Determinants of receiving child protection and welfare services following initial assessment: A cross-sectional study from the Republic of Ireland

Highlights

- Baseline study of determinants of service provision in Irish child protection and welfare
- There is a high threshold for providing services following an Initial Assessment
- Due to gender disparities in assessing needs and matching services, particularly relating to patterns of family violence, not all children's needs are equally addressed
- Opportunities exist to enhance decision strategies to improve outcomes for children and families

Abstract

Background: Children receive child protection and welfare services when an initial assessment concludes that their needs and care would be significantly compromised without intervention or support. Evidence is lacking on this decision to provide services in the Irish child protection and welfare system.

Objective: To identify determinants of receiving services following an Initial Assessment.

Participants and Setting: All children (n=508) whose Initial Assessments were completed during the first quarter of 2016 in one of the four regions (spanning seven social work departments) of Tusla, the national Child and Family Agency.

Methods: A cross-sectional study used data manually coded from social workers' case records. Poisson regression analysis calculated incident rate ratios for receiving ongoing service, adjusting for demographic factors, family level and wider determinants of child welfare to investigate associations between predictor variables and the decision to provide services.

Results: 38.5% of children (n=185) received ongoing child protection and welfare services. Risk factors for service provision included mother-perpetrated domestic violence (Incident Rate Ratio (IRR) 1.70 (95% Confidence Interval (CI) 1.33, 2.19)), concerns about guidance and boundaries (IRR 1.66 (95% CI 1.29, 1.14)), lack of emotional warmth (IRR 1.62 (95% CI 1.30, 2.02)), prior abuse (IRR 1.59 (95% CI 1.30, 1.95)), prior involvement (IRR 1.51 (95% CI 1.15, 1.98)), intergenerational involvement (IRR 1.40 (95% CI 1.10, 1.76)), health concerns (IRR 1.30 (95% CI 1.07, 1.57)), and being aged 0-4 years (IRR 1.28 (95% CI 1.03, 1.59)). Being reported by mandated professionals (IRR 0.71 (95% CI 0.56, 0.90)), assessed by female social workers (IRR 0.72 (95% CI 0.59, 0.89)), and, when separately examined, parental cooperation (IRR 0.64 (95% CI 0.53, 0.77)) reduced the likelihood of receiving service. No differences were noted between departments.

Conclusions: Service provision is largely driven by parental factors, prior involvement, and intergenerational abuse but gender disparities exist. Findings can be used to enhance decision strategies to improve outcomes for children and families.

Keywords: child protection and welfare; assessment; decision making; service provision; determinants; female perpetrated domestic violence; gender disparities

Introduction

Child protection and welfare (CPW) services are provided following an Initial Assessment (IA) of reported concerns when there is a risk of future abuse or unmet welfare needs. Demand for CPW services in Ireland is growing annually, reflected in the number of referrals to Tusla Child and Family Agency (Tusla) which doubled from 41,599 referrals in 2013 to 82,855 referrals in 2022. Data also show that the proportion of children referred to Tusla who receive services fell from 10% of those who received an IA (n=4453) in 2013 to 2% of those who received an IA (n=1712) in 2022 (tusladata, *Annually*). The rise in demand is linked to the government's introduction of national guidelines first published in 1999 and revised in 2017 to incorporate statutory obligations for mandated persons and organisations under the Children First Act, 2015 (Children First Act, 2015; DCYA, 2017; Department of Health and Children, 1999). The guidelines, known as *Children First: National Guidelines for the Protection and Welfare of Children* are designed to assist members of the public, professionals, employees, and volunteers, in identifying and reporting child abuse and neglect and responding to these concerns. The reduction in service provision following IA has been associated with several factors including the overinclusion of children reported that appear not to have CPW service needs (Tusla, 2015; tusladata, *Annually*), the way the system views and manages risk with the emphasis on family support over child protection, and insufficient resources resulting in cases with higher risk levels and greater resource demands receiving priority for services (Burns & MacCarthy, 2012; Furey & Canavan, 2019). However, Tusla does not publish case-level administrative data with the result that little is known about the characteristics of children and families who receive IAs and/or determinants of receiving service. While there is an emerging body of empirical Irish research on decision-making following referrals (see Buckley, 2000; McCormack, Gibbons, & McGregor, 2020; Whelan, 2018), the absence of evidence regarding the decision to provide services at the IA stage represents a barrier to understanding the range

of child, family and organisational factors that drive service provision (Fluke et al., 2021). This results in uncertainty about whether all children's interests are equally served (Keddell, 2014a; Middel, López López, Fluke, & Grietens, 2020; Tusla, 2021). A further consequence is that there is little detailed feedback to the system on the effects of social workers' decision making strategies, reducing opportunities to evaluate practice and policies and impeding the development of expertise (Kahneman & Klein, 2009). The current study addresses these evidence gaps. The focus here is on examining routine practice decisions using social work case files and multivariable analysis to identify factors which drive the decision to provide services.

Determinants of receiving child protection and welfare services following assessment

In general, the decision to provide ongoing CPW services to children and their families following IA is not well understood (Filippelli, Lwin, Fallon, & Trocmé, 2021). The cohorts and variables included vary across studies, and most of the evidence on statistical determinants of ongoing service is from North American studies. In various cohorts, case factors were identified as the strongest predictors of service provision (Filippelli, Fallon, Trocmé, Fuller-Thomson, & Black, 2017; Filippelli et al., 2021; Jud, Fallon, & Trocmé, 2012; King, Black, Fallon, & Lung, 2021; Lwin, Fluke, Trocmé, Fallon, & Mishna, 2018) with caregiver factors driving models (e.g., Filippelli, Fallon, Trocmé, et al., 2017).

Several studies found that the type of maltreatment is associated with service provision, but findings differ across studies. For example, a Norwegian study by Vis et al. (2023) identified that physical abuse and neglect accounted for variation in decisions for service provision among agencies, whereas a Canadian study by Jud et al. (2012) identified that sexual abuse and exposure to domestic violence were key drivers of the same decision. Some variation in decision outcomes may be due to the way concerns are categorised (Hayes & Spratt, 2014; Platt & Turney, 2013; Tusla, 2015). Despite the use of common language and an assumption

in policies that maltreatment definitions have an 'ontological reality' (Wattam, 1996), the operationalisation of maltreatment types varies between systems and among practitioners (Benbenishty et al., 2015; Buckley, 1998; Ferguson & O'Reilly, 2001; Fluke, Corwin, Hollinshead, & Maher, 2016; Laajasalo et al., 2023; Vis et al., 2023). The categorisation of a case can mean that some characteristics are prioritized, and others are concealed (Buckley, 2000; Parton, Thorpe, & Wattam, 1997; Shlonsky & Friend, 2007). For example, in Scotland and Canada, exposure to domestic violence (DV) is considered a form of abuse, but in Ireland, exposure to DV is categorised as emotional abuse (DCYA, 2017; Department of Health and Children, 1999). The emotional abuse includes multiple other indicators so the prevalence of DV and the effect of exposure on services provision in Ireland is not known.

In some jurisdictions, substantiation of maltreatment is highly correlated with ongoing services (Font & Maguire-Jack, 2015b; Lwin et al., 2018) but not concerns previously substantiated for the same child (DePanfilis & Zuravin, 2001). In a European study that utilised child protection case files from the Netherlands, England, and Germany, Middel and colleagues (2020) identified that abuse committed by mothers and migrant fathers was associated with an increased likelihood of providing ongoing services in England but not in Germany or the Netherlands. Research in England by Hood et al., (2021) found that child welfare workers used a range of factors including child-related, parent related and contextual factors to determine the need for ongoing services rather than the three commonly cited factors, parental domestic abuse, parental substance misuse and parental mental illness which alone do not determine service provision. Parental history of childhood abuse is a known risk factor for a child's involvement with CPW services (Armfield et al., 2021; Dixon, Browne, & Hamilton-Giachritsis, 2005; Widom, Czaja, & DuMont, 2015). However, Canadian researchers found that compared to children of parents without a history of involvement with CPW services in childhood, children whose parents had childhood involvement were not more likely to receive

ongoing services (Fallon, Ma, Black, & Wekerle, 2011; Filippelli, Fallon, Trocmé, et al., 2017). Jud et al. (2012) found that children of single caregivers and boys were less likely to receive ongoing services. Research using a range of methodologies has shown that parental cooperation is associated with case closure and the corollary, non-cooperation or resistance is associated with more coercive interactions with CPW (Buckley, 2003; Dingwall, Eekelaar, & Murray, 1983/2014; Lwin et al., 2018; O'Leary, 2022).

Exposure to DV frequently presents in CPW assessments but the relationship to service provision is not always clear (Bosk et al., 2021; Cleaver, Unell, & Aldgate, 2011; Sidebotham et al., 2016). Not all children or families exposed to DV require the support of CPW services (Øverlien & Holt, 2019) but evidence suggests that mothers who are subject to DV are frequently judged as failing in their protective duties towards their children and simultaneously, behaviours of violent men are either ignored or not prioritised in decision making (Armstrong & Bosk, 2020; Buckley, Whelan, & Carr, 2011; Featherstone & Morris, 2021; Lapierre, 2008; Nygren, Walsh, Ellingsen, & Christie, 2019; Wild, 2022).

Variability in decisions for service provision can be mediated by the volume and nature of individual caseloads and access to services (Font & Maguire-Jack, 2015a; Graham, Dettlaff, Baumann, & Fluke, 2015; O'Leary, 2022) and researchers argue that it is important to understand how worker and organizational factors influence decisions (Jud et al., 2012; Stoddart, Fallon, Trocmé, & Fluke, 2018).

The Irish policy and practice context

In Ireland, Child Protection and Welfare (CPW) services are provided by professionally qualified social workers employed by a single independent state agency, Tusla. Tusla was established in January 2014 removing the CPW function from the health services (DCYA, 2013). Tusla's overarching framework is based on two types of responses with *CPW* on the

one hand and *Prevention, Partnership and Family Support* (PPFS) on the other, an early intervention multi-disciplinary and multi-agency service that aims to prevent risks to children arising or escalating (DCYA, 2017; Tusla, 2013).

The Child Care Act, 1991, confers a dual mandate on Tusla, to protect children and to promote their welfare. Accordingly, Irish CPW policies identify five categories of concern. These encompass four types of abuse, physical, emotional, sexual abuse, and neglect, and *welfare* concerns, classified as developmental concerns that do not reach the threshold of abuse (Department of Health and Children, 1999). CPW service involvement commences with a referral to Tusla of concerns that a child is suffering from abuse or welfare concerns (DCYA, 2017; Department of Health and Children, 1999; HSE/Tusla, 2009/2014; Tusla, 2014a, 2014b). As in many other countries, decision-making takes place along a continuum from referral, through Intake and Initial Assessment (IA) (HSE/Tusla, 2009/2014). After IA, options for ongoing CPW services include family support, child protection and alternative care. Children who do not receive services are closed to CPW and may be referred to external services or the PPFS within Tusla. Assessments and decision making are supported by practice guidance that detail thresholds of needs and service provision along the continuum (HSE/Tusla, 2009/2014; Tusla, 2014a, 2014b).

In 2016 when this research was conducted, IA practice was based on the *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000). This child-centred ecological model provides a systematic way to assess concerns based on three linked domains, a child's developmental needs, parenting capacity and the social, environmental, and cultural contexts within which the child and family live. The framework is represented as a triangle with each domain consisting of several dimensions (see Figure 1). It was used to design Tusla's IA record (HSE/Tusla, 2009/2014), where social workers use free text entries to describe their assessment of risk factors (e.g., parental substance abuse, DV) and protective

factors (e.g., supportive relationships, access to resources) that influence the child's safety and development. In addition to the decision whether or not to provide ongoing service, target decisions of IAs include the categorisation of concerns as abuse or welfare. In the case of any abuse sub-type, social workers additionally determine if a child is at ongoing risk of significant harm, a designation that automatically necessitates a child protection response (HSE/Tusla, 2009/2014). The record includes a narrative analysis of the IA and the basis for decisions taken and is held on a child's case file (HSE/Tusla, 2009/2014).

Insert Figure 1 here.

Aims

This study has three related objectives: 1. to identify determinants of receiving child protection and welfare services following initial assessment and 2. to comment on the relative effect of assessed factors on service provision, and 3. to consider the threshold for service provision based on the findings.

Methods

Sample and setting

This paper presents findings of an analytic cross-sectional study using case files. The study involved a sample of all children (n=508) whose assessment was completed in quarter 1, 2016 in one of four administrative areas of Tusla. Within this region, services were provided by seven social work departments (SWDs) that collectively serve approximately 22% of the Irish child population (child population 0-17 years, Ireland 2016 = 1,190,502) (O'Leary, 2022). A search of electronic case file lists identified unique reference numbers for 508 children who had received an IA during this period. They were all included, but 28 children were dropped from the study because IA records were duplicate, or incomplete, children were overage or the

completion date of the assessment fell outside study parameters, resulting in a final sample of 480 children.

Data sources

A hard copy referral note, Intake Record and Initial Assessment Record were collected for each child in the study, amounting to 1,524 records in total. Once collected, the entire body of text relating to each child, was used as the data source. Data was manually extracted from the records using an Excel spreadsheet designed for this purpose and coded by one author (DOL).

Measures

Variable identification was guided by an extensive literature review (O'Leary, 2022) and organisational policies (HSE/Tusla, 2009/2014). The process essentially involved 'coding what I saw' (Huffhines et al., 2016 p. 257), with a view to capturing the meaning that social workers themselves attached to case characteristics and exploring their association in determining service provision (Fallon, 2020; Parton, 2018). Predictor variables were dichotomised with 1 denoting the presence of an identified concern or risk factor and 0 denoting the absence of concern or absence of evidence. While aiming to capture all relevant exposures, candidate variables for inclusion in the multivariable model were evaluated according to a number of criteria drawn from the statistical and CPW literature (Parton, 2018; Vittinghoff, Glidden, Shiboski, & McCulloch, 2011 Ch.5).

Outcome variable: ongoing child protection or welfare services

The outcome variable was dichotomised into children who remained open for ongoing CPW services following IA, coded as 1, versus children who were closed/no further action (NFA), coded as 0.

Predictor variables

Predictor variables were dichotomised with 1 denoting the presence of an identified concern or risk factor and 0 denoting the absence of concern or, the absence of evidence. These included assessed child developmental needs, parenting capacity and the wider family and environmental factors (see Figure 1), social worker factors, reporter and organisational factors that are theorised to be associated with the threshold for service provision. Table 1 displays the operational definitions of variables used in the analysis.

Note on variable selection

We adopted liberal criteria for variable selection that reduce the probability of wrongly rejecting variables of potential clinical importance and potential latent variables, as well as addressing the uncertainty about whether predictor variables are mutually important to the outcome across all cases (Vittinghoff et al., 2011). In univariable analysis, the cutoff point for association with the decision to provide ongoing services, the α level, was set in advance at $p \leq 0.10$. In the multivariable model, this α level was set at $p \leq 0.05$. A null model was fitted as a benchmark.

Because the categorization of concerns reflects an accumulation of exposures and needs possibly already identified as independent variables, categorisation variables were eliminated from the multivariable analysis. The determination that a child is at ongoing risk of significant harm automatically warrants ongoing service provision. This variable was also excluded from the modelling. However, exposure to past abuse was included in the model as it is likely to be associated with different variables and may indicate service needs that differ from the primary report type (Dawid 2013 in Best, Ashby, Dunstan, Foreman, & McIntosh, 2013; Dawes, Faust, & Meehl, 1989).

Literature has identified that witnessing acts of DV may place children at additional risk of victimisation and violence perpetration in later life (e.g. Bernardi & Steyn, 2019; Forke et al., 2018) and consequentially may indicate specific service needs and perhaps that is why social workers recorded this evidence in the IA records. But, because it is now widely accepted that exposure to DV incorporates witnessing violence and its consequences, it was excluded from multivariable analysis (Callaghan, Alexander, Sixsmith, & Fellin, 2018; Dixon & Slep, 2017).

In an Irish case study that explored social workers' rationales for their judgments and decisions O'Leary (2022) identified that parental cooperation or compliance operates as a heuristic that incorporates social workers' perceptions about parenting capacity, accountability and intentions to act. This suggests collinearity with predictor variables but, due to its importance as a feature of decision-making in CPW and to reduce the risk of wrongly rejecting variables of potential importance, its relationship to ongoing service provision was examined in a second model. The SWDs were not included in modelling but post estimation, clustering was examined.

Statistical analysis

Poisson regression with robust variance estimation was used to analyse the data. The technique was used in preference to logistic regression because the outcome measure is common which in logistic regression, often leads to odds ratios that exaggerate the magnitude of the association (Barros & Hirakata, 2003; Zou, 2004). The risk ratio was specified to generate the incidence rate of ongoing service among children with a risk exposure compared to those unexposed. All analyses were conducted using Stata 14 (StataCorp., 2015). As univariable analysis does not account for interactions among predictor variables and the outcome, subject to the exclusion criteria, a single global multivariable model was fitted based on backward elimination until only significant variables were retained (Heinze, Wallisch, & Dunkler, 2018). A mixed effect model was then fitted, to incorporate fixed or random effects, for cases nested within social

work departments. In Stata, *mepoisson* fits mixed-effects models for count responses (StataCorp., 2015). The conditional distribution of the response given the random effects is assumed to be Poisson.

The interpretation of the results and the final discussion examined the potential role of predictor variables and, more broadly, their role in signalling what type of interventions might be indicated and where these should be focussed. An argument is made for further research.

Insert table 1

Results

As detailed in Table 2, among the 480 children undergoing IA, there were slightly more boys (n=260, 54%) than girls. Almost one-third of children were under 4 years of age (32.2%, n=144), 28% were in the 5-9 age group (n=126), 26% in the 10-14 age group (n=116) and 13.7% were aged 15 and over (n=61). In almost half the families (n=136, 44.8%) the youngest child in the household was under 4 years of age and 16.2% of families (n=50) had more than 4 children.

Social workers identified at least one child developmental concern for three-quarters of the children (74.6%, n=358). The most prevalent were emotional and behavioural development (49.2%, n=236), family and social relationships (47.9%, n=230), health concerns (25.8%, n=124) and identity-related needs (23.1%, n=111).

Social workers identified concerns about at least one aspect of parenting capacity in over three-quarters of IAs (77.5%, n=372). Almost half the children had a primary carer who was unemployed (47.3%, n=227) and almost one-third lived in a household where there were concerns about housing (31.9%, n=153), employment and income (31.2%, n=150) and social resources (30.9%, n=148). One in three children had a parent with mental health difficulties

(34.6%, n=166). 28.1% (n=135) of children had a parent who misused alcohol and 22.3% (n=107) had a parent who misused drugs.

One in four children lived with parental DV (24.6%, n=118) and two-thirds of these children witnessed the violence (65.3%, n=77). The violence was perpetrated by a father/male partner against the child's mother in 89.9% of these cases (n=106) and by a mother against the child's father/male partner in 22.0% of these cases (n=26). The violence was reciprocal in 11.9% (n=14) of these cases. 15.4% of children (n=68) experienced acrimony between parents. Parental involvement in crime was recorded in 14.1% of assessments (n=68).

Professional sources accounted for the majority of referrals (82.4%, n=394), of whom 30.6% (n=147) had a statutory duty to report because they were members of An Garda Síochána (22.5%, n=108), the Irish police force, or Tusla employees (8.1%, n=39). The IAs were conducted by 94 individual social workers, a majority of whom were female (74.5%, n= 70), in seven SWDs.

Univariable analysis

Almost two-fifths of children received ongoing CPW services following IA (38.5%, n=185). The 295 children closed/NFA included 23 children (12%) who were referred to another agency or diverted to PPFS. As described in Table 2, in univariable analysis, compared to children who were closed/NFA, those who received services were more likely to be girls, to be aged 0-4 years than older, to have three or more siblings compared to one or two siblings, have multiple child developmental and functioning concerns, be in a family where the primary carer was unemployed compared to those in employment and were in a family with housing concerns compared to being in a family without housing concerns.

One in three children experienced prior abuse unrelated to the primary report type (33.9%, n=163) and the exposure was significantly associated with ongoing service (IRR 1.96 (95% CI

1.58, 2.44)). Except for parental alcohol misuse, all identified factors relating to parenting capacity and functioning increased the likelihood of ongoing services, whereas parental cooperation reduced the likelihood of receiving ongoing services. Being reported by a professional with a mandatory duty and having a case assessed by a female social worker also reduced the likelihood of receiving services. Children from SWD2 (IRR 0.49 (95% CI 0.25, 0.95)) and SWD3 (IRR 0.69 (95% CI 0.53, 0.89)) were less likely than those from any other SWD to remain open and those from SWD5 were twice as likely to receive ongoing services (IRR 2.04, (95% CI 1.64, 2.56)).

Welfare concerns comprised the largest proportion of IAs, but children assessed for welfare concerns, compared to children assessed for abuse or neglect, were less likely to receive services (IRR 0.67 (95% CI 0.53, 0.85)). Children assessed for neglect were twice as likely compared to those assessed for any other reason, to receive services (IRR 2.15 (95% CI 1.76, 2.64)).

Insert table 2 and table 3

Multivariable analysis

In multivariable analysis, infants, and children up to age four compared to older children were more likely to receive ongoing service. Health concerns, findings of secondary abuse and prior involvement with CPW services were positively associated with the decision. A parent's childhood involvement with CPW was also associated with ongoing service.

In relation to parenting characteristics, compared to children about whom a social worker did not have concerns, children whose parents were categorised as lacking emotional warmth and children whose parents demonstrated poor guidance and boundaries were more likely to receive ongoing service. Acrimony between parents was associated with a higher probability of service provision. Interestingly, violence perpetrated by a father/male partner towards a mother, more

prevalent in the sample than violence by a mother towards a father/male partner and significant in univariable analysis, was not retained in the model. At the wider family level, having few social resources and housing issues were associated with service provision. Children referred by mandated reporters were less likely to receive ongoing service compared to children reported by any other professional or a family member/member of the public. Assessments conducted by male social workers compared to female social workers were more likely to receive ongoing service.

Although differences in association between predictor variables and service provision were not very large, the strongest relationship to the outcome was found between, DV perpetrated by a mother, concerns about parental guidance and boundaries, the absence of emotional warmth towards a child and findings of secondary abuse.

As described in Table 3, when parental cooperation was added to the model, some relationships between predictor variables and the outcome changed. Conditional on included covariates, parental cooperation compared to non-cooperation was negatively associated with CPW service provision. Children aged 0-4 years compared to other age groups were not specifically associated with ongoing service. Housing concerns were not associated with the service provision. Parental mental health concerns and safety concerns were positively associated with service provision and all other variables described in Model 1 were retained although there were slight changes in the strength of association.

Model evaluation

As described in Table 3 (see notes b, c) models were underdispersed, signifying less variation than expected based on a binomial Poisson distribution (Coxe, West, & Aiken, 2009; Kokonendji, 2014; Osborne, 2017). In this dataset, possible explanations are the lack of independence between predictor variables but, it is more likely to be due to the clustered

structure of the population, small sample sizes or omitted unobserved variables (Kokonendji, 2014). A mixed-effects model did not indicate differences between social work departments, which may be due to variations in the number of cases across departments as well as the small number of groups (n=7 SWDs).

Discussion

Initial Assessments are central to the identification of needs and service provision and where risks are identified, to the delegation of responsibility for their management. In this study of 480 children undergoing initial assessments in seven Social Work Departments in the Republic of Ireland in 2016, the decision to provide ongoing service was driven by a range of case and organisation factors but dominated by parental risk factors.

In terms of child characteristics, secondary abuse and prior involvement were the strongest indicators of service provision, suggesting the need for services to address past harms simultaneously while managing future risks. The finding that children in the 0-4 age group are considered most in need of intervention compared to older children, is consistent with previous studies (Filippelli, Fallon, Trocmé, et al., 2017; Jud et al., 2012; Lwin et al., 2018). This may reflect social workers' perception of the necessity of timely intervention to address the distinct needs of these young children to prevent further negative impacts on developmental functioning, which may be impactful over a child's lifetime (Brown & Ward, 2014; Filippelli, Fallon, Fuller-Thomson, & Trocmé, 2017). Like children in other age groups, two-thirds of children aged 0-4 years had previous involvement with CPW (66.0%, n=95) suggesting either that supports put in place were not successful or that there were missed opportunities for early intervention. This finding suggests that Tusla should adopt a low threshold for providing services to families with infants and young children given their particular vulnerabilities.

The finding that child health concerns were a strong indicator of service provision might suggest that indicators of health deficits represent vivid evidence (Munro, 1999; Whelan, 2018) that influences decisions to provide ongoing services. However, the profile of young children in this study may be associated with a surveillance/intervention bias because in Ireland, infants, and young children, have multiple opportunities for involvement with the public health service.

One of the most striking findings from the study relates to patterns of family violence and service provision. Taking account of all other indicators, DV perpetrated by a mother was one of the most significant determinants of service provision. Though more prevalent and influential in univariable analysis, when accounting for all other influences, violence perpetrated by a father/male partner did not determine service provision. It may be that in cases of male perpetrated DV, mothers were seen as having moderating effects and were held responsible for managing risks posed to children by a husband or partner. This explanation supports findings from multiple studies indicating a tendency by social workers to ascribe to victimized mothers, responsibility to protect children exposed to DV (Buckley et al., 2011; Featherstone & Morris, 2021; O'Leary, 2022). Then again, the bias may reflect a view that a mother's capacity for perpetuating DV is so incongruent with cultural norms about caring and protective parenting that it resulted in lower thresholds for service provision compared to when fathers/male partners perpetuated violence. If this is the case, fathers/male partners may not be perceived as having a potential moderating effect when mothers perpetuate violence. Whichever explanations are valid, and they may all be, the findings reflect embedded gendered stereotypes about parenting, dangerousness and accountability frequently evidenced in CPW practice (Christie, 2001a; Crawford & Bradley, 2016; Middel et al., 2020; Morris, 2009; Mulkeen, 2012; Parton, 2018). Tusla does not currently collect administrative data on the incidence of DV but this may be under consideration (Furey & Canavan, 2019). Having evidence of the prevalence and dynamics of DV in families involved with CPW and an

understanding of the potentially cumulative effects of the exposure and its aftermath on parenting capacity and child development could support efforts by social workers and service managers to ensure that responses are rooted in fairness and equity (Edleson, 1999; Featherstone & Morris, 2021).

Research with Irish social workers identified that in addition to identifying risks and service needs and deciding on service provision, IAs operate as a means to address and resolve reported concerns and that they operate as a means to prioritise cases for service provision when resources are scarce (O'Leary, 2022). Consequently, it is unsurprising that parental cooperation reduced the likelihood of receiving CPW services. However, as discussed, the perception of cooperation or the inverse, non-cooperation, can act as a powerful mechanism of moral reasoning in judgments under uncertainty about children's needs and decisions about service provision (Ainsworth & Hansen, 2015; Buckley, 2003; Dingwall et al., 1983/2014) and may lead social workers to overlook information that challenges these assumptions (Munro, 1996). Compared to parents who cooperated, when parents did not cooperate, their mental health issues were influential on the decision to provide services and there were increased safety concerns for children. This interaction suggests the need to understand the motivation for non-cooperation or difficult behaviours when deciding on service needs (Ainsworth & Hansen, 2015; Featherstone, Morris, & White, 2014). Consistent with the explanations discussed above, parental cooperation reduced the strength of the association between female perpetrated DV and service provision.

The findings presented in this study update international findings indicating that parental history of childhood abuse is a risk factor for involvement with CPW services (Armfield et al., 2021; Dixon et al., 2005; Widom et al., 2015) and for receiving CPW services (Fluke, Yuan, & Edwards, 1999). While intergenerational involvement with CPW services may be due to a detection or surveillance bias (Fallon et al., 2011; Meinck et al., 2016) the findings in this study

nevertheless highlight the necessity to identify and understand mechanisms that could confer risk or specific service needs. Early experiences of abuse and neglect can have detrimental effects throughout the life course and impact life opportunities (Metzler, Merrick, Klevens, Ports, & Ford, 2017; Sethi et al., 2013). In this study, bivariate analysis showed that compared to first-generation parents, those who were involved with CPW in their childhood had fewer social supports (62.8% n=32, $\chi 2$ 27.2482 p=0.00) and more housing concerns (60.8%, n=31, $\chi 2$=21.9621 p=0.00) suggesting that parents intergenerationally involved with CPW services have current and historic functioning concerns that impact on their parenting capacity and family environment (O'Leary, 2022). Armfield et al. (2021) suggest that providing services to survivors of childhood maltreatment, particularly female survivors, provides a crucial intervention opportunity to help prevent further child abuse and neglect.

The findings from this study point to the necessity when assessing the need for prevention and intervention services, to consider the family's broader historic and current social contexts and the impact these have on parent's capabilities in addressing their own needs and those of their children. This finding is especially important in the context of changes to Irish assessment policy introduced since this research was conducted. In 2017 the *Signs of Safety,* a strengths-based model was adopted as the framework for Irish CPW practice (Turnell & Murphy, 2017; Tusla, 2020) replacing the *Framework for the Assessment of Children in Need and their Families* (Department of Health, 2000). Researchers caution, that because of its focus on the micro context of children and family's lives, the *Signs of Safety* framework might encourage social workers to overlook significant historical and structural causes of risks to children (Flynn, 2021; Keddell, 2014b).

It is not clear from the data why children assessed by women were less likely than those assessed by men to receive ongoing services. Literature (Christie, 2001b) has considered how the over-representation of women as social workers and men as social work managers might

impact on social workers' decision making. Research has also demonstrated that decision makers' position (Filippelli et al., 2021; Fluke et al., 2016), level of experience and values (Fluke et al., 2016) influence decisions. There are likely unidentified "lurking" variables influencing the finding in this study that contribute to variability in decisions among social workers which may result in children and families being served differently. A better understanding of social workers' attitudes towards risk and the role of CPW interventions can assist service managers in promoting practice that best serves children and families (Fluke et al., 2016; Nikolova, Lwin, & Fluke, 2017) and help maximise the contribution that social workers can make in case management, supervision and mentoring. Based on the findings here, it may also be necessary to explore through further research the potential intersectionality between worker sex and parent sex.

The study provides evidence for the screening out of children referred by families and members of the public following IA which updates similar findings regarding screening at the preceding intake stage (Whelan, 2018). It raises questions about the accessibility of CPW services to families and adds support for the theory of a high threshold for service provision in Ireland. This study is also the first in the Irish context to demonstrate that being reported by a professional with a statutory duty reduced the likelihood of receiving ongoing service. The research preceded the enactment in 2017 of legislation for mandatory reporting that expanded the duty to a broader range of professionals (Children First Act, 2015) which is likely to result in higher rates of false positive assessments.

On the other hand, the findings of this study suggest there may also be a high rate of false negatives among cases closed following IA. It may be that for many children closed/NFA, concerns were resolved during the IA, or that assessments were indeed unnecessary, but the profile of children closed/NFA warrants further consideration. In the first instance, the high level of identified needs among children screened out suggests that their assessments did not

represent a waste of effort. This contrasts with findings from a recent Tusla Audit which concluded that the low rate of ongoing service provision indicated that social workers were investigating too many referrals (Tusla, 2015). Although prior involvement was associated with ongoing service, almost two-thirds of the children closed/NFA (61%, n=181) were previously involved with CPW services and more than one-third (38%, n=127) had experienced prior abuse. Consistent with previous studies, the evidence suggests that many children closed to CPW services represent missed opportunities to prevent future abuse and welfare deficits and that the threshold for service provision is inappropriately high (Manion & Renwick, 2008; Simon, Gandarilla Ocampo, Drake, & Jonson-Reid, 2021). Furthermore, the profile of these children and families may preclude their involvement in *PPFS*, due to risks related to child protection. As *PPFS* becomes more embedded, it will be important to track pathways across the statutory protection and prevention services and to pay particular attention to ensuring that high-need children and families do not fall between services (McGregor & Devaney, 2020; O'Leary & Lyons, 2023). Overall, it is recommended that detailed individual level administrative data is produced that enables research so that service managers to understand the characteristics and pathways of children at different points along the continuum of services provided by Tusla (O'Leary & Lyons, 2023).

Strengths and limitations

This study is the first in Ireland to use standard quantitative epidemiological methods to examine the decision to provide services to children following an IA. It provides valuable data on the characteristics of children and families involved in IAs, the scope of needs identified by social workers and corresponding service provision. A strength of the approach is that it used a complete sample of all children who had an IA in one defined period and used data abstracted from case files. Unfortunately, however, several family demographic variables known to influence decisions for receiving services including the mothers' age (e.g., Filippelli, Fallon,

Trocmé, et al., 2017) and race and ethnicity (e.g., King et al., 2017) were missing in this dataset because they were not systematically collected, and survey-based approaches may have mitigated this gap. It is recommended that data on race and ethnicity be systematically collected and published by Tusla. This is becoming increasingly important as Ireland is becoming a multicultural society. Consistent with studies using case-based data or case files, the data used here were not independently verified (Jud et al., 2012; Roy, 2021). However, the data represents the interpretation of risk factors by social workers conducting the assessments and their knowledge of the case and therefore provides an organisationally relevant account of routine practice, decision making and immediate case outcomes (Parton et al., 1997). The multivariable approach was selected as opposed to multilevel approaches used in similar research studies (Filippelli, Fallon, Trocmé, et al., 2017; Jud et al., 2012; Lwin et al., 2018) because the data lacked sufficient evidence on cases across the different levels in the ecology and using multilevel modelling would have required drawing assumptions about a potential hierarchy among them. Despite the limitations of the dataset, the study provides evidence in the Irish context to support the theoretical model which suggests that decisions are influenced by internal and external policies and culture, in addition to case and decision maker factors (Baumann, Fluke, Dalgleish, & Kern, 2014).

It is recommended that a study entailing a nationally representative sample be conducted to build on the evidence generated by this study to address identified limitations and explore the impact of changes in policies for referral and assessment introduced since this study was conducted (Children First Act, 2015; Turnell & Murphy, 2017; Tusla, 2020). Finally, the model developed here represents the decision to provide service and no conclusions can be drawn about the efficacy of the decision in terms of child outcomes. The role of service provision in addressing past harms and preventing future harm is underexplored and warrants understanding in the Irish context.

Conclusions and implications

Consistent with long-established patterns across Anglophone systems, this study demonstrates a system designed to filter more children and families out than it serves. Furthermore, the decision is mediated by gender biases and gendered practices resulting in inequalities in service provision. The high prevalence rates of identified needs among those closed/NFA following IA raises concerns that the current framework may allow for families to remain on the edge of service. The evidence from this study can be used by service managers and policymakers to develop supports for social work practice and training, and for enhancing policies for data collection and publication with a view to improving responses and advocacy efforts for children and families. Ongoing research is necessary to ensure that working within the current assessment framework does not reinforce inequality by ignoring underlying structural factors and historic factors that convey service needs. As a means to exploring the effect of policy changes on service provision, the current study offers a base line for any subsequent research.

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