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Chapter 7. Child protection and welfare systems in Ireland: Continuities and discontinuities of the present

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Abstract

This chapter provides an overview of the Irish child protection and welfare system, and examines continuities and discontinuities between the past and the present. 2012 is chosen as a pivotal change moment around which to critically examine current developments. This year is chosen due to seminal change events which occurred such as a referendum on the rights of the child and the publication of a report that led to the blueprint for the establishment of an independent Child and Family Agency in Ireland. We chart existing histories of child welfare and comment on significant trends and developments. Against the backdrop of this history, we discuss whether, almost 50 years on, the context, appetite for and investment in change, is to be realised in the biggest structural change to children's services since the development of Community Care under the Health Act in 1970. In undertaking this analysis, we examine five themes: the establishment of a new Child and Family Agency (Tusla); Signs of Safety adopted as a new national child protection approach; changing trends in child welfare as demonstrated by recent statistics, retention rates for social workers in child protection; and dealing with retrospective child abuse disclosures, institutional abuse and Church-State relations.

Introduction

'We must do better for children and families. It will take time for us to create this new reality out of the rubble of a system that has been crumbling for decades, but this report is a major step on the road' (Fitzgerald, 2012 cited in McGregor, 2014, p. 772).

In 2012, several moments occurred that could arguable by defined as pivotal for the child protection and welfare system in Ireland. In no particular order of importance, the following developments mark key changes in the child welfare system that happened in that year. Firstly, the *Report of the Task Force on the Child and Family Support Agency* was published (Department of Children and Youth Affairs, 2012). This set the blueprint for the establishment of the new Child and Family Agency (also known as Tusla) in Ireland as a separate independent State authority responsible for child protection and family support services. Up until then, child protection and welfare services were part of an overall health and social service delivery system under the governance of the Health Service Executive (HSE) (Skehill, 2004). In 2012, standards for child protection and welfare were launched by the Health Information Quality Authority (HIQA). In the same year, a new statutory body called the Health and Social Care Professionals Council (known as CORU), began regulating professionals and had registered its first profession – social work - marking a new regulatory phase in social work in Ireland. A constitutional referendum was also held in 2012 referred to as the Children's Rights Referendum and resulted in a new sub-article 42A on children's rights being inserted in the constitution to bring Irish law and policy into line with the United Nations Convention on the Rights of the Child (1989). The new Article 42A also made greater provision for child protection decision-making, opening up the option to use adoption as a care option for those in medium to long-term state care, which had not previously been possible except in exceptional circumstances (see McCaughren & McGregor, 2017; Burns, Pösö & Skivenes, 2017a).

There are a number of publications that examine the history and development of the Irish child welfare and protection system prior to 2012 (see, for example, Buckley, Skehill & O'Sullivan, 1997; Ferguson & O'Reilly, 2001; Skehill, 2004, Lynch & Burns, 2008; Burns and Lynch, 2012; Buckley & Burns, 2015). This chapter does not re-examine content already covered by these publications. Instead, we have structured this chapter around 2012 as an important year in time, drawing broadly from the ideas of a history of the present approach. This implies that the history we tell is one that helps to illuminate the present best. It is an approach that considers key moments in time and space that went before and after the key moment of 2012. The intention of this approach is to use history to inform a critical understanding and problematization of the present (Dean 1994; Foucault, 1977; Skehill, 2007).

The chapter beings with a brief mapping of the child protection and welfare system, followed by a concise commentary on key historical events to provide a context for the developments in 2012. This is followed by a review of select developments and key themes in child protection and welfare in Ireland from 2012 to 2017. Our decision to focus on select developments avoids 'skimming' over themes, but it has meant that other developments such as the introduction of a limited mandatory reporting system at the end of 2017, placing our child protection guidelines on a statutory footing, changes to the adoption system, a critical examination of the experiences of children in Ireland's 'direct provision' service for families seeking asylum (see Christie, 2010; Horgan and Ní Raghallaigh, 2017), the development of Tusla's Prevention, Partnership and Family Support (PPFS) programme, among other

developments, are not addressed. The chapter will conclude by returning to reflect on 2012 as a catalyst year for change and we argue that getting to a point where we consider our child protection and welfare system to be good enough, we suggest, is the first step needed in this direction. It is too early to be definitive as to whether the changes begun in that year have made the system better for the protection and welfare of children in Ireland. One could be overly-negative and point out all that needs to be done with the system and what could have been done differently; but one also has to be hopeful and recognise the renewed energy, investment and policy focus brought to the child protection and welfare system between 2012-2017. The best chance of this 'better' does indeed lie in this present and its near future.

A brief history of the present of child protection and welfare in Ireland

Table 7.1 provides a brief overview of the structures of the child protection and welfare system in Ireland back to 1862. These structures are important as they provide a platform to analyse the role of the Irish State in the governance and delivery of child protection and welfare services in Ireland, and seeds of some of the current challenges still faced in the present day are evident in these structures. In line with a history of the present approach (see Skehill, 2007), we identify some key developments in 2012 that are significant as we look back to some key moments and events in the past that help to illuminate their significance and relevance in the present.

TABLE 7.1: Overview of child protection and welfare systems in Ireland, 1862-2012

Period	Governance of Child Welfare	Main Child protection Law	Main Forms of Alternative Care	Family Support services	Minister Responsible / governance model
2012-Present	Tusla: Independent Child and Family Welfare Agency	Child Care Act 1991 (as amended)	Foster Care (one third kinship)	Integrated in Tusla/ Partnerships with community and voluntary organisations	Minister for Children and Youth Affairs / directly accountable to Minister
1970-2012	Integrated Health and Welfare	Children Act 1908	Mostly foster care	Mostly Third Sector/Voluntary/Community with some statutory provisions	Minister for Health/ Junior Minister for Health and Children / Minister for Children and Youth Affairs
1921/2-1970	County Governance-Health Authorities	Children Act 1908	Institutional Care with some foster care (called boarded out)	Almost exclusively Third Sector/Voluntary/Community with limited statutory provisions	Minister for Local Government and Public Health / Minister for Health / Minister for Education
1862-1920/1	Great Britain/United Kingdom Governance	Children's Charter, Children Act 1908	/Institutional Care /Foster care developing	Almost exclusively Third Sector/Voluntary/Community with limited statutory provisions	Minister for Local Government

In 2012, the *Report of the Task Force on the Child and Family Support Agency* led to the establishment of a new dedicated agency called Tusla. The Child and Family Agency (also known as Tusla, a neologism meaning new day from two Irish words Tús and lá) was established in 2014 in response to long-held criticisms that children's services in Ireland were marginalised within a larger health system where hospitals consumed most of the resources and management time. This is the first time that child welfare was governed through an independent authority. Before this, it was one small part of the health and social services and

governed by the Health Service Executive (HSE), whose primary focus and attention was on the hospital sector. Before the HSE, Health Boards shared the governance of health and social services across 11 regions. Since the Health Act 1970, which established Ireland's modern health and welfare system, child welfare and protection jostled for space, recognition, resources, and some would say understanding, in a largely medically-dominated system (see Whyte, 1980 and Hensey, 1972 for a consideration of the medical and social system; see Harvey, 2007, Skehill, 2003, 2004 and McGregor, 2014 for specific considerations of the development of statutory social work in child protection). While it is commonly and correctly stated that the State system did not develop substantially until after 1970 and that it was mostly private, philanthropic and/or religiously-oriented services prior to this, Ireland has had a statutory child welfare obligation for more than 150 years. Skehill (2004) contends that there has been a continuous line of State involvement in child welfare that is traced back to the foundation of the foster care system (originally called Boarding Out) for children in the State workhouses in 1862. Predecessors to social workers, called Inspectors of Boarded out Children, have managed a fostering system in Ireland since 1902 and in the mid-20th century, it was mostly public health nurses and social workers who operated in this space. A non-denominational voluntary organisation - the Irish Society for Prevention of Cruelty to Children (ISPCC) - also played a significant role up to 1970 (Buckley, 2013). As the welfare state developed after 1970, child protection became the primary domain of statutory social work and this remains the case up to the present day. The Health Boards established under the Health Act 1970, were subsumed into a new large, all-encompassing health and social service body called the Health Service Executive in 2005.

Guidance relating to the identification and response to child abuse and neglect was developed from the late 1970's onwards culminating in Children First 1999 guidelines, becoming Ireland's first comprehensive national guide. These guidelines were updated in 2011 and 2017, and were placed on a statutory basis at the end of 2017 in light of new legislation relating to mandatory reporting. In 2011, a child protection and welfare practice handbook was launched (HSE, 2011). In addition to the development of guidance for practice, the Irish State incrementally introduced other key elements of the system during the 2000s. For example, a new Ombudsman for Children post was established in 2004; an independent Special Rapporteur for Child Protection was appointed in 2006 and the first full senior Minister for Children and Youth Affairs was appointed in 2011. As detailed in the next section, during this period, a new system of standard-setting and inspection of child welfare and protection was also developed.

The second moment identified in the introduction in 2012 was the increased regulation of child protection by the Health Information and Quality Authority (HIQA) and the social work profession by the Health and Social Care Professionals Council (CORU). While there were systems of accreditation for social work education and systems of review and standard setting in child protection in the past, this new level of regulation marked a particular change in regime. The child protection system by this time had become organised around a National Child Care Information System and the introduction of a 'Business Process System' that was in development for a number of years (Health Service Executive, 2002). Critics would argue these developments marked the emergence of a period of managerialism, proceduralization and bureaucratisation of services that was previously a common feature in the United Kingdom (UK) systems (see, for example, Garrett & Conneely, 2015). The emergence of a discourse of managerialism in Irish child protection is to some extent reminiscent of a wider global trend influenced by neo-liberalism and risk society (see Parton, 2014). It might also be attributed, in its timing, to events that had taken place around this

period. For example, in 2010 a major child abuse inquiry occurred in Roscommon (Gibbons, Lunny, Harrison & O'Neill, 2010) which led to a number of recommendations for change at both organisational, policy and court level, as well as for social work practice and management levels (see recommendations, pp. 83-93).

While inquiries into the role of the State in protecting children from harm within their home have had a significant impact on the Irish child protection and welfare system (see, for example, Buckley & O'Nolan, 2013), it has been the revelations of historical abuse of children in certain Irish Institutions that have caused the greatest political attention and public debates in more recent years. In 2009, the *Commission to Inquire into Child Abuse Report* (Ryan, 2009) reported its massive five-volume tome showing extensive and systematic abuse of children in industrial schools, which were the main form of institutional care for children in Ireland up to 1970. The Ryan report, and the subsequent 'implementation' plan produced by the Department of Children and Youth Affairs to reform child protection services, is likely to have been a major catalyst for change that manifested in 2012 in the establishment of the new Agency and the holding of a children's rights referendum (Kilkelly, 2012). McGregor (2014) suggests that the findings from this Commission highlight the learning for the present of a lack of regulation and accountability that enabled such extensive abuse and neglect to go unchecked for so long (see O'Sullivan, 1999, 2009, and Buckley, 2015 who offer explanations as to why there was such reliance on institutional care, over foster care during the early and mid-20th century).

Another strand of historical and contemporary revelations related to abuse of children by the clergy in communities (see, for example, Murphy, 2009) which together with the significant Ryan report based on the work of the *Commission to Inquire into Child Abuse*, has resulted in the once perceived altruistic role of the Church in child care services being represented through irrefutable evidence as a source of deliberate and damaging harm for many children (Commission to Inquire into Child Abuse, 2009). These reports emphasise the harm and danger caused by a lack of regulation and accountability of institutions and government departments in the past. In other words, because of the close and mutually reliant relationship between the statutory and voluntary, mostly the religious social and education sectors in Ireland historically, there was a high level of trust and a low level of accountability demonstrated. This highlights the importance, in the present, of the need for a critical and balanced engagement with processes of regulation and accountability that challenges the negative effects of over-proceduralisation such as too much focus on bureaucracy and diversion of time from direct practice, while at the same time ensuring sufficient levels of accountability for those responsible for child protection, welfare and family support.
The third event in 2012 that we identify as a key moment is the children's rights referendum. In reviewing the development of social and child welfare policies towards a children's rights ethos, the first explicit evidence of a discourse of children's rights in policy can be found in the *National Children's Strategy* in 2000 which included for the first-time consultations with children through the education system. One could argue that prior to this, the discourse of child protection was a welfarist and paternalistic one. Looking back from 1970 and prior to the development of a coherent statutory system, the discourses can be associated with moralisation and normalisation mostly within a socio-spiritual frame (Skehill, 2004; see also Skehill, 1999, 2000). With regard to constitutional reform, between 1993 and 2012, a number of attempts were made to have a referendum on the Irish constitution to change Articles 41 and 42 (see Lynch & Burns, 2012). A call for constitutional reform to give greater rights to children and to strengthen the powers of the State to intervene to protect all children irrespective of the marital status of the parents, was first made explicitly by Judge Catherine

McGuinness in the *Kilkenny Incest Investigation* report (McGuinness, 1993) and over the next 20 years, various committees and drafts of the proposed amendment were developed. A Constitution Review Group was established in 1996. The UN Committee on Rights of Child called for constitutional reform in its response to Ireland's submission in 1998 and again in 2006 and in the following year, 2007, the Joint Oireachtas Committee on the Constitutional Amendment on Children was established and they produced the wording for a new Article 42A. As McCaughren & McGregor (2017) argue:

> *The momentum for the need for reform was reinforced in light of the Ryan Report on the Commission to Inquire into Child Abuse in 2009 which brought to the fore the issue of children's rights and cemented commitment to work towards reform (Ryan, 2009) … the Roscommon Child Abuse Inquiry 2010 served as a reminder of the problem related to the former position of children before the amendment was passed in 2015 when it came to balancing the (imprescriptible and inalienable) rights of parents (2017: 4).*

This look back from 2012 from the platform of three important events/moments gives a sense of the present through reference to the past. However, for the international reader, the story might still be somewhat sketchy. For those interested in reading more about the history of child protection and welfare in Ireland, the following sources are recommended. Ferguson (1997) and Buckley (2013) provide in-depth histories of the ISPCC, and the civil society organisation that led child protection in Ireland up to 1970. Original reports relating to the development of the statutory child welfare system in 1970 provide an insight into a key moment of change (Kennedy Report, 1970; Task Force on Child Care Services 1974). For developments during the 1980's and 1990's the work of authors such as Robbie Gilligan, Valerie O'Brien, Ruth Torode, Harry Ferguson and Helen Buckley examine issues relating to child welfare and protection in Ireland during and leading up to those moments in time (see Skehill, 2004 for a detailed review of literature and authors for this period). Devaney & McGregor (2016) provide another more current and useful thematic and sequential review of the history also, with a particular focus on the relationship between child protection and family support in Ireland.

This section concludes with a brief summary of Buckley and Burns' mapping of seminal development in child protection and social work from 1970 to 2013, which will help us to crystallise the key practice issues and policies relevant for the present day. Firstly, they explain how social work was developing in parallel with, and as part of, the child protection system that was emerging during 1970. Like most histories of this period, the final *Task Force on Child Care Services* in 1974 is identified as signifying a key moment for system change away from institutional care (see also the Kennedy Report, 1970) towards family-based care and preventative and community-based approaches to families in need. It was during this period that statutory social work 'took over' from the voluntary and philanthropic management of most child protection and when formal State child protection system as we know it now was developed. Buckley and Burns helpfully remind readers that this role was not necessarily resisted, but indeed was welcomed in social work as an opportunity to develop its identity and expertise (see also Skehill, 2004).

Another key moment for Buckley and Burns, as found in most historical accounts, is the publication of the Child Care Act 1991. This was a seminal reform period for many European countries who were also updating their child protection and welfare laws: Norway's Child Welfare Act in 1992; England's Children Act in 1989; Sweden's Care of

Young Persons Act in 1990; and Germany's Child and Youth Welfare Law in 1990 (Burns et al., 2017a). The Child Care Act 1991 in Ireland repealed the Children Act 1908 and its various amendments during the 20th century. It extended the potential for intervention from evidence of harm, to evidence of significant risk of harm or abuse. Buckley and Burns explain how this led to the increased regulation of child protection. Another 'moment' is the first big inquiry in Ireland into why the State did not intervene in a case of incest - the Kilkenny Incest Investigation (McGuinness, 1993). They outline how this was a watershed moment, not just for social work, but for the general public and system as a whole with the 'revelation' that children could be harmed in their own home by family members. The analytical approach of the McGuiness report is particularly important: at this point in abuse inquiries, far more emphasis was put on system culpability rather than on individual professional responsibility. The two authors capture the complexity of developments during the decade of the 1990s. On the one hand, principles of prevention, inclusion, early intervention, engagement with children and early intervention gained greater ground in policy. On the other hand, from 1996, the question of mandatory reporting is placed on the reform agenda for Irish child protection. It is only now that a system of mandatory reporting for designated professionals and mandated persons (see Children First Act 2015) was implemented in December 2017. At the time of writing, media reports based on documents obtained under the Freedom of Information act highlighted how the Child and Family Agency has being resisting the introduction of mandatory reporting, fearing that its introduction will overwhelm a service that is already struggling to address existing waiting lists (RTÉ, 2017).

Post 2008, three weights came down on the system in the form of: the Ryan Report (2009) exposing extensive abuse of children in institutions in the past; the Roscommon child abuse inquiry (Gibbons et al., 2010) that exposed negligence and failure to protect six children from neglect, physical and sexual abuse; and the economic recession and austerity policy measures which created new poor families in Ireland experiencing poverty, discrimination, exclusion and health problems. The authors follow on from this summary of the history to consider the hope for future development of the system post-2012, as we do here again in this chapter a few years later. Buckley and Burns conclude this history to ask if there is a sense of *déjà vu* with the hope of the (last) Task Force in 1974, given that it was the 'front door of child protection' that remained very much the focus in the run up to 2012. The Task Force on the New Child and Family Agency in 2012 had a major challenge to consider a new avenue and a wider range of doors and entry points for support and protection of children in need and at risk. The low turnout rate for the Children's Referendum and modest gains for children's rights made in the Children's Referendum in 2012 left advocates in little doubt that the quest for 'better' was still many steps away from the aspiration to do 'good enough'.

In sum, in 2012, we can see a number of important continuities and discontinuities within the child welfare and protection system in Ireland that were significant to that moment. The main discontinuities or major shifts in the system are identified as: 1970 – a move from mostly voluntary to a statutory child welfare system; 1991 – introduction of legislation to repeal the Children Act 1908 and the enactment of greater powers for risk management and prevention of neglect and abuse; 1993 – the first major inquiry into how the child welfare system had failed a child; 1999 – the culmination of a decade of revelation of historical abuse of children in institutions in particular, a redefining of the history of child care in Institutions and under the care of religious orders, and the publication of major overhaul of the key child protection policy document (Children First); 2000 – the emergence

of a notable children's rights discourse in policy and 2012 as the year a number of events came together to define our most recent key moment of change, which, as explained in the next section, was the establishment of a new national State-led Child and Family Agency. The main continuities to note are an ongoing quest for change and improvement since the first moment identified in 1970 and the protracted nature of that change up to the present. Throughout the period of change, a lack of resources has persisted as another continuity leading to a constraint to progression. The pull towards risk and crisis management continuously prevents the achievement of implementation of the principles of prevention, early intervention and family support laid down in principle since the 1980 Task Force and legislated for since the Child Care Act 1991. The question to consider now is whether, almost 50 years on, the context, appetite for and investment in change is to be realised in the biggest structural change to the context of child welfare services since the development of Community Care under the Health Act in 1970.

Building a new system, whilst simultaneously addressing the past, 2012-2017
Following on from our consideration of some key moments in the past that inform the present, this section provides a commentary on the development of the child welfare system since 2012. We examine what we consider to be five contemporary defining features of the Irish child protection and welfare system. Firstly, we examine the establishment of Tusla, the Child and Family Agency and the strengths and weaknesses of this Agency. In this, we summarise related policy and legislative developments in Ireland at this moment in time. Secondly, we examine the introduction and implementation during 2017-2018 of Signs of Safety® as Ireland's new national approach to child protection practice. Thirdly, we present data on child protection and welfare in Ireland which will give the reader a sense of the Irish model, particular in terms of the profile of children in Ireland, the profile of presenting issues for children referred to Tusla and the thresholds to enter the system, including the thresholds for reception into State care. Fourthly, we examine the high retention, low turnover rates for social workers in child protection and welfare in Ireland over the last decade. Finally, we focus on the fact that while there has been extensive focus on building a new child protection system, there is also simultaneously strong pressure on government - largely from civil society organisations - to address historical (retrospective) issues associated with the care and protection of children. Underpinning these changes, some major law reforms have led to profound changes to the system since 2012. These include the introduction of the Children and Family Relationships Act 2015, which extended the scope of guardianship, the Adoption Amendment Act 2017 which makes provision for the adoption of children from State care in certain circumstances and the Children First Act, 2015 which makes provision for mandatory reporting of concerns about child welfare in Ireland for the first time.

1. Establishment of Tusla, the Child and Family Agency

While the initial aim of the Agency was to consolidate all other child and family services within the Health Services Executive, it presently only incorporates child protection and welfare school attendance, family support and domestic and sexual violence. Although intended to be included, public health visiting (community nursing), child and adolescent mental health and psychological services currently remain within the HSE due to a number of reasons, including: a concern about resourcing and pace of change in the development of the agency and an assertion of their own 'best fit' with other services remaining in the HSE (e.g. general hospital and adult mental health services).

As articulated in the Task Force on the Child and Family Support Agency in 2012, the principles of what came to be called the Child and Family Agency (Tusla), were articulated within a broad family support ethos. Supported by philanthropic investment, a new programme of Parenting, Prevention and Family Support (PPFS) was launched to complement the existing services of the Agency that included mainly child protection and welfare intake, assessment and intervention services, alternative care services (foster care and residential care) and education and welfare services. Education and welfare services were newly incorporated from the Department of Education into the new Agency. An assessment framework and thresholds guidance framework was used to inform the nature and level of intervention. Hardiker's 4 level model is used as a guide to differentiating levels of need and intervention from Level 1 (Universal services) to Level 2 (Some unmet need), Level 3 (significant unmet need and/or risk of harm) and Level 4 (high level /acute need and /or risk/harm) (see Hardiker, 1992).

Five strands of development are involved in the PPFS programme and a comprehensive process of external evaluation of each package has been in place since 2014 led by the UNESCO Child and Family Research Centre, NUI Galway (2017). The first strand relates to commissioning of services and the development of a Market Position Statement which is the guidance for how the public sector service Tusla will commission services from outside of its own provision. This position statement rationalises the process of commissioning of child and family services from the voluntary and community sector (Shaw & Canavan, 2016). The second strand relates to the extended development of the Parenting Support services of Tusla. The establishment of an online Parenting 24/7 service has been one of the significant developments (Connelly & Devaney, 2017). The third relates to the development of a participation programme for enhancing child participation which has already developed training and practice within the Agency significantly and in line with the new Article 42A in the constitution concerned with listening to and taking account of the voice of the child (McGreal & Kennan, 2017). The fourth strand of PPFS relates to public awareness of parenting and family support services which is informing the agencies communication strategy (McGregor & Nic Gabhainn, 2016). The final, and arguably the most significant strand of the programme is the introduction of new practice model based on the principles of early intervention and prevention. This model is called 'Meitheal', which is an old Irish word 'that describes how neighbours would come together to assist in the saving of crops or other tasks' (Tusla, Child and Family Agency, 2015, p. 1). 'Meitheal', in the context of Tusla's work, means a new practice model based on learning from international best practice in relation to early intervention and draws from work in the UK, for example, in relation to the use of the My World Triangle. Meitheal is a partnership model that requires full agreement and engagement with parents and young people/children. It is based on the principle that the child should be at the centre of services and is designed on the basis of inter-agency and inter-disciplinary co-operation. Significantly, the lead practitioner is appointed on the basis of their relationship with the family, rather than their disciplinary background. Meitheal is a service offered to families to prevent them coming into contact with the child protection and welfare services. Meitheal is a targeted early intervention and preventative service for families who present with a level of need or risk (usually Level 2 or 3) that does not meet the threshold for child protection and welfare intervention. Meitheal can be initiated through a parental or professional referral. Also, when families' cases are being closed with child protection and welfare, they can also be referred to Meitheal which is known as a 'step down' process. The practice model evaluation is already showing positive outcomes for families and practitioners (see Cassidy et al., 2016), but it is too early to report

on its overall impact and interaction with the child protection system which has also just recently introduced a new model for practice (Signs of Safety, see next section).

Collectively, the introduction of the PPFS programme is indicative of a discursive and organisational shift in the orientation of child welfare services towards prevention, early intervention and family support (see Devaney & McGregor, 2016; Cassidy et al., 2016). However, the challenge of how this practice model fits with the child protection intake, assessment and intervention system is something that is still being worked through and worked out in terms of balancing the emphasis on support at levels 1 and 2 alongside responding to the high levels of referrals and needs for intervention at Levels 3 and 4.

2. Signs of Safety Model as Ireland's new national approach to practice

The Signs of Safety model is an internationally recognised approach to child protection developed by Steve Edwards and Andrew Turnell in the 1980s in Australia. It is currently being implemented in Ireland as a new national standardised approach to practice. All child protection social workers in Ireland during 2017/2018 were trained in the model by Andrew Turnell (Holland, 2017, p. 1). It is the recognised model incorporated into the Tusla *Child Protection and Welfare Strategy 2017-2022* that was launched in May 2017. Called 'Creating Effective Safety', the strategy reiterates the principles contained within Children First 2017, the primary one being that 'the safety and welfare of children is everyone's responsibility'. It sets out 6 strategic objectives.

Firstly, to implement a National Model- Signs of Safety. Signs of Safety has been implemented in countries including New Zealand, Japan, Europe, Canada, and Cambodia, and is generally recognised as a leading participative model of child protection case work although it has been subject, to date, to limited systematic external evaluation. Turnell & Murphy (2017) in the fourth edition of their briefing paper for the model summarise the three core principles of Signs of Safety as: Working relationships; 'Munro's Maxim: thinking critically, fostering a stance of inquiry' and 'landing grand aspirations in everyday practice'. Together, they show critical learning from past inquiries and recent reports such as Munro's impactful review of child protection in England in 2011 (Munro, 2011). The second strategic objective for Tusla is to develop clear thresholds and responsive pathways. To achieve this, it states that there will be 'an increased level of analysis and judgement to be promoted to improve consistency in determining the appropriate response pathway for children and families ensuring they receive a proportionate and timely response'. The third strategy is to create and embed a system-wide learning environment. The fourth relates to developing proactive relationships with partners that includes internal and external stakeholders, children, families and their extended networks. The fifth refers to 'empowering our people' to help staff to make more 'risk–sensible' decisions and 'work in a more participative way with children and families'. This will include organisational reform to support the new national approach to practice and the development of career pathways for all staff. The final objective, no 6, is to have defined, measurable outcomes. The strategy makes a commitment that meaningful measures will be developed that will allow Tusla to assess how successfully they are outcomes for children.

Launching the Strategy, CEO Fred McBride announced that: 'The creation of Tusla in 2014 represented a fundamental shift in the provision of family support, child protection, educational welfare and alternative care services. Since the Agency's establishment, we have led the most comprehensive reform of these services in Ireland and our new *Child Protection and Welfare Strategy 2017-2022* is a hugely important step in this journey' (Tusla, Child and

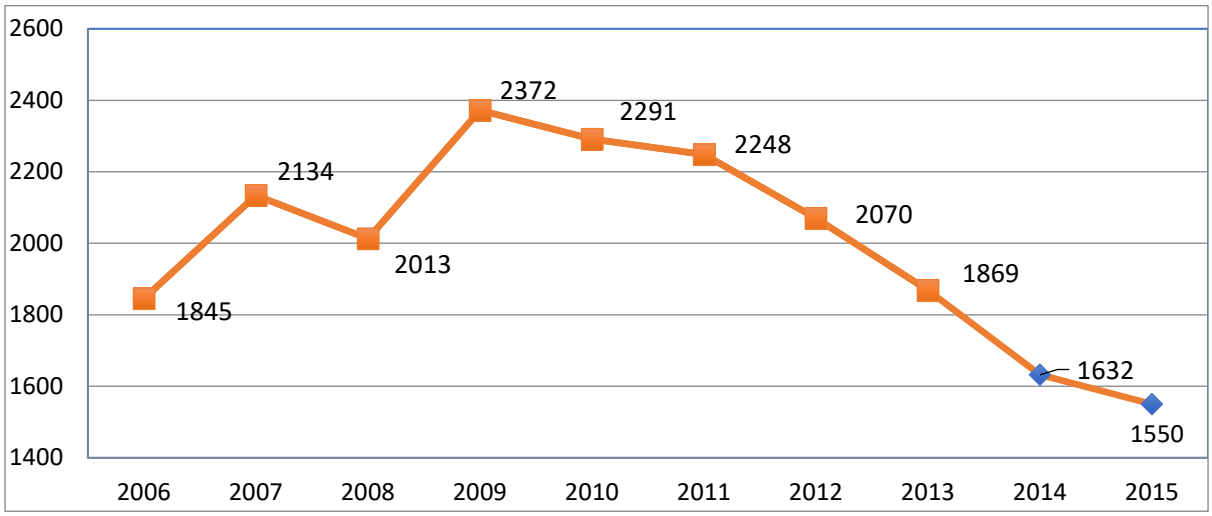
Family Agency, 2017a). This reform process is something we will observe with interest in the coming years. To contextualise further the climate and potential of such reform, the following section provides current statistics on children and child protection in Ireland.

3. Statistical data on children and child protection and welfare in Ireland

Ireland has a relatively young population compared to many other European countries, with 1,190,478 children (aged 0-17) in a total population of 4,757,976 (26%) in 2016 (Central Statistics Office, 2017). 331,515 of these children were aged between 0-4 years, 548,693 were aged between 5-12 years and 310,270 aged between 13-17 years.

In 2015, the Child and Family Agency received new 43,596 referrals and there were 26,655 cases open to social work departments (Tusla, Child and Family Agency, 2017). The Child and Family Agency is the only body authorised to receive children into state care under the Child Care Act 1991. Ireland operates a high threshold for the reception of children into State care relative to other jurisdictions, due to a provision in our constitution which stipulates that State interventions into the family domain must only be exercised in exceptional circumstances (see Burns, O'Mahony, Shore & Parkes, 2017b). At the end of 2016, there were 6,258 children in statutory care which is a 16% rise on the numbers in care at the end of 2006 (Tusla, Child and Family Agency, 2017b). However, the total number of children in care per 1,000 at the end of 2016 was 5.3, which is virtually unchanged since 2011 (5.35). This figure would be at the lower end of child in care per 1,000 and be closer to the United Kingdom and the United States, but under half the rate you would find in Switzerland, Norway or Finland (Burns, Pösö and Skivenes, 2017). 65% of children in State care live in general foster care, 27% live in foster care with relatives, 5% live in residential care and 2% live in accommodation categorised as other (Tusla, Child and Family Agency, 2017c). Of the children that come into state care, two-thirds enter through the voluntary care pathway and one third of children come into care through care order applications made to the District Court (Tusla, Child and Family Agency, 2016). The voluntary care system is managed by Child and Family Agency social workers, with virtually no independent supervision and there are no time-limits on how long a child care be signed into voluntary care, except that voluntary care must end before their 18th birthday. The District Court in Ireland, except for the Dublin Metropolitan District, is a single judge, non-specialist general court of limited and local jurisdiction that also deals with civil and criminal cases, alcohol licensing, domestic violence, maintenance and custody. Figure 1 illustrates the peak in admissions of children to State care in 2009 and admission have been falling year on year since, with a 31% reduction in admissions in the last 5 years:

Figure 7.1: Admissions of children into state care by year, 2006 - 2015



Data sources: Tusla, Child and Family Agency Adequacy Reports (2007-2017)

While the total numbers of children in care at year end has increased 16% in the last decade, there is no obvious explanation as to why admissions of children into State care have fallen so sharply, particularly given the very large increase in the numbers of children being referred to the Child and Family Agency for abuse or welfare reasons. On the one hand, the Child and Family Agency could argue that prevention and family support services are leading to the reduction, but this explanation is unconvincing as the investment in these new services has not been extensive to date, nor has there been sufficient time up to now to evaluate their impact. On the other hand, the reduction could indicate that the system is at capacity with significant numbers of children awaiting assessment due to years of austerity. Furthermore, it may also mean that thresholds in the courts for care orders have increased or are being more strictly enforced by judges, which may have resulted in social workers bringing fewer cases to court. This is development that requires more in-depth research and is beyond the scope of this chapter (see the work of the Child Care Law Reporting Project for more background on this point).

Whatever the reasoning, one factor that is evident is that there have been inadequate numbers of social workers employed within the system to respond adequately to demand. At the end of December 2016, the Child and Family Agency had 1,458 whole time equivalent social work posts working on 25,034 open cases[i], of which 19,621 children had an allocated social worker and 5,413 children (22%) were awaiting allocation. This means that cases will have been assessed via an Intake system but no worker allocated to follow up with more detailed assessment and intervention. Worryingly, 801 of these cases awaiting allocation were considered high priority cases. Included in the 25,034 open cases were 6,258 children who at the end of December 2016 were in state care, 7% (n=453) of whom did not have an allocated social worker (Tusla, Child and Family Agency, 2017a). In the November 2017 budget, the government has attempted to address this issue by allocating 300 new posts to the Child and Family Agency.

4. High retention rates for child welfare and protection social workers

For the last decade, retention rates for Irish child protection and welfare workers has been relatively high, leading to a stable workforce with high levels of experience and expertise. Retention data for 2014 indicated an 8% turnover rate (6.63% excluding

retirements) for social work staff in Tusla (Waterstone, 2015), although this figure likely conceals a few teams where turnover is high and recruitment is challenging. Also, this data is for all social workers in Tusla, and not child protection only. This low turnover rate for Ireland is in stark contrast to reports of low retention/high turnover from other countries such as the United States, with reports of turnover rates of between 30-40% and less than a two-year tenure length (Lizano & Mor Barak, 2015). The dominant narratives (see, for example, Ferguson, 2011; McFadden, Madden & Leiter, 2017; Truter, Fouché & Theron, 2017) in this literature about retention and turnover in child protection and welfare are, that: child protection and welfare work is intellectually and emotional demanding labour; at times highly stressful labour; child protection and welfare is at the 'hard' edge of State intrusion into private family life involving the social sanctioned use of 'controlling' and 'surveillance' activities by professionals; stakes are high in terms of potential harm to children and young people with high levels of responsibilities for those who undertake this work; conflict and disagreements are a feature of this work, and it is high visibility work in terms of public/media scrutiny and criticism when there are perceived errors. For these reasons, the dominant narrative suggests that workers don't stay long in this work, with short tenure rates reported. Furthermore, because of high turnover, this is work undertaken, mostly, by newly-qualified workers as it is the sector with the most vacancies and newly-qualified workers perceive [whether this is borne out by the evidence is open to debate] that they must 'prove' themselves in a hard sector of social work before moving on to their preferred area of practice (see Burns, 2011).

However, there is also a lesser-reported retention narrative, whereby: social workers describe this work as meaningful with very good levels of job satisfaction; it is professionally stimulating work that is rarely 'boring'; the work is demanding, but this facilitates high levels of skill use and problem-solving; social workers' experience high levels of autonomy, which they value highly; there are strong levels of peer support; immediate management are knowledgeable and supportive, even if the volume of work militates against these managers providing 'balanced' supervision [i.e. not 'case-management' supervision]; there is a cohort of social workers who want to continue working in this sector and are not seeking to leave even if there are suitable job alternatives, and are willing to continue despite not receiving essential required personal, supervision and organisational supports (Burns, Christie & O'Sullivan, 2017). The high retention/low turnover rates in Ireland has meant that there are workers on some child protection and welfare teams who have practiced for between 5-30 years, with concomitant high levels of expertise, meaning this sector in Ireland has had a strong mix of novice, experienced and expert workers. These experienced workers are not always visible in the research literature.

It is difficult to know for sure why Ireland's retention rates have been so high, although there are some likely reasons. Unlike some other countries, Ireland has not de-professionalised child protection and welfare: to work in this area, you must have a social work degree with either a 4-year undergraduate bachelor of social work (BSW) or have a Masters in social work (MSW, 5 years in university). The salary rates for this work are good with an entry salary point for professionally qualified social work grade of €39,819, with a high point of scale of €57,889 (correct at April 2017), with opportunities for promotion to senior practitioner grades and management posts. The State has not abrogated its responsibility for child protection work to other sectors and social workers working for the State have access to what would be considered internationally as excellent pension entitlements, tenure, sick leave arrangements and they have an entitlement to 29 days annual leave a year. High retention rates between 2008 and 2015 were also likely to be a by-product

of a severe economic recession, whereby job alternatives were in short supply as there was a significant reduction in funding for civil society organisations and there was an employment embargo in most State agencies. This may have resulted in some workers feeling 'stuck' in their post and/or appreciative of the 'safe-haven' a public tenured job provided in a precarious job market, particularly given that some of their partners lost their jobs in the recession. However, recent data from a soon to be published qualitative longitudinal study of retention in this sector found that over three-quarters of the social workers in this small sample stayed because this work was their career preference, they found the work meaningful, job alternatives were not a significant factor and they are committed to this work as their 'career preference' (see Burns et al., 2017). Even in times of strong job opportunities, the social work sector in Ireland is smaller than other similar sized countries; child protection and welfare is the largest employer and therefore job alternatives are always going to be somewhat limited which will contribute to higher retention. At the time of writing, the workforce situation in Ireland is rapidly changing with recruitment restarted and a growth in posts in most areas of social work, a loosening of the public employment embargo which further increases job opportunities. In this new context, the recruitment of sufficiently qualified staff and also the retention of social workers in some child protection teams, has, once again, become a feature of the sector.

5. Dealing with the past: retrospective disclosures, institutional abuse and Church – State relations

While there is significant contemporary focus on building a new child protection system, there continues to be a moral imperative and pressure from advocacy groups in Ireland to deal with retrospective disclosures of child abuse. This involves listening to the experiences of those who were abused in institutions and those who were harmed in their family homes and local communities. In this regard, the *Commission to Inquire into Child Abuse Report* (Ryan, 2009; see also, Powell & Scanlon, 2015), discussed earlier, was a watershed moment for Ireland in addressing institutional abuse of children and young people in the period 1940 to present. However, this inquiry is but one chapter in the ongoing process of recognising, hearing and seeking redress, for those who were harmed by these 'care' systems.

There is an ongoing Commission (2015-2018) led by Judge Yvonne Murphy investigating the experiences of mothers and babies who resided in Mother and Baby homes in Ireland between 1922-1998 (see Murphy 2017). Mother and baby homes were religious run institutions for unmarried women and their children, at a time in Ireland when having a child outside of wedlock was a significant social stigma for the parents and their families. Pregnant women lived in these homes, gave birth to their children there, reared their children there and were paid small amounts of money for their labour in laundries. The Commission is undertaking its work against the backdrop of excavations of a site on the grounds of a former mother and baby home in Tuam which operated from 1925-1961, where in March 2017, it was confirmed that the bodies of up to 800 infants and children under the age of 3 were found in an underground chamber.

Garrett (2017, p. 370) argues that while this Commission is to be welcomed, that we should guard against the emerging narrative surrounding the mother and baby homes which may 'be seeking to relegate the issue to one entirely residing in Ireland's troubled past'. He illuminates this point by identifying contemporary troubling practices associated with the treatment of 'unmarried mothers' in Ireland. Evidence of the changing nature of the

relationship between Church and State away from that which existed in the period of the mother and baby homes, was played out in a battle in 2017 over the ownership of the new national maternity hospital. The state was seeking to build a new national maternity hospital on the grounds of the St. Vincent's hospital, which is owned by the Sisters of Charity. The state proposed to grant full ownership to the Sisters of Charity after it was built, as it was on their private hospital campus. There were vociferous debates about the appropriateness of this arrangement in a modern, secular Ireland. This debate was also held against the backdrop of strong lobbies to reform Ireland's restrictive abortion laws and the need to separate the Church from medical decisions. While religious orders had extricated themselves from the provision of care homes for children and mother and baby homes largely by the 1990s, some religious orders continue to be leading providers of private hospital care and education. In modern, democratic secular states, decisions in maternity hospitals on the care and welfare of parents and babies, and more widely on reproductive rights, need to be made on the basis of prevailing legislation and social policy, rather than on a Catholic ethos. While it is outside the scope of this chapter, it may be significant to note for international readers that 96% of Irish primary schools are owned by, under the patronage of and run by the Catholic Church, with faith formation a core part of daily class time (see Collahan, Hussey & Kilfeather, 2012). The UN Committee on the Rights of the Child (UNCRC) in their most recent report on Ireland (2016), noted their concern about the lack of non-denominational places in schools and that schools were legally permitted to discriminate in their admissions policies on the basis of a child's religion.

A further strand to dealing with the past is the recent establishment of new teams within Tusla to deal with the retrospective disclosures by adults of abuse when they were children. This abuse may have been perpetrated by clergy members in the community, within care institutions, or by members of their family or members of the wider community. The organisation *One in Four* was established in 2003 to provide professional support to, and advocacy on behalf of , victims of childhood sexual abuse in Ireland. In the Dáil (Irish Parliament) in May 2017 the Minister for Children and Youth Affairs reported that Tusla, during March 2017, had 1,895 cases of historical abuse on record, most of which related to sexual abuse. 754 of these cases were awaiting allocation (Zappone, 2017). As these teams are new there is very little available data to examine this work. Mooney (2017) argues that this area of social policy and legislation which is still in a nascent form in Ireland, is concerning for three main reasons. Firstly, services need to develop to help those who were abused as children to tell their story, to be heard and taken seriously, and to take further appropriate actions. At the moment, these processes are under-developed. Secondly, once these stories are heard and assessed, there may be further implications for other yet to be identified children in the present day. Thirdly, perpetrators of past abuse continue to live in communities and have yet to be held to account. Furthermore, other adults who may have been abused as children by the same perpetrator, are yet to be identified.

Concluding comments

At the beginning of this chapter, we quoted Minister Fitzgerald, a social worker by training, at the beginning of her tenure saying that Ireland must do better for children and families. This chapter has documented the extensive steps taken by Ireland to create a new system out of the "rubble". It is evident from the content of the chapter thus far that the Irish child welfare and protection system in Ireland is undergoing substantial changes and

development at this present moment in time. We used the idea of history of the present to identify 2012 as a key moment that has triggered the current pace of change and reform for reasons summaries above. We have outlined a number of important developments that are underway that cannot yet be evaluated or assessed in terms of their impact and outcomes. The most significant points to note about the Irish child protection and welfare system in Ireland at present are as follows.

Firstly, it is a mixed economy of service with a strong state-lead, combined with a historically continuous reliance on the voluntary, community and third sector service providers to deliver support and prevention services in particular. Discontinuous with the past, private providers are also now gaining space especially in the field of alternative care residential services and to a lesser extent, foster care services.

Secondly, the new child and family welfare agency, Tusla, has been explicitly constructed as a deliberate break with the past characterised by a strong subsidiary relationship with Catholic Church provided services and a reactive crisis-driven approach to child protection and welfare. Tusla's PPFS initiative and the adoption of the Signs of Safety model, based on a strengths-based approach to practice, are two indicators of a strong motivation and intentional reorientation and redirection of child protection and welfare policy in line with the principles of prevention, family support and early intervention. This conceptual leap does not presently always seem coherent in that there remains gaps between what has traditionally been seen as the 'child protection' and the 'family support' aspect of the service. That Tusla's *Child Protection and Welfare Strategy 2017-2022* barely mentions family support and makes no reference to the relationship between family support and the 'step down' model of Meitheal is indicative of contradictions and probably differences of standpoint regarding how to reconcile demand for intervention at all levels of need and their prioritisation. Both the message that 'child protection is everyone's business' and the message that 'all intervention requires a family support practice orientation' are acknowledged, but not necessarily aligned as yet. This is part of the project for those involved in the development of policy, practice and education over the coming years

Thirdly, with the success of the 2012 referendum, Ireland's child welfare and protection is being pulled more in line with the UN Convention of the Rights of the Child and recommendations made specifically to Ireland over the years about its attention to children's rights, participation, religious freedom and family independence. Constitutional reform and associated legislative changes have stimulated the potential for children's rights-based practice and many mechanisms to realise this shift have now been put in place. The challenge for achieving this change in approach seems to lie across many domains from micro to macro levels. These include: issues of resourcing and allocation of social workers to children in care; conceptual coherence across the system and support for this at all levels; inevitability of differences in practice and implementation at regional levels and a nagging doubt about political will and transformational practice relating to services for children and families in light of the evidence of inaction about chronic circumstances in which some families and children live in Ireland presently. Children who are in direct provision and children who are homeless with their families are two particular categories of great concern. The widening of adoption options of children in state care poses a challenge in that on the one hand, it offers the potential for greater rights to permanence and security for children, but on the other hand, it also poses a significant threat to the sanctity of the family of origin and family ties. Fourthly, the relationship between the 'past' and 'present' is very significant in Ireland at the moment for many reasons. Post-Ryan report, ongoing issues continue to emerge around the

fallout from the disclosures of abuse within institutions and the generally passive and often resistant response from the Irish Catholic church leaders regarding the same (the orders have significant unpaid bills from the redress system, despite owning significant assets). The ongoing inadequacy of policy to deal with retrospective disclosure of abuse keeps history firmly within the present for many victims: survivors and advocates are lobbying for changes within a system that arguably re-traumatises individuals through historically inadequate responses to their disclosures and the fact that many survivors are on a waiting list for services now that they are adults. The internationalisation of children's rights and global concern about religious extremism and discrimination has also forced Irish policy makers to consider critically the implications and significance of the explicit preferential position given to the Catholic Church within the Irish education system. What seemed like a logical and cosy arrangement 50 years ago is now identified by the UN Committee on the Rights of the Child as a form of discrimination because of the predominance of Catholic Schools in Ireland and limited choice for children to be educated in a secular non–denominational context unless living in a city, near to the growing but still very marginal Educate together system or have the means to be able to pay private tuition.

And finally, despite what seem like more challenges than opportunities above, you have a workforce that are highly qualified, motivated and valued by virtue of position and salary. While grave problems exist in relation to lack of adequate resources and time to do the work that should and must be done with children and families, the potential for change and motivation for improvement is evident also. In the present moment, a discontinuity with the past is the level of political and public awareness about child welfare and protection issues in Ireland. An unprecedented level of change in terms of structures, laws, policies and new practice models is underway. The considerable resources and political energy invested in the system in recent years, has led to improvement in living standards for children in Ireland in the last two decades, although there is much work yet to be done (see UNICEF, 2017; Department of Children and Youth Affairs, 2016). This period of transition offers unique opportunities for review, reflection, research and evaluation to intensely and carefully consider the question of how we can do child protection and welfare work better and more effectively into the future. The answer to this remains speculative, but an approach that embraces the underpinning principle of the new Agency's practice - that the child should be at the centre – suggests the potential for a welcome and necessary discontinuity from the past in Ireland with regard to the attention paid to, and responsibility taken for, the care and welfare of children, young people and their families.

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[i] 'Open cases include cases held on intake, allocated and unallocated child welfare and protection children in care cases' (Tusla, Child and Family Agency, 2016, p. 2).