unborn child: Pre-birth assessment guidance and practice in england. *Child Abuse Review*. 2017.

260. Hoefer R, Bryant D. A quantitative evaluation of the Multi-Disciplinary Approach to Prevention Services (MAPS) program to protect children and strengthen families. *Journal of Social Service Research*. 2017;43(4):459-69.

261. Gomez R, Fliss J. A community-based prevention approach: Examples from the field. *Child & Adolescent Social Work Journal*. 2019;36(1):65-74.

262. Chen M, Chan KL. Effects of parenting programs on child maltreatment prevention. *Trauma, Violence & Abuse*. 2016;17(1):88-104.

263. McBeath B, Kothari BH, Blakeslee J, Lamson-Siu E, Bank L, Linares LO, et al. Intervening to improve outcomes for siblings in foster care: Conceptual, substantive, and methodological dimensions of a prevention science framework. *Children & Youth Services Review*. 2014;39:1-10.

264. Michalopoulos L, Ahn H, Shaw TV, O'Connor J. Child welfare worker perception of the implementation of family-centered practice. *Research on Social Work Practice*. 2012;22(6):656-64.

265. Rogers J, Carr S, Hickman C. Mutual benefits: The lessons learned from a community based participatory research project with unaccompanied asylum-seeking children and foster carers. *Children and Youth Services Review*. 2018;92:105-13.

266. Winokur M, Holtan A, Batchelder KE. Kinship care for the safety, permanency, and well-being of children removed from the home for maltreatment. *Cochrane Database of Systematic Reviews*. 2014(1).

267. Janebová R. 'But don't tell anybody': The dilemma of confidentiality for the lone social worker in the context of child protective services. *International Social Work*. 2019;62(1):363-75.

268. Roberts L. Meeting children's needs within a family focussed agenda: The case of support care. *Children & Youth Services Review*. 2015;53:105-12.

269. Whittaker KA, Cox P, Thomas N, Cocker K. A qualitative study of parents' experiences using family support services: Applying the concept of surface and depth. *Health & Social Care in the Community*. 2014;22(5):479-87.

270. Genders N. Good practice in parenting support: A joint education and service improvement project. *Learning Disability Practice*. 2015;18(7):36-40.

271. Robbins R, Cook K. 'Don't even get us started on social workers': Domestic violence, social work and trust—an anecdote from research. *British Journal of Social Work*. 2018;48(6):1664-81.

272. Featherstone B, Gupta A, Morris K. Bringing back the social: The way forward for children's social work? *Journal of Children's Services*. 2017;12(2/3):190-6.

273. Bywaters P, Brady G, Sparks T, Bos E. Child welfare inequalities: new evidence, further questions. *Child & Family Social Work*. 2016;21(3):369-80.

274. Malin N, Tunmore J. Assessing the impact and implications for social workers of an innovative children's services programme aimed to support workforce reform and integrated working. *Social Work & Social Sciences Review*. 2012;16(3):81-99.

275. Jack G, Gill O. Developing cultural competence for social work with families living in poverty. *European Journal of Social Work*. 2013;16(2):220-34.

276.   Kemp SP, Marcenko MO, Lyons SJ, Kruzich JM. Strength-based practice and parental engagement in child welfare services: An empirical examination. *Children & Youth Services Review*.47:27-35.

277.   Tilbury C, Ramsay S. A systematic scoping review of parental satisfaction with child protection services. *Evaluation and Program Planning*. 2018;66:141-6.

278.   Smith GT, Shapiro VB, Sperry RW, LeBuffe PA. A strengths-based approach to supervised visitation in child welfare. *Child Care in Practice*. 2014;20(1):98-119.

279.   Sen R. Building relationships in a cold climate: A case study of family engagement within an 'edge of care' family support service. *Social Policy and Society*. 2016;15(2):289-302.

280.   Young S, McKenzie M, Schjelderup L, Omre C. The rights of the child enabling community development to contribute to a valid social work practice with children at risk. *European Journal of Social Work*. 2012;15(2):169-84.

281.   Young S, McKenzie M, Schjelderup L, Omre C, Walker S. What can we do to bring the sparkle back into this child's eyes? Child rights/community development principles: Key elements for a strengths-based child protection practice. *Child Care in Practice*. 2014;20(1):135-52.

282.   Kearney M, Williams F, Doherty F. Towards a nurturing city: Promoting positive relations across agencies. *Educational and Child Psychology*. 2016;33(2):43-56.

283.   Lalayants M. Differential program evaluation model in child protection. *Child Welfare*. 2012;91(4):9-40.

284.   Frontline. *Developing Outstanding Social Workers: What Makes Great First Line Leadership?* The United Kingdom: Frontline; 2015.

285.   Frost N. From "silo" to "network" profession – a multi-professional future for social work. *Journal of Children's Services*. 2017;12(2/3):174-83.

286.   Brubacher SP, Roberts K, Cooper B, Price H, Barry L, Vanderloon M. A nationwide survey of child interviewing practices in Canada. *Canadian Journal of Criminology & Criminal Justice*. 2018;60(1):34-68.

287.   Spratt T, Nett J, Bromfield L, Hietamki J, Kindler H, Ponnert L. Child protection in Europe: Development of an international cross-comparison model to inform national policies and practices. *British Journal of Social Work*. 2015;45(5):1508-25.

288.   O'Dwyer P, Cahalane S, Pelican-Kelly S. Evaluation of a co-location initiative: A public health nurse working in a social work department to improve child protection practice. 2016.

289.   Gilligan R. The family foster care system in Ireland – Advances and challenges. *Children & Youth Services Review*. 2019;100:221-8.

290.   National Review Panel. *Annual Report 2018.* Dublin: National Review Panel, 2019.

291.   Shipe SL, Shaw TV, Betsinger S, Farrell JL. Expanding the conceptualization of re-entry: The inter-play between child welfare and juvenile services. *Children & Youth Services Review*. 2017;79:256-62.

292.   Kelly LM, Knowles JM. The integrated care team: A practice model in child and family services. *Journal of Family Social Work*. 2015;18(5):382-95.

293.   Ungar M, Liebenberg L, Ikeda J. Young people with complex needs: Designing coordinated interventions to promote resilience across child welfare, juvenile

corrections, mental health and education services. *British Journal of Social Work*. 2014;44(3):675-93.

294.   Thompson K. Multi-agency information practices in children's services: The metaphorical 'jigsaw' and professionals quest for a 'full' picture. *Child & Family Social Work*. 2013;18(2):189-97.

295.   Webber M, McCree C, Angeli P. Inter-agency joint protocols for safeguarding children in social care and adult mental-health agencies: a cross-sectional survey of practitioner experiences. *Child & Family Social Work*. 2013;18(2):149-58.

296.   Tusla - Child and Family Agency, HSE - Health Service Executive. *Joint protocol for interagency collaboration between the HSE and Tusla – the Child and Family Agency, to promote the best interests of children and families.* 2017.

297.   Peckover S, Golding B. Domestic abuse and safeguarding children: Critical issues for multiagency work. *Child Abuse Review*. 2017;26(1):40-50.

298.   Devlieghere J, Bradt L, Roose R. Creating transparency through electronic information systems: Opportunities and pitfalls. *British Journal of Social Work*. 2018;48(3):734-50.

299.   Peckover S. From 'public health' to 'safeguarding children': British health visiting in policy, practice and research. *Children & Society*. 2013;27(2):116-26.

300.   Selwyn J, Wood M, Newman T. Looked after children and young people in England: Developing measures of subjective wellbeing. *Child Indicators Research*. 2017;10(2):363-80.

301.   Deans KJ, Minneci PC, Nacion KM, Thackeray JD, Scholle SH, Kelleher KJkkno. A framework for developing healthcare quality measures for children and youth in foster care. *Children & Youth Services Review*. 2015;58:146-52.

302.   Zeitlin W. Factors impacting perceptions of organizational cultural competence in voluntary child welfare. *Children & Youth Services Review*. 2014;44:1-8.

303.   Albright K, Reese LS, Krugman RD. What does effectiveness mean?: A qualitative assessment of two child protection systems. *Child Abuse & Neglect*. 2019;89:1-6.

304.   Dugdale D, Wells C. The development of an auditing tool to support the delivery of inter-professional training within the field of safeguarding children. *Child Abuse Review*. 2012;21(2):141-50.

305.   Colvin ML, Thompson H, Miller SE. Comparing child maltreatment prevention and service delivery at the community level of practice: A mixed-methods network analysis. *Human Service Organizations: Management, Leadership & Governance*. 2018;42(3):327-44.

306.   Buckley H. Using intelligence to shape reforms in child protection. *Irish Journal of Applied Social Studies*. 2012;12(1):63-73.

307.   Holmes D, Brookes C. Sector-led improvement in children's services: a lever for evidence-informed practice? *Evidence & Policy: A Journal of Research, Debate & Practice*. 2014;10(4):513-25.

308.   Roberts YH, Caslor M, Turnell A, Pearson K, Pecora PJ. An international effort to develop a fidelity measure for Signs of Safety®. *Research on Social Work Practice*. 2019;29(5):562-71.

309.   Garcia AR, DeNard C, Morones SM, Eldeeb N. Mitigating barriers to implementing evidence-based interventions in child welfare: Lessons learned from

scholars and agency directors. *Children and Youth Services Review*. 2019;100:313-31.

310.   Lawton A. Building the evidence for social work practice. *Irish Social Worker*. 2015.

311.   Johnson DR, Ferguson K, Copley J. Residential staff responses to adolescent self-harm: The helpful and unhelpful. *Clinical Child Psychology and Psychiatry*. 2017;22(3):443-54.

312.   Rauktis ME. 'When you first get there, you wear red': Youth perceptions of point and level systems in group home care. *Child & Adolescent Social Work Journal*. 2016;33(1):91-102.

313.   Fusco RA. Second generation mothers in the child welfare system: Factors that predict engagement. *Child & Adolescent Social Work Journal*. 2015;32(6):545-54.

314.   Brown R, Alderson H, Kaner E, McGovern R, Lingam R. "There are carers, and then there are carers who actually care"; Conceptualizations of care among looked after children and care leavers, social workers and carers. *Child Abuse & Neglect*. 2019;92:219-29.

315.   Glynn N, Mayock P. "I've changed so much within a year": care leavers' perspectives on the aftercare planning process. *Child Care in Practice*. 2019;25(1):79-98.

316.   Tierney E, Kennan D, Forkan C, Brady B. 'Speak Up': Participation of children and young people in decisions about their lives in Tusla services. 2018.

317.   Horwath J, Tarr S. Child visibility in cases of chronic neglect: Implications for social work practice. *British Journal of Social Work*. 2015;45(5):1379-94.

318.   O'Reilly L, Dolan P. The role of social work education and training in supporting practitioners to communicate with children in an age-appropriate manner. *British Journal of Social Work*. 2017;47(8):2438-55.

319.   Winter K, Cree V, Hallett S, Hadfield M, Ruch G, Morrison F, et al. Exploring communication between social workers, children and young people. *British Journal of Social Work*. 2017;47(5):1427-44.

320.   Office of the Ombudsman. *Taking Stock: An investigation by the Ombudsman into complaint handling and issues identified in complaints made about the Child and Family Agency (Tusla).* Dublin: Office of the Ombudsman; 2017.

321.   Burns K, MacCarthy J. An impossible task? Implementing the recommendations of child abuse inquiry reports in a context of high workloads in child protection and welfare. 2012.

322.   Pösö T, Laakso R. Matching children and substitute homes: Some theoretical and empirical notions. *Child & Family Social Work*. 2016;21(3):307-16.

323.   Devaney C, McGregor C, Moran L. Outcomes for permanence and stability for children in care in Ireland: Implications for practice. *British Journal of Social Work*. 2019;49(3):633-52.

324.   Rock S, Michelson D, Thomson S, Day C. Understanding foster placement instability for looked after children: A systematic review and narrative synthesis of quantitative and qualitative evidence. *British Journal of Social Work*. 2015;45(1):177-203.

325.   Pösö T, Skivenes M, Hestbæk A-D. Child protection systems within the Danish, Finnish and Norwegian welfare states—time for a child centric approach? *European Journal of Social Work*. 2014;17(4):475-90.

326.   Doherty P. Child protection threshold talk and ambivalent case formulations in 'borderline' care proceedings cases. *Qualitative Social Work*. 2017;16(5):698-716.

327.   Avby G, Nilsen P, Ellström PE. Knowledge use and learning in everyday social work practice: A study in child investigation work. *Child & Family Social Work*. 2017;22:51-61.

328.   Platt D, Turney D. Making threshold decisions in child protection: A conceptual analysis. *British Journal of Social Work*. 2014;44(6):1472-90.

329.   Križ K, Skivenes M. Systemic differences in views on risk: A comparative case vignette study of risk assessment in England, Norway and the United States (California). *Children & Youth Services Review*. 2013;35(11):1862-70.

330.   Houston S. Assessing parenting capacity in child protection: Towards a knowledge-based model. *Child & Family Social Work*. 2016;21(3):347-57.

331.   Forrester D. Outcomes in children's social care. *Journal of Children's Services*. 2017;12(2/3):144-57.

332.   Kojan BH, Lonne B. A comparison of systems and outcomes for safeguarding children in Australia and Norway. *Child & Family Social Work*. 2012;17(1):96-107.

333.   Rutz S, van de Bovenkamp H, Buitendijk S, Robben P, de Bont A. Inspectors' responses to adolescents' assessment of quality of care: A case study on involving adolescents in inspections. *BMC Health Services Research*. 2018;18(1):1-.

334.   Seim S, Slettebø T. Challenges of participation in child welfare. *European Journal of Social Work*. 2017;20(6):882-93.

335.   Mackay R, Millar J. Involving service users in the classroom with social work students. *Nurse Education Today*. 2012;32(2):167-72.

336.   Wilkins D, Whittaker C. Doing child-protection social work with parents: What are the barriers in practice? *British Journal of Social Work*. 2018;48(7):2003-19.

337.   Soares J, Ralha S, Barbosa-Ducharne M, Palacios J. Adoption-related gains, losses and difficulties: The adopted child's perspective. *Child & Adolescent Social Work Journal*. 2018.

338.   Whincup H. What do social workers and children do when they are together? A typology of direct work. *Child & Family Social Work*. 2017;22(2):972-80.

339.   McFadden P, Campbell A, Taylor B. 'Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review': Corrigendum. *British Journal of Social Work*. 2019;49(2):552-3.

340.   Ellett AJ. Timely and needed perspectives on differential response in child protective services. *Research on Social Work Practice*. 2013;23(5):521-4.

341.   Higgins M. 'Cultivating our humanity' in child and family social work in England. *Social Work Education*. 2016;35(5):518-29.

342.   Lynch A, Newlands F, Forrester D. What does empathy sound like in social work communication? A mixed-methods study of empathy in child protection social work practice. *Child & Family Social Work*. 2019;24(1):139-47.

343.   Marsh JC, Angell B, Andrews CM, Curry A. Client-provider relationship and treatment outcome: A systematic review of substance abuse, child welfare, and mental health services research. *Journal of the Society for Social Work and Research*. 2012;3(4):233-67.

344. Hanson RF, Lang J. A critical look at trauma-informed care among agencies and systems serving maltreated youth and their families. *Child Maltreatment*. 2016;21(2):95-100.

345. Lefevre M. Integrating the teaching, learning and assessment of communication with children within the qualifying social work curriculum. *Child & Family Social Work*. 2015;20(2):211-22.

346. Wilkins D. Ethical social work practice in direct work with carers and children. *Ethics & Social Welfare*. 2012;6(4):404-10.

347. Hurley DJ, Martin L, Hallberg R. Resilience in child welfare: A social work perspective. *International Journal of Child, Youth & Family Studies*. 2013;4(2):259-73.

348. Hunt S, Goddard C, Cooper J, Littlechild B, Wild J. 'If I feel like this, how does the child feel?' Child protection workers, supervision, management and organisational responses to parental violence. *Journal of Social Work Practice*. 2016;30(1):5-24.

Appendices:

Appendix 1 — Principles across jurisdictions

Jurisdiction	Children and families are listened to	Childrens best interests are paramount	Safety	Interagency working	Responsive and well run organisation	Respect	Keep families together	Prevention and early intervention	Children as individuals	Proportionate response	Non-Discrimination	Children are cared for
Ireland Children First National Guidance	✓	✓	✓	✓		✓	✓			✓		
Scottish Health and Social Care Standards	✓	✓			✓	✓						✓
England Duty of Care Principles of Good Practice	✓	✓		✓	✓			✓	✓			
Northern Ireland Child protection values and principles underpinning standards	✓	✓	✓			✓	✓		✓		✓	
Northern Ireland Principles underpinning the Children Act 1995	✓	✓	✓	✓	✓		✓	✓			✓	
Australian principles for safe, happy and engaged children	✓		✓	✓	✓						✓	
Swedish Socialstyrelsen principles for good health and social care	✓		✓		✓						✓	
Principles guiding Vermonts Department of Children and Families	✓	✓	✓				✓				✓	

Appendix 2 — International experts contacted during the development of the background document

Name	Role	Organisation	Country
Bill Alexander	Associate	Children in Scotland	Scotland
Cecil Worthington	Subject matter expert	Independent	Northern Ireland
Fiona Wardell	Standards and Indicators Lead	Healthcare Improvement Scotland	Scotland
Francesca Östberg	Senior lecturer and researcher	University of Stockholm	Sweden
Henry Mathias	Head of Professional Practice and Standards	Care Inspectorate	Scotland
Jackie Brock	Chief Executive Officer	Children in Scotland	Scotland
James Cox	Children and Families Lead	Social Work Scotland	Scotland
Leah Bromfield	Co-Director	Australian Centre for Child Protection at the University of South Australia	Australia
Nigel Thompson	Head of Inspections	Care Quality Commission	England
Susan Talbot	Children's Services Inspector	Care Quality Commission	England
Tim Moore	Deputy Director	Australian Centre for Child Protection at the University of South Australia	Australia