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An impossible task? Implementing the recommendations of child abuse inquiry reports in a context of high workloads in child protection and welfare

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Abstract
This paper examines the issue of social workers' caseloads in child protection and welfare in the Republic of Ireland. High caseloads impact on the type and quality of service provided to children and families, and on worker retention and job satisfaction. This exploratory paper examines the limited available evidence on social workers' caseloads in the Republic of Ireland and presents data on child protection and welfare social workers' perspectives on their caseloads drawn from a qualitative study. These analyses are set in the context of the Irish State's commitments since the publication of the Ryan report. A central argument of this article is that the recommendations of successive child abuse inquiries in Ireland have given rise to expectations and demands on child protection and welfare teams that are not possible to meet given the increasing level of referrals and the high numbers of children for whom social workers are responsible.

Keywords: child protection and welfare, caseloads, workloads, social work

Introduction

In a radio interview on RTÉ's *Drive Time* (27th July 2011), Frances Fitzgerald TD, Minister for Children and Youth Affairs, acknowledged that social workers in child protection and welfare were responsible for too many cases. But what does this mean? Practitioners will tell you that this means that assessments are not undertaken in a timely enough fashion, that entry thresholds for access to child protection and welfare social work teams are too high, that children at risk in the community and children in care are not seen often enough, and that other necessary components of this work such as inter-disciplinary work and family support are difficult to sustain. This difficult reality persists despite the findings and recommendations of successive child abuse inquiry reports (see, for example, Brosnan, 2009; McGuinness, 1993; Ryan, 2009) and despite the deployment of 270 additional social work staff in this area (O'Regan, 2011).

Caseload size and workloads have been linked with retention issues for child welfare staff, increasing the likelihood of turnover, expression of intentions to leave and a lowering of job satisfaction (Ellet, 2007; Landsman, 2001; United States General Accounting Office, 2003). Smith (2005) showed that as child protection caseload sizes increase, the probability of staff turnover also increases. While other studies acknowledge that one might intuitively make the link between caseload size, workload and retention, the empirical evidence does not support such a relationship (Jacquet,

Clark, Morazes, & Withers, 2007; National Council on Crime and Delinquency, 2006; Tham, 2007). However, one study (Weaver & Chang, 2004) did note that the pace at which new workers are brought up to a full caseload may be an important factor in their decision to stay. There is a clear link between caseload levels and quality of service as important both for outcomes for children and social workers' job satisfaction (Landsman, 2001; Strolin, McCarthy, & Caringi, 2007; United States General Accounting Office, 2003). As an example, the United States General Accounting Office (2003, p. 20) found that caseloads impacted on workers' ability to 'make well-supported and timely decisions regarding children's safety'.

This paper's specific focus is on the perceived ability of the Irish state to meet its commitments outlined in the Ryan report implementation plan (see Office of the Minister for Children and Youth Affairs, 2009) when set in the context of reported issues of capacity within the child protection and welfare system. This exploratory paper examines the limited available evidence on social workers' caseloads in the Republic of Ireland (hereafter Ireland) and presents data on child protection and welfare social workers' perspectives on their caseloads drawn from a qualitative study. A central argument of this article is that the recommendations of successive child abuse inquiries in Ireland have given rise to expectations and demands that are not possible to meet due to the increasing level of referrals and the high numbers of children for whom social workers are responsible. A limited review of child protection and welfare caseloads internationally is offered to set the Irish situation in context. The guiding question for this paper is: What is an appropriate caseload for social workers on an Irish child protection and welfare team so that they can best meet the professional, legal and regulatory standards in their work with children and their families?

Child abuse inquiries in Ireland

During the time that the authors were studying for their social work degrees the seminal - and still relevant - Kilkenny Incest Investigation (McGuinness, 1993) report was published. Depending on when one studied to become a professional in child care and protection, one's training and practice was influenced by which post-inquiry era you studied in: for example, post-Kilkenny (McGuinness, 1993), post-Kelly Fitzgerald (Western Health Board, 1996), post-Ferns (Murphy, Buckley, & Joyce, 2005) or post-Ryan (Ryan, 2009). The Kilkenny Incest Report which analysed the failings of Irish society to protect children, was a searing indictment of traditional notions of the 'family' as a [idealised] safe haven for its members, and its publication invigorated a glacially slow reform process in child care and protection services. Writing recently about legal and policy developments since this report's publication, McGuinness (2012) noted that while there have been significant developments in improving the child protection and welfare system since 1993, one of the key recommendations in the report to amend the Constitution to recognise children as independent rights holders has not yet been addressed despite repeated government commitments to a referendum on children's rights (see also Joint Committee on the Constitutional Amendment on Children, 2010).

Furthermore, we are still without a standardised assessment framework to guide the assessment of the needs of children and young people who are referred to child protection and welfare teams (Buckley, Horwath, & Whelan, 2005; O'Brien, 2011), and

the quality of basic information systems to support practice in this sector is extremely poor, to the point that the HSE has no up-to-date statistics on the work undertaken in this area and many teams are still operating on a pen-and-paper basis. This must surely raise questions regarding the state's ability to meet recommendation 7.20 in the Ryan report (2009, pps. 463-4): 'The full personal records of children in care must be maintained' and recommendation 7.13:'Management at all levels should be accountable for the quality of services and care'. Within this context, the volume and scope of the work that Irish child protection and welfare social workers now undertake has grown significantly. The next sections examine how high caseloads in child protection and welfare can impact on the quality of services and care, and explore what we know about caseload levels in Ireland.

Caseloads in child protection and welfare social work

The term 'caseload' refers to the number of cases assigned to a worker. The size of a caseload gives limited insight into the amount of work undertaken, whereas 'workload' 'takes into account the amount of time it takes to complete all tasks related to job functions … including direct client contact, paperwork, supervision, court, inter-agency collaborations, etc.' (Strolin et al., 2007, p. 38). Where is the evidence to support the contention that caseloads and workloads in child protection and welfare teams in Ireland are high? The volume and scope of the work that Irish child protection and welfare social workers now undertake has grown significantly since the early 1990s. Figure 1 charts the increasing numbers of child abuse referrals from 1984, and child abuse and child welfare referrals since 2003. While the chart clearly shows a significant increase in the volume of referrals, one must approach this data with caution as there are significant issues with the quality and comparability of the datasets upon which this chart is based and one would also need to consider the number of social work posts in this sector during these time periods:

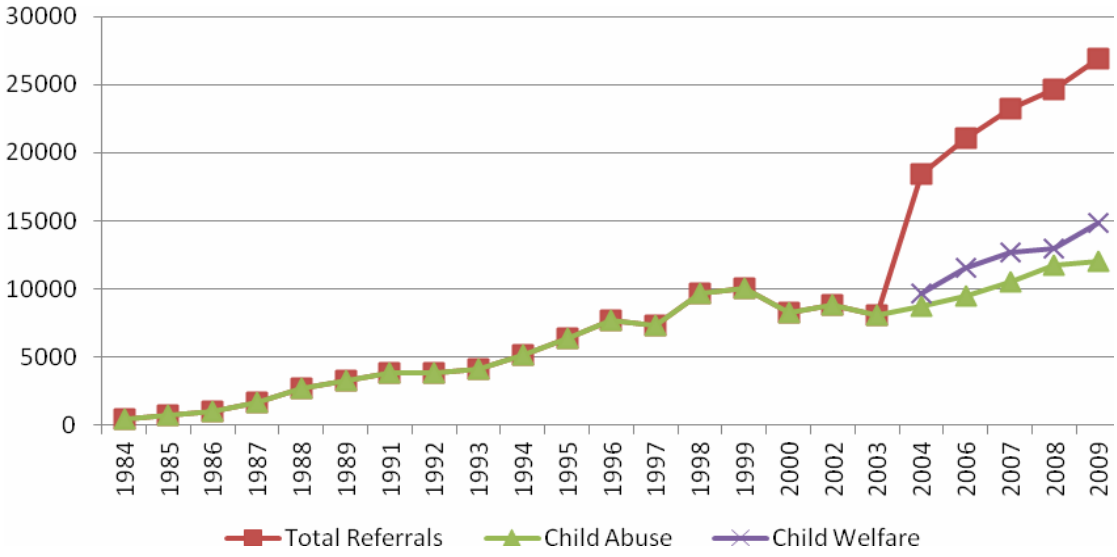


Figure 1: Child abuse and child welfare referrals, 1984-2009

(Sources: Department of Health and Children, 2003, 2004, 2006; Ferguson & O'Reilly, 2001; Health Service Executive, 2008a, 2008b, 2008c, 2008d, 2009b, 2009c; Mugan Email Correspondence, 2011)

Child protection and welfare social workers look after 6,208 children in care (Clarke, 2011), and the majority of children in care are in foster care. In 2009, (latest available figures) these teams combined received 26,888 new child welfare and protection reports for assessment, and 2,013 children were admitted to care primarily for reasons of neglect (2008 figures). Despite the legal requirement on the HSE contained in Section 8 of the Child Care Act 1991 to publish an annual report on the adequacy of child care and family support services, the last publicly available HSE data is for 2008. Despite being difficult reports to make sense of (one reason being that data from each Local Health Office (LHO) area is not collated), it is widely believed that the HSE stopped producing these reports as the data was unreliable due to inconsistencies between LHO areas on definitions and metrics for preparing the raw statistical data. This issue was alluded to by Minister Fitzgerald at the public launch of the *Children First Guidance* document and at the *Biennial Child Protection and Welfare Social Work* conference in October 2011, when she highlighted the current challenge of documenting the actual caseloads of social work teams in this area due to differing classifications, definitions and language used by teams to record their work (see also Health Service Executive, 2009a).[i] For example, in some teams a case is defined as one *family* whereas in another a case is defined as one *child*, which underlines questions raised about the usefulness of existing data in this area (see also Buckley, 2008). There is an on-going initiative by the office of the National Director, Children and Family Social Services to address issues with the quality, consistency and depth of datasets in this area known as the Business Process Standardisation Project and we should have higher quality, easily accessible and more up-to-date data starting in 2013/14 (see Health Service Executive, 2009a).

Irish Government statistics do not count on-going allocated caseloads held by each social worker – by this we mean the numbers of children allocated to each social work post; therefore it is not possible to establish whether caseloads in Ireland are higher or lower than international standards. The earlier Irish literature does note a 'crisis' in child protection due to unmanageable workload levels that increasingly lead to crisis work primarily being undertaken, but exact details are not provided to support the claim that workload levels are unmanageable (see, for example, Lavan, 1998). Referring to the 1982 and 1983 period of interventions in the *Kilkenny Incest Investigation*, the report noted that 'there was pressure on resources including high caseloads' (McGuinness, 1993, p. 79), but unfortunately the report does not define what was meant by high caseloads. Judge Conal Gibbons (2007, p. 1), writing in *The Irish Times* about the plight of children in care in Ireland in more recent times, noted that child protection and welfare social workers had:

> impossibly large caseloads in a climate of scare resources and crisis management … [without] the necessary technology and systems that any modern agency would require.

An unpublished Irish report which examined caseloads and workloads in four social work sites in 2004, two of which were child protection and welfare teams (Social Information Systems, 2005), concluded that the number of cases was not the issue *per se*, but that the caseloads of 'many staff' were saturated.[ii] This meant that a small number of 'major' time-consuming cases dominated the work, and they also concluded that 'crisis work' may be the norm on child protection social work caseloads. As a

consequence, the report documented that a number of children received no service at all as they were on 'substantial' waiting lists or because they represented a 'dormant case' that was not dealt with due to the amount of time spent on the 'major' cases. The report clearly identified the stressful impact of these workload issues on social workers and this in turn impacts on the quality of service to children, young people and their families. There are fragments of information on caseloads contained in some recent reports; however, the same caveats apply regarding the quality of the data. A recent report by PA Consulting (2009) contains the most up-to-date available data on caseloads/workloads in child protection and welfare teams. This report uses data from an unpublished report called the *National Social Work Survey* that is not available outside of the HSE, therefore it was difficult to make sense of or critique some of the data presented. Social workers in child protection and welfare were reported to carry an average caseload of 18 *families* each, although this was as high as 40 *families* each in one team (Health Service Executive, 2009c; PA Consulting, 2009). It was not possible to discern how many children each social work post was responsible for, and a review of the charts presented in this report make clear that there was wide variation in how teams reported their work, which once again raises issues regarding the usefulness of this data, except as a general indicator.

As part of a study of child protection and welfare social workers' perceptions of their work and an analysis of their retention (Burns, 2009; 2011), one of the authors of this paper collected data on all social workers' caseloads on five child protection and welfare social work teams during November 2006 (104 social workers). This was a once-off exercise as this HSE area did not routinely collect such data, and while there are obviously limitations with relying on data from one month, the findings are included here to help set the context. Most of the social workers were responsible for 40+ children (average = 41.3 children), with duty team social workers in two teams having more than 70 children assigned to each whole time equivalent social work post.

Being familiar with the absence of data on caseloads for social workers in child protection and welfare in Ireland, we gained access to aggregated and anonymised numbers of children allocated to social workers, by whole time equivalent strength for August 2011 on three child protection and welfare teams in Ireland. There are also obvious limitations in relying on such a small number of teams for one month only, but we present this data in the absence of any other available data. Despite the addition of extra social work posts on these teams over the last two years, social workers on two of these teams had on average 33 children allocated per whole time equivalent (WTE) post, and the third team had on average 23 children allocated per WTE post. By coincidence, the Duty social work team (the team that takes and processes all new referrals relating to child welfare and suspected child abuse) that was surveyed in November 2006 were also part of the August 2011 review. In 2006, there were 70 children allocated to each WTE post and this had not changed by August 2011, with 71 children per WTE post. While it is feasible that duty teams would have more children allocated per WTE compared to children in care teams and despite the introduction of the new Ryan social work posts, these figures are exceptionally high. How do Irish teams compare when contrasted with the international data?

International data on caseloads in child protection and welfare

American studies report a wide variation in caseload sizes; Strolin *et al.* (2007) recorded up to 100 cases per worker; the American Public Human Services Association study reported between 10 and 110 children, with an average of 24-31 children per worker (American Public Human Services Association, 2001), and workers in Smith's (2005) study had a mean of 22.8 cases per worker. However, again it is not always clear if a case means one child or one family. As another example, in the reporting of the 'Baby P' child death case in the United Kingdom (UK), it was reported that Haringey Council has an upper caseload limit of 12 children per social worker (Rayner & Allen, 2008).

In a forensic analysis of caseloads and time per month to allocate to workload tasks (administration, court time, meetings, travel, assessments, supervision, and so on), Yamatani *et al.* (2009) in their US study recommended a maximum of 16 cases (families) for an Intake department compared to the average of 24 families allocated per worker they found in their study (ranging between 15 to more than 30) and a maximum of 17 cases (families) for caseworkers in family services compared to an average of 24 families allocated to workers at the time of the study. Some other international standards on caseloads include:

1. The Council on Accreditation standards on workloads for child protection services is 15 'investigations' and 15-30 open cases (Council on Accreditation, 2008);
2. Western Australia recommends 15 cases at any one time;
3. The Child Welfare League of America recommends 12 active cases per month / 17 active families at any given time and,
4. The Massachusetts Union for Human Services recommends 12 cases per month / 18 ongoing cases per month / 75 screening events per month (Izmir, Yackoub, & Moss, 2007).

High caseloads/workloads and meeting the needs of children and young people

One of the main conclusions in a report which elicited the views of children and young people in Irish state care was that they felt that social workers' high caseloads was impacting on the quality of care that they were receiving (McEvoy & Smith, 2011). This is an interesting finding when contrasted with recommendation 7.15 of the Ryan Report (2009, pp. 463-464) which states that 'Childcare services depend on good communication' and recommendation 7.16 'Children in care need a consistent care figure'. Good communication with children in care and a consistent care figure is intrinsically linked with social workers having reasonable caseloads. Helen Buckley, chairperson of the *National Review Panel* into the deaths of children while in state care or while known to the HSE, said that 'pressure on frontline social work services meant that they were unable to respond quickly to many child welfare referrals' (O'Brien, 2011, p. 1). This is despite the appointment of 270 additional posts. While these additional posts are warmly welcomed, practitioners within the sector argue that they have not made a significant difference to caseloads and workloads as the sector was starting from such a low base in terms of staff numbers, and that some of the posts were used to fill existing gaps in the service created as a result of the Employment Control Framework. It is impossible to interrogate this position by examining the available data. The last labour force study in social work is now well out-of-date (National Social Work Qualifications Board, 2006). The authors (Burns and MacCarthy) requested up-

to-date statistics from the National Office of the Director for Children and Families Affairs in October 2011, but this National Office was unable to say how many social workers are working in child protection and welfare teams in the HSE, only the total number of social workers in the HSE. Does the unavailability of such basic but core data raise a question concerning recommendation 7.15 in the Ryan Report (2009, p. 463) that 'Management at all levels should be accountable for the quality of services and care'?

Irish qualitative data on social workers' perceptions of their caseloads

In a research study undertaken by one of the authors completed in 2009, 44 social workers in five Local Health Office areas were interviewed about their work (Burns, 2009). In the research interviews, social workers (pseudonyms used for quotes below) were most animated when talking about two factors in particular: professional supervision and the size of their caseloads. Social workers complained of high caseloads which they felt impacted on the quality of service given to children and families due to time pressures, the 'stress of conscience' associated with reconciling the quality of service they would like to provide with what is actually possible due to caseload size and time constraints, the impact of these factors on their sleep, and how they perceived that their high caseloads negatively impacted upon the reputation of the sector.

The earlier outlined theme of caseload saturation, whereby saturation refers to the small number of intensive and time-consuming 'crisis' cases which take up a disproportionate amount of social workers' time (Social Information Systems, 2005), was an important theme for these social workers and their ability to meet the needs of children and young people. Caoimhe explains:

> *We all experience where there is one family for a particular time frame that will take up your entire week, your entire month, an entire 6 months and then the rest of your cases then just get abandoned, they shouldn't but they do, because, whoever shouts loudest gets the attention, then all of a sudden the cases you have neglected for 3 months, 4 months, 5 months, 6 months they start to jump and things start to happen in those case loads because you've neglected them* (Caoimhe).

The consequences of the saturation effect of these cases is that the other children on the caseload become 'neglected', not only are they not receiving a service, but only when they reach a certain threshold of 'crisis' do they receive attention, by which time it is often too late to engage in preventative and supportive work. This practice reality is far from the 'milk van' approach ('low key, discreet, unobtrusive, nurturing, regular, reliable, long term') to building a therapeutic alliance and relationships, and more in common with a 'fire brigade' type response ('sudden, one off, invasive, crisis driven, hyped') (Harris, 1993 cited in Gilligan, 2004, p. 97). Caoimhe's use of the word 'neglect' is interesting in that a system that is supposed to identify and address issues such as neglect in families is itself 'neglecting' these children due to high workload demands and time pressures as a result of high caseloads. The metaphor of 'skimming'

was used by Nicole to emphasise succinctly the challenge of finding time to do in-depth quality social work with large caseloads. This point was also raised by Erin:

> *Nicole: … I suppose extra staff really … yes, case loads.*
> *Kenneth: And what way would extra staff help you?*
> *Nicole: I suppose just like cases, you know, that we wouldn't have so many cases that other people could take … divide them out equally you know. So that we could spend more time actually on the work itself … Yes, I feel a lot of the time I am skimming and I hate that. Like I would love to just get into it and do it properly. But you are under such time constraints with everything and everybody wants something yesterday … a lot of it is just crisis driven.*
>
> *I just feel that I am kind of barely touching everything instead of doing something in-depth* (Erin).

Social workers can get spread too thinly, 'skimming' over the caseload which Jane connects with the quality of her practice:

> *At times the size of the caseload, trying to meet all of your client's needs as I might perceive them. That can be quite frustrating that I feel that I'm not maybe maintaining a level of practice for each of those individual cases that I might wish to …* (Jane).

Making a difference with children and families becomes harder as cases that were 'neglected' may become worse due to a lack of attention. This may lead to emotional stress for social workers, who experience a 'stress of conscience', which is having insufficient time to provide quality care, being unable to live up to others' expectations, deadening one's conscience and lowering expectations regarding quality of service provision (Glasberg, Eriksson, & Norberg, 2007). The following quotations from social workers illustrate this issue:

> *Because things have fallen apart for … for want of being taken care of, or being addressed. And you know, or you end up having to deal with something on duty … or one of your own cases that has sort of just got further and further down to the bottom of the heap, even though you are kind of aware of it. But it's … it's just, you know, been left there. And you see things go badly wrong, and you think, well, I could probably have prevented that, or gone some way towards preventing that. So you actually feel ... you can feel almost destructive. You can take on too much responsibility* (Ava).
>
> *… the guilt around not having enough time in the day and then when you don't have enough time in the day the guilt around not being able to see the children that you need to see. I think the guilt, the guilt is*

> *huge about to what you're not getting done as opposed to what you are actually doing* (Caoimhe).
>
> *… it's stressful. It's stress inducing, you know, when you have cases that you don't get to* (Abigail).
>
> *I just focus on the things that I haven't done and there is an awful lot that I haven't done that I should have done and it's families that are entitled to services and they are not getting it because they are on my caseload and I can't get around to them and that is frustrating* (Aoife).

These social workers, who were all highly critical of the organisational conditions in child protection and welfare, highlight the stress for them of having insufficient time to provide a quality of care and having to lower expectations regarding this care. This must be a particular stress for social workers, as the children who are not in receipt of a service, or an inadequate quality of service, are children living in families where they may be at risk of abuse or their needs are not being met. These findings are mirrored in the *Listen to Our Voices* study whereby children in care in Ireland wanted social workers to look after *fewer* children with more manageable caseloads so that they can 'better engage with young people on that caseload' (McEvoy & Smith, 2011, p. 12). This finding would suggest that there is much progress to make in meeting recommendation 7.16 in the Ryan (2009, p. 464) report which states that 'Children in care need a consistent care figure'.

Concluding comments

There is much to be positive about in child protection and welfare in Ireland at present. 102 years ago Millin (1909 cited in O'Sullivan, 2009, p. 249) argued that Ireland needed a Department of Children to coordinate all of the activities in relation to children out of home and juvenile justice matters. In 2011, Frances Fitzgerald TD was appointed the first *full* cabinet Minister for Children and Youth Affairs with the task of coordinating all of the State's activities in this area. A new office with clear management roles to coordinate and plan for child protection and welfare is being established under the auspices of this new Department, which should hopefully address the relative neglect of this sector whilst it was part of the behemoth that was the Health Service Executive. A new clear set of child abuse guidance (Department of Children and Youth Affairs, 2011) and a supporting practice handbook (Health Service Executive, 2011) have been launched and the Minister and the new National Director are working to ensure consistent implementation of these practices across all child protection and welfare teams. A referendum has also been promised during 2012 to address the issue of children's rights and it seems that policy makers and politicians are intent on reforming the system for the better.

However, current practices - as far as we are aware from our extensive contacts with LHOs around the country - indicate that the 'apparently' high caseloads carried by these teams inhibit their ability to meet the practice expectations resulting from the recommendations of child abuse inquiry reports. Child abuse inquiry reports in Ireland have highlighted the significance of best practice in the promotion of children's welfare and safeguarding practices such as inter-agency work, sharing of information, and

quality and timely assessments are central to good practice. An essential facilitator would be that child protection and welfare teams need to be supported and organised in such a manner that caseloads are reasonable and manageable, with good quality and frequent supervision. Greater public and societal expectations, and professional dissatisfaction with standards and practices as outlined in Burns's (2009) study, suggest that some of the current practices in this sector cannot continue. For example, the practice on some teams whereby only the most serious cases are being allocated, and that some children and families on allocated caseloads are not receiving adequate attention due to caseload 'saturation'.

Data presented above on the increasing numbers of referrals, the growing numbers of children in care and the increasing complexity of the referrals means that the capacities of teams are being stretched, and the abilities of these teams to address the needs of children and young people and to fulfil their statutory functions are seriously jeopardised. Anecdotal accounts from child protection and welfare social work teams in Ireland suggest that entry thresholds to the service are increasing to respond to issues of capacity, which means that children and families who normally should receive a service are now placed on waiting lists or are not worked with at all, and opportunities for preventative work are being lost. Current debates concerning the introduction of mandatory reporting, at a minimum for professional staff, raises questions about the system's capacity to deal with the expected extra work a mandatory reporting policy would entail.

To return to the guiding question at the beginning of the paper: What is an appropriate caseload for social workers on Irish child protection and welfare teams so that they can best meet the professional, legal and regulatory standards in their work with children and their families? We accept that we are no closer to answering this question, except to highlight the fact that the current situation suggests that the time is ripe to debate perspectives on this matter. The available anecdotal data and studies reported in this article suggests that child protection and welfare services, despite the recent investment in staff, are not sufficiently resourced to meet the professional, legal and regulatory standards in their work with children and young people in need and at risk. Furthermore, a reorientation and reorganisation of the service may be beneficial (see Lynch & Burns, 2012). We feel that a process needs to be facilitated whereby all stakeholders (social workers, service user representative groups, policy makers, managers, referring services, and so on) come together to discuss this question and to debate what is necessary to help all of the child protection and welfare services to meet the standards of a modern democratic society that values childhood and the protection of its most vulnerable citizens. The undertaking of a comprehensive research study on caseloads and workloads co-designed by practitioners in child protection and welfare, is necessary. This would give policy-makers and managers a clearer picture of the work, the time needed to undertake it well, and to plan for system changes to enhance the quality and frequency of face-to-face time with children and young people.

We do not believe that this debate should be bogged down in caseload numbers solely, although some guidance on caseloads by job category (duty, intake, children in care) from the Minister's office would be welcome. As children in care have argued, it should be about how to build better quality relationships, how to provide timely assessments

and interventions, how to reclaim and enhance family support, and how to engage all partners in the work of child protection and welfare so that the inter-agency co-operation is meaningful. The impending introduction of a new inspection regime - a cornerstone recommendation of the Ryan Report (7.12 – 'Independent inspections are essential') - by the Health Information and Quality Authority during 2012 (Farrelly, 2011) will l mean that child protection and welfare teams will be subject to inspection, with clear practice standards to achieve. It will be interesting to see what culture of inspection regime the Health Information and Quality Authority will adopt.[iii] The increasing level of referrals and the high numbers of children for whom social workers are responsible on child protection and welfare teams means that structural issues must come to the fore in such inspections and concentrate all concerned to see how best to reorganise, resource, and possibly redesign child protection and welfare services so that staff have a manageable caseload, and are well supervised so that children and young people receive timely access to assessment and intervention services when needed.

Notes

[i] See the *Biennial Child Protection and Welfare Social Work Conference* website to watch videos of Michele Clarke, John Farrelly and Minister Frances Fitzgerald's (2011) keynote speeches - http://swconf.ucc.ie/videos/.

[ii] ''Saturation' was calculated by identifying which the time-consuming cases were (any cases occupying 10% or more of client-*assigned* time) and what proportion of available time those clients saturated. The higher the saturation level for an individual worker, the more that a handful of cases dominated their work' (Social Information Systems, 2005, p. 22).

[iii] See Professor Sue White's keynote speech at the *Biennial Child Protection and Welfare Social Work Conference* (2011) website for a critique of inspection practices in the United Kingdom and advice for Ireland on what to avoid - http://swconf.ucc.ie/videos/.

References

American Public Human Services Association. (2001). *Report from the Child Welfare Workforce survey: State and county data and findings*. Washington: American Public Human Services Association.

Brosnan, K. (2009). *Monageer inquiry*. Dublin: Department of Health and Children.

Buckley, H. (2008). Heading for collision? Managerialism, social science, and the Irish child protection system. In K. Burns & D. Lynch (Eds.), *Child protection and welfare social work: Contemporary themes and practice perspectives*. Dublin: A. & A. Farmar.

Buckley, H., Horwath, J., & Whelan, S. (2005). *Framework for the assessment of vulnerable children & their families. Assessment tool and practice guidance*. Dublin: Children's Research Centre (Trinity College).

Burns, K. (2009). *Job retention and turnover: A study of child protection and welfare social workers in Ireland (PhD Thesis)*. Cork: University College Cork.

Burns, K. (2011). 'Career preference', 'transients' and 'converts': A study of social workers' retention in child protection and welfare. *British Journal of Social Work, 41*, 520-538. doi:10.1093/bjsw/bcq135

Clarke, M. (2011). *Keynote conference paper (28th October)*. Univeristy College Cork: Biennial Child Protection and Welfare Social Work Conference.

Council on Accreditation. (2008). Council on accreditation standards PA-CPS 14.05 Retrieved 1st November 2011, from http://www.coastandards.org/standards.php?navView=public&core_id=416

Department of Children and Youth Affairs. (2011). *Children First: National Guidance for the Protection and Welfare of Children*. Dublin: Department of Children and Youth Affairs.

Department of Health and Children. (2003). Health statistics 2002. Section E: Children in care and child abuse cases. Retrieved 16th February 2004, from http://www.doh.ie/statistics/health_statistics/2002/stats02.html

Department of Health and Children. (2004). Preliminary analysis of child care interim dataset 2004. Retrieved 14th December 2007, from http://www.omc.ie

Department of Health and Children. (2006). *Health statistics 2005. Section E: Children in care and child abuse cases*. Dublin: Department of Health and Children.

Ellet, A. J. (2007). Linking self-efficacy beliefs to employee retention in child welfare: Implications for practice, theory and research. *Journal of Evidence Based Social Work, 4*(3/4), 39-68.

Farrelly, J. (2011). *Conference keynote (28th October)*. University College Cork: Biennial Child Protection and Welfare Social Work Conference.

Ferguson, H., & O'Reilly, M. (2001). *Keeping children safe: Child abuse, child protection and the promotion of welfare*. Dublin: A. & A. Farmar.

Gibbons, C. (2007). Judiciary's ultimate duty to children. Retrieved 9th June 2008, from http://www.ireland.com/newspaper/opinion/2007/0710/1183751751071.htm

Gilligan, R. (2004). Promoting resilience in child and family social work: Issues for social work practice, education and policy. *Social Work Education, 23*(1), 93-104.

Glasberg, A. L., Eriksson, S., & Norberg, A. (2007). Burnout and 'stress of conscience' among healthcare personnel. *Journal of Advanced Nursing, 57*(4), 392-403.

Health Service Executive. (2008a). HSE South review of adequacy of child and family Services 2005. Retrieved 21st April 2008, from http://www.hse.ie/eng/Publications/Children_and_Young_People/Review_of_Adequacy_of_Child_and_Family_Services_2005.html

Health Service Executive. (2008b). Review of adequacy of child and family services 2005. Health Services Executive Dublin North East. Retrieved 21st April 2008, from http://www.hse.ie/eng/Publications/Children_and_Young_People/Review_of_Adequacy_of_Child_and_Family_Services_2005.html

Health Service Executive. (2008c). Review of adequacy of child care and family support services 2005. HSE West - Clare, Limerick and North Tipperary. Retrieved 21st April 2008, from http://www.hse.ie/eng/Publications/Children_and_Young_People/Review_of_Adequacy_of_Child_and_Family_Services_2005.html

Health Service Executive. (2008d). Review of adequacy of services for children & families. HSE Dublin Mid Leinster. Retrieved 21st April 2008, from http://www.hse.ie/eng/Publications/Children_and_Young_People/Review_of_Adequacy_of_Child_and_Family_Services_2005.html

Health Service Executive. (2009a). *HSE Child Welfare and Protection Social Work Departments Business Processes. Report of the NCCIS Business Process Standardisation Project October 2009* (Vol. 2010). Dublin: Health Service Executive.

Health Service Executive. (2009b). Review of adequacy of services for children & families 2007. Retrieved 29th January 2010, from http://www.hse.ie/eng/services/Publications/services/Children/2007section8.pdf

Health Service Executive. (2009c). *Review of adequacy of services for children & families 2008*. Dublin: Health Service Executive.

Health Service Executive. (2011). *Child protection and welfare practice handbook*. Dublin: Health Service Executive.

Izmir, G. l., Yackoub, E., & Moss, W. (2007). *Technical report 2. Caseloads in child and family services*. NSW: Department of Community Services.

Jacquet, S. E., Clark, S. J., Morazes, J. L., & Withers, R. (2007). The role of supervision in the retention of public child welfare workers. *Journal of Public Child Welfare, 1*(3), 27-54.

Joint Committee on the Constitutional Amendment on Children. (2010). *Twenty-eighth amendment of the Constitution Bill 2007 Proposal for a Constitutional amendment to strengthen children's rights. Final report*. Dublin: Houses of the Oireachtas.

Landsman, M. J. (2001). Commitment in public child welfare. *Social Service Review, 3*, 386-419.

Lavan, A. (1998). Social work in Ireland. In S. Shardlow & M. Payne (Eds.), *Contemporary issues in social work: Western Europe*. Hants: Arena.

Lynch, D., & Burns, K. (Eds.). (2012). *Children's rights and child protection: Critical times, critical issues in Ireland*. Manchester: Manchester University Press.

McEvoy, O., & Smith, M. (2011). *Listen to our voices! Hearing children and young people living in the care of the State. Report of a consultation process*. Dublin: Government Publications.

McGuinness, C. (1993). *Kilkenny incest investigation: Report presented to Mr. Brendan Howlin T.D. Minister for Health*. Dublin: Stationery Office.

McGuinness, C. (2012). It is a long way from Kilkenny to here: Reflections on legal and policy developments before and since the publication of the Kilkenny Incest Investigation. In D. Lynch & K. Burns (Eds.), *Children's rights and child protection: Critical times, Critical issues in Ireland*. Manchester: Manchester University Press.

Mugan, S. Email Correspondence. (2011). *2009 referral statistics email correspondence*. Dublin: Department of Children and Youth Affairs / Health Service Executive.

Murphy, F. D., Buckley, H., & Joyce, L. (2005). *The Ferns report: Presented to the Minister for Health and Children*. Dublin: Stationery Office.

National Council on Crime and Delinquency. (2006). *Relationship between staff turnover, child welfare system functioning and recurrent child abuse*. Houston: Corner Stones for Kids.

National Social Work Qualifications Board. (2006). *Social work posts in Ireland on 1st September 2005*. Dublin: National Social Work Qualifications Board.

O'Regan, M. (2011). Extra child-linked jobs in HSE, *The Irish Times*.

O'Sullivan, E. (2009). Residential child welfare in Ireland, 1965-2008: an outline of policy, legislation and practice: A paper prepared for the Commission to Inquire into Child Abuse. In S. Ryan (Ed.), *Commission to inquire into child abuse report (Volumes I - V)*. Dublin: Stationery Office.

Office of the Minister for Children and Youth Affairs. (2009). *Report of the Commission to inquire into child abuse, 2009. Implementation plan*. Dublin: Department of Health and Children.

PA Consulting. (2009). *Inspiring confidence in children and family services - Putting children first and meaning it. Strategic review of the delivery and management of children and family services.* Dublin: HSE/PA Consulting.

Rayner, G., & Allen, N. (2008). Baby P: Haringey Council 'broke its own rules on caseloads for social workers'. Retrieved 7th December 2008, from http://www.telegraph.co.uk/news/uknews/3473893/Baby-P-Haringey-Council-broke-its-own-rules-on-caseloads-for-social-workers.html

Ryan, S. (2009). *Commission to inquire into child abuse report (Volumes I - V)*. Dublin: Stationery Office.

Smith, B. D. (2005). Job retention in child welfare: Effects of perceived organizational support, supervisor support, and intrinsic job value. *Children and Youth Services Review, 27*, 153-169.

Social Information Systems. (2005). *National workload management pilot data analysis. Report 1: data analysis*: Social Information Systems Ltd.

Strolin, J. S., McCarthy, M., & Caringi, J. (2007). Causes and effects of child welfare workforce turnover: Current state of knowledge and future directions. *Journal of Public Child Welfare, 1*(2), 29-52.

Tham, P. (2007). Why are they leaving? Factors affecting intention to leave among social workers in child welfare. *British Journal of Social Work, 37*(7), 1225-1246.

United States General Accounting Office. (2003). *Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff.* Washington: GAO.

Weaver, D., & Chang, J. (2004). The retention of California's public child welfare Workers. Retrieved 31st January 2008, from http://www.csulb.edu/projects/ccwrl/Weaver_module.pdf

Western Health Board. (1996). *Kelly: A child is dead. Interim report of the Joint Committee on the Family*. Dublin: Government Publications Office.

Yamatani, H., Engel, R., & Spjeldnes, S. (2009). Child welfare worker caseload: What's just right? *Social Work, 54*(4), 361-368.