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Who Gets Child Protection and Welfare Services and Why?

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Abstract

When children are reported to Tusla Child and Family Agency, social workers may conduct Initial Assessments to determine their safety and welfare to decide if they need ongoing services. We know little about these impactful decisions. Equally, little is known about the nature of concerns investigated or about the children and families themselves. The research for my PhD addressed this evidence gap. I conducted two empirical studies in Tusla between 2015 and 2016. In the first, a case study, I used case file records and interviews to explore social workers' rationales for their judgments and decisions. In the second, a cross-sectional study, I coded written case records to profile the population undergoing assessments and identify, through multivariable analysis, factors associated with the decision to provide ongoing service.The study developed new insights into the characteristics of children and families undergoing initial assessment and into decision making processes. Social workers' judgments about service needs are informed by case factors, policies, resource constraints and their perception of their expertise and role. Almost 40% of children assessed received ongoing service. Multivariable analysis indicated decisions to provide ongoing services are multifactorial, influenced by a handful of current and historic case and organisation factors. This is the largest study of Initial Assessments conducted in Ireland to date. Implications of the findings for interventions, policy and further research are discussed.

Keywords: child protection and welfare, decision making, service provision, mixed methods, Tusla Child and Family Agency.

Background

The Child and Family Agency, Tusla, has a mandate under the Child Care Act 1991 to promote the safety and welfare of children. When reports of suspected child abuse, neglect or child welfare are received, social workers must decide whether or not a child and family needs ongoing

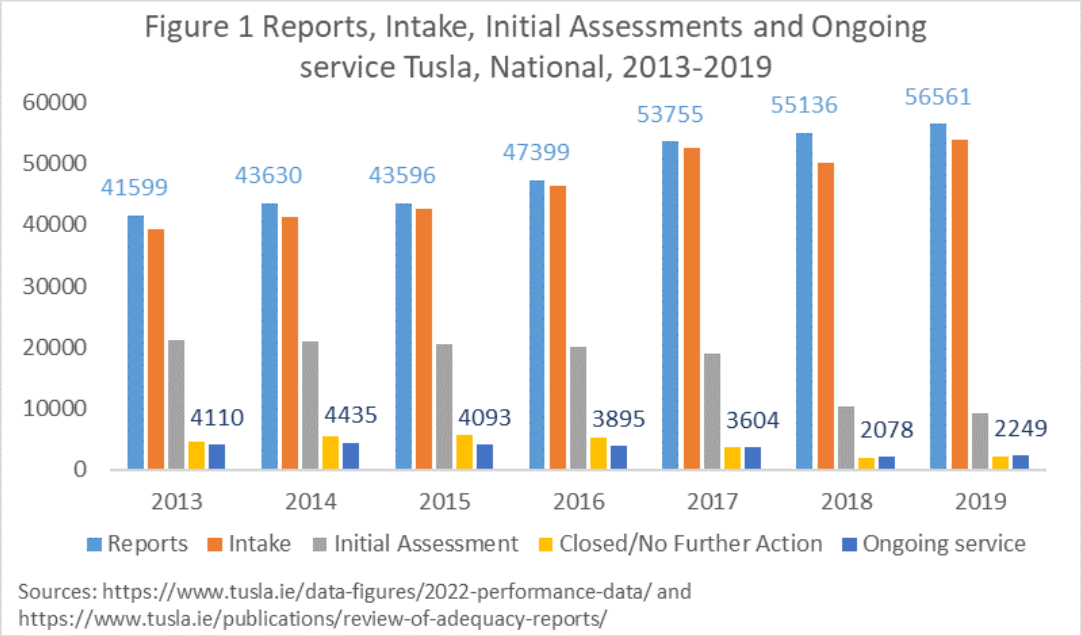
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services. These decisions are made during an Initial Assessment. In accordance with policy guidelines, the aim of Initial Assessment is to develop relationships with clients to establish, if there are unmet needs or, if a child is at risk of abuse or neglect and whether or not these needs warrant ongoing child protection or family support services. If reports involve child abuse or neglect, emergency action might be needed to make sure a child is safe. Otherwise, a child remains at home while the social worker conducts the Initial Assessment.

Researchers from a range of disciplines, including child protection and welfare, distinguish between judgments and decisions. For example, in child protection, social workers undertaking Initial Assessments make judgments about the likelihood of future risk or harm to a child and the need for intervention. Then they decide, from the options available, what actions to take. Judgments and decisions are influenced by a variety of factors including information about a child and family, child protection policies, available resources and interventions, professional knowledge and values and attitudes about the rights of children and families. Additionally, it has long been established that judgments and decisions are influenced by a range of psychological factors including past experiences and cognitive biases. These lead to variability in the outcomes of Initial Assessments. In a system which recognises the rights of children to be treated equally, it is important to understand what informs judgments and decisions.

Statistics published by Tusla show only a minority of children who are reported are receiving ongoing services, despite continuously rising rates of reports most of which warrant attention (see Figure 1). Reports by the Health Information Equality Authority, HIQA, have repeatedly indicated that - due to demand and under-resourcing - there are substantial delays in receiving Initial Assessments and this has a negative impact on providing services and on the potential efficacy of those services. The situation is similar across Anglophone child protection systems. Irish statistics and audits reveal that anywhere between 13.5% to 51.3% of children who have Initial Assessments receive ongoing service. The remainder are closed, with no further action. We know that under-resourcing of the Irish services impacts negatively on service provision, however, we know very little about how the decisions to provide ongoing services are made. Equally, little is known about the nature of concerns investigated or about the characteristics of children and families themselves. The purpose of this research is to address this gap in the Irish context.

Two empirical studies were conducted in one administrative area of Tusla between 2015 and 2016. The first, a case study, explored social workers' explanations for their judgments and decisions and examined the context for practice. The second, a cross-sectional study, profiled the population undergoing assessments and identified, through multivariable analysis, factors associated with the decision to provide ongoing service.



Focus on decision making processes

A number of writers have characterised decision making in child protection as a subjective and relationship based process. Social workers may be dealing with partial and sometimes contested information. Therefore, decisions are based on navigating uncertainty rather than absolute risk assessments. I wanted to know how social workers themselves explained how they reached decisions and what influenced them. I examined case files from 45 Initial Assessments and interviewed 10 social workers and 2 social work teams in nine departments in a single administrative area of Tusla. Based on a thematic analyses of the evidence gathered, I established that social workers used three interrelated processes to explain their judgments about needs and risks and the decision whether or not to provide ongoing service. These are

1. evidence of harm or risk used in conjunction with
2. evidence of parents' engagement and responses to the identified needs and risks, in conjunction with Social Worker's interpretation of
3. their professional expertise and role and the roles of parents and other professionals and
4. demand for services and available resources.

Children received services when there was evidence of harm due to poor parenting capacity or failure to engage constructively with the services or, where there was evidence of abuse and ongoing exposure to domestic violence, substance misuse or mental health concerns. Otherwise cases were closed. Where resources were scarce, social workers ranked risks and provided services to the highest risk cases. This meant, in some situations, cases were closed even though social workers believed they might have benefited from intervention. In such situations, if there

was uncertainty about parents' ability to manage needs and risks, social workers connected families to other services or left the door open to report back to Tusla.

Characteristics of children and families in initial assessments and factors associated with ongoing service

The cross-sectional study was based on a consecutive sample of all Initial Assessments completed during the first quarter of 2016 in seven social work departments in a single administrative region of Tusla (n=480). Information was collected from textual case file records. Children and families undergoing Initial Assessment were clustered in areas of greater deprivation compared to a national mean. Families had more children, had younger children, and had more boys than families in the general population. The primary carer in most families was the mother. One parent families were over-represented. Both one-parent families and families with cohabiting parents were disproportionally unemployed compared to their counterparts nationally. A majority children were previously involved with child protection services (69%, n=331) and one in ten (10.6%, n=51) had a parent who was involved with the services in their own childhood.

Most of the children had at least one developmental need and there were findings of abuse regarding one in three children (34%, n=163). Social workers had concerns about at least one aspect of parents' capacity to respond to children's needs and reported at least one parental behaviour identified as a risk factor for abuse in most assessments. One in four Initial Assessments involved domestic violence (24.6%, n=118) most frequently perpetrated by a father or mother's partner. Most parents were perceived to cooperate and engage with the service during the Initial Assessment (71.0%, n=341).

Almost two in every five children (38.5%, n=185) remained open for ongoing service following Initial Assessment. Factors most influential on the decision to provide ongoing service were domestic violence perpetuated by a mother to a father, concerns about parenting capacity, findings of abuse, inter-generational and historical involvement with social work and having few social supports. Being under four years old, having health care issues and having a male social worker, and a parent who did not cooperate were also influential on the decision to provide ongoing services.

Conclusions and implications for policy, practice and research

Decisions to provide ongoing service are multi-factorial, influenced by current and historic case factors, organisation factors, policies, resource constraints and social workers' perception of their own expertise and role. Almost 40% of children who received Initial Assessment received ongoing service.

The studies illustrate the benefits of analysing information about children and families undergoing assessments to support intervention decisions. Having information about the characteristics of children and families and the difficulties they are experiencing can help Tusla

develop a robust understanding of their service needs, develop training to enhance social workers' expertise and overall, enhance Tusla's capacity to advocate on behalf of its clients. The findings point to the need for further research to explore for example, why male social workers compared to their female colleagues are likely to provide services and to examine what influences social workers' confidence in their expertise. Further research is needed to explore why female perpetrated domestic violence compared to the more prevalent male perpetrated domestic violence, is more likely to warrant service intervention.

The findings suggest that there is an opportunity for Tusla to operate a lower threshold for service provision to certain categories of children. Those indicated include children under age four, children exposed to domestic violence and where there is repeated and inter-generational involvement with the services. The aim would be to expedite service provision in order to mitigate the long term effects of abuse. This could relieve the burden on waiting lists for Initial Assessments, response times and enhance the efficacy of service provision.

This study is the most comprehensive study of Initial Assessments conducted in Ireland to date. It is also the first Irish study to simultaneously explore the characteristics of Initial Assessments and investigate associations between case factors and ongoing service. However, in order to establish if the results can be extrapolated nationally, further research is needed.

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Declaration of Interests

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