

Report on inspection of the child protection and welfare services provided to children living in direct provision accommodation under the *National Standards for the Protection and Welfare of Children*, and Section 8(1) (c) of the Health Act 2007

Selected Fieldwork sites:	Child and Family Service Areas of Louth/Meath, Midlands, Sligo/Leitrim/West Cavan and Dublin North City.
Dates of fieldwork:	11 th – 12 th November Louth/Meath Service Area 18 th -19 th November Midlands Service Area 20 th November Sligo/Leitrim/West Cavan Service Area 27 th November Dublin North City Service Area 2 nd December – Office based interviews
Number of fieldwork days:	7
Lead inspector:	Nuala Ward
Support inspector(s):	Orla Murphy
ID Number:	706

About monitoring of child protection and welfare services

The purpose of monitoring is to safeguard vulnerable children of any age who are receiving child protection and welfare services. Monitoring provides assurance to the public that children are receiving a service that meets the requirements of quality standards. This process also seeks to ensure that the wellbeing, welfare and safety of children is promoted and protected. Monitoring also has an important role in promoting continuous improvement so that children have better, safer lives.

The Health Information and Quality Authority (the Authority or HIQA) has, among its functions under section 8(1)(c) of the Health Act 2007, responsibility to monitor the quality of service provided by the Child and Family Agency to protect children and to promote their welfare.

The Authority monitors the performance of the Child and Family Agency against the *National Standards for the Protection and Welfare of Children* and advises the Minister for Children and Youth Affairs and the Child and Family Agency.

In order to promote quality and improve safety in the provision of child protection and welfare services, the Authority carries out inspections to:

- **assess** if the Child and Family Agency (the service provider) has all the elements in place to safeguard children and young people
- **seek assurances** from service providers that they are **safeguarding children** by reducing serious risks
- **provide** service providers with the **findings** of inspections so that service providers develop action plans to implement safety and quality improvements
- **inform** the public and **promote confidence** through the publication of the Authority's findings.

The Authority's monitoring inspections are carried out to assess continuing compliance with the National Standards and they can be announced or unannounced.

1. Summary of Findings

As part of its Assurance Programme for regulating children's services in 2014, the Authority elected to monitor the quality of service provided by the Child and Family Agency for children and families living in direct provision accommodation against specific *National Standards for the Protection and Welfare of Children*.

Data from the Child and Family Agency showed that there were 209 referrals of child protection and welfare concerns about 229 children living in direct provision accommodation in the 12 months between August 2013 and 2014. This represented approximately 14% of the population of children living in direct provision. This is a significantly higher referral rate than for the general child population of 1.6%.

Of the 209 referrals, 178 (85%) reached the relevant threshold criteria for an initial assessment. This is considerably higher than the average threshold of 50% of all referrals in 2013 that required initial assessment and, as with the higher referral rate for children in direct provision, requires further analysis by key stakeholders to determine reasons for the disparity.

Following initial assessments, the breakdown of the primary report type was 91 (51%) referrals relating to welfare concerns and 87 (49%) relating to child protection concerns which reflects the national breakdown of all referrals to the Child and Family Agency in 2013.

During fieldwork in four areas, inspectors found common themes arising from welfare concerns including physical or mental illness of parents impacting on their capacity to care for their children, children's mental health issues, and gaps in the provision of practical support.

The child protection concerns included exposure of children to domestic violence, physical abuse due to excessive physical chastisement, protection concerns about older children left caring for younger children, and children being left alone unsupervised.

Of concern were referrals arising from children's living conditions that were outside of the control of the Child and Family Agency but had resulted in referrals to their service. These included inappropriate contact by adults towards some children in accommodation centres; children sustaining accidental injuries where cramped living conditions were identified as a contributing factor; and exposure of children to violence between residents. Other referrals received from accommodation providers reflected breaches in the rules of the centres such as children left 'home alone' or unsupervised. However, following assessment by social workers, they found that many of these children were left alone for short periods when a lone parent went to queue for laundry or food.

To support these children and families, many practitioners provided excellent child-centred services and strived to meet children's welfare and protection needs but this was not consistent across all areas. The majority of team members advocated for children and made every effort to support their needs through timely and effective interventions. This included seeking respite foster care for children, the provision of excellent family support and ensuring children were safe through home visits, and listening carefully to children about their lives.

For a small number of children, action was not taken to protect them. Cases were closed prematurely and in one area, Louth/Meath, there were significant delays in completing assessments and sharing information, which placed children at risk and some children were not interviewed as part of the assessment process. In this area children did not receive the services they needed, initial assessments were not completed and some risks were not addressed.

Inspectors found that on occasion the Reception and Integration Agency moved families for safety reasons but gaps in communication between the providers and the Child and Family Agency at local level meant that this information was not always passed on and, as a result, some social work interventions were delayed or did not happen and potentially placed children at risk.

The quality of the child protection and welfare service provided to children across the four areas sampled in this programme was inconsistent. The quality and level of service varied across the four areas visited. In Sligo/Leitrim/West Cavan and in Dublin North City a good quality of service was provided to these children and their families, in the Midlands the service was mixed, indicating a variance in the quality of service provided between the two teams, but in Louth Meath, the service was much poorer and some risks had not been identified and addressed by managers.

There was no strategic plan in place to identify and meet the needs of this particularly vulnerable group of children and families. Inspectors found there was no effective mechanism to gather data about these children and there was no process to identify risks to them at a strategic level. The Child and Family Agency did not collect data on the different ethnic groups referred to their services and ethnicity was not regularly recorded in children's files. As a result, all of the areas struggled to provide the information requested by the Authority about referrals of children in direct provision accommodation. There was no analysis of emerging trends about referrals or the results of initial assessments in spite of the higher than average rate of referrals for this group of children. As a result it was not possible for managers to carry out a needs analysis to inform the design and provision of suitable services.

2. The Assurance Programme

2.1 Introduction

In November 2013, the Authority engaged in a consultation process with external stakeholders to inform its three-year regulatory programme. Advocacy organisations and social care professionals identified a number of areas that would benefit from being a focus of the regulation directorate's assurance programme. Following analysis of the response, and other reports the Authority elected to examine the management of child protection and welfare concerns for children from different ethnic minorities living in direct provision accommodation who were identified as being vulnerable due to the specific disadvantages of living in this type of accommodation for prolonged periods¹.

While the Department of Justice through the Reception and Integration Agency has responsibility for the direct provision system, the Child and Family Agency has statutory responsibilities under the Child Care Act 1991 to identify children at risk, provide care and family support services and promote the safety and welfare of children not receiving adequate care and protection.

The Authority sought assurance from the Child and Family Agency that the child protection and welfare service it provides to children living in direct provision accommodation is in line with the *National Standards for the Protection and Welfare of Children*.

2.2. Methodology

Phase 1: Documentation and data review

The following documentation and data was provided by the Child and Family Agency:

- Number and category of child protection and welfare referrals about children in direct provision accommodation referred to their agency between August 2013 and August 2014

¹ Arnold, S.K. (2012) State sanctioned child poverty and exclusion. The case of children in state accommodation for asylum seekers. Dublin: Irish Refugee Council.
Shannon, G. (2012) 'Fifth Report of the Special Rapporteur on Child Protection'.

- Type of social work responses to referrals
- Lists of national and local operational policies and procedures to guide practice
- Initiatives by social work teams to raise awareness about their service with children and families in direct provision accommodation

Following analysis of the information returned, the Authority selected four service areas for on-site fieldwork to examine the child protection and welfare service provided to children and families living in direct provision accommodation against eight of the National Standards for the Protection and Welfare of Children. The assessment framework was shared with the Child and Family Agency prior to fieldwork.

Phase 2: Fieldwork

The four service areas selected for fieldwork were the Midlands, Sligo/Leitrim/West Cavan, Louth/Meath and Dublin North City. They were selected on the basis of the number of children living in direct provision in them, type of referrals received by the Child and Family Agency, geographical location and type of accommodation. Nationally, the Child and Family Agency had received 209² referrals about 229 children in direct provision in the previous 12 months. These four areas had approximately 650 children living in seven direct provision accommodation centres and had received referrals about 124 children. The inspection team reviewed 100 of these cases.

Five focus groups in the four areas were held with 38 staff members including social workers, team leaders, family support workers and community childcare workers. Individual interviews were also held with social workers about individual cases. The inspection team reviewed 23 staff training records, supervision records, policies and minutes of operational and inter-agency meetings.

² Source: Data returned from each of the 17 Child and Family Agency service areas following a request from the Authority in September 2014.

The inspection team interviewed the four area managers, six principal social workers and one service director with a national lead for separated children seeking asylum and more recently, for families in direct provision accommodation.

Inspectors met with the manager of the Child and Family Services Unit of the Reception and Integration Agency³ to seek information on the Unit's interaction with the Child and Family Agency in relation to child protection and welfare referrals. Six questionnaires were issued to the Reception and Integration Agency and to managers of the direct provision units involved. Three completed questionnaires were returned.

Inspectors did not meet with children and their families. Inspectors did not wish to raise false hopes or expectations with families in relation to accommodation arrangements or asylum applications.

2.3 Acknowledgements

The Authority wishes to thank the staff and managers of the Child and Family Agency for their cooperation with this inspection and the contributions from the Reception and Integration Agency and accommodation providers.

³ The Reception and Integration Agency has Child and Family Services unit, whose role is to manage, deliver, co-ordinate, and monitor and plan all matters relating to child and family services for all persons residing in RIA accommodation centers and to act as a conduit between RIA and the Child and Family Agency.

3. The Direct Provision System

In 1956 Ireland ratified the 1951 United Nations Convention relating to the Status of Refugees and is obliged to accept refugees and not return them to frontiers of territories 'where his life or freedom would be threatened on account of his race, religion, nationality, membership of a particular social group or political opinion'. These people are generally known as 'asylum-seekers' until such time they are granted permission to stay in a country or not.

In 2000, the Department of Justice and Equality in Ireland established a system of direct provision accommodation to provide beds, and meals at fixed times in communal areas, to asylum seekers. The Reception and Integration Agency, a division of the Department of Justice and Equality is charged with providing suitable accommodation and ancillary services to asylum seekers under the Direct Provision system. Initially the expectation was that asylum seekers would only stay in this accommodation for six months but many adults and children remain living there for a number of years⁴. At the end of December 2013, there were 34 direct provision accommodation sites in Ireland, two of which cater for families only; 23 provide shared accommodation for families, single adults, and couples together; and the remaining nine accommodate single adults and/or couples only. The top three countries of origin for asylum seekers in 2013 were Afghanistan, Iraq and Somalia but there were also refugees from China, Nigeria, Pakistan and the Democratic Republic of Congo.

As of December 2013 there were 4,360 people living in direct provision accommodation in Ireland and approximately 1600 (36%) of these were children.

⁴ Reception and Integration Agency Annual Report 2013

4. Findings from analysis of national data returned by the Child and Family Agency for children living in direct provision accommodation

4.1 Number of children in direct provision accommodation per service area

Fourteen of the seventeen Child and Family Agency service areas had direct provision centres in which children were living (Figure 1). The Louth/Meath service area had the highest number of children (364) living in direct provision and the lowest number (21) was found in Dublin South West/Kildare/ West Wicklow service area.

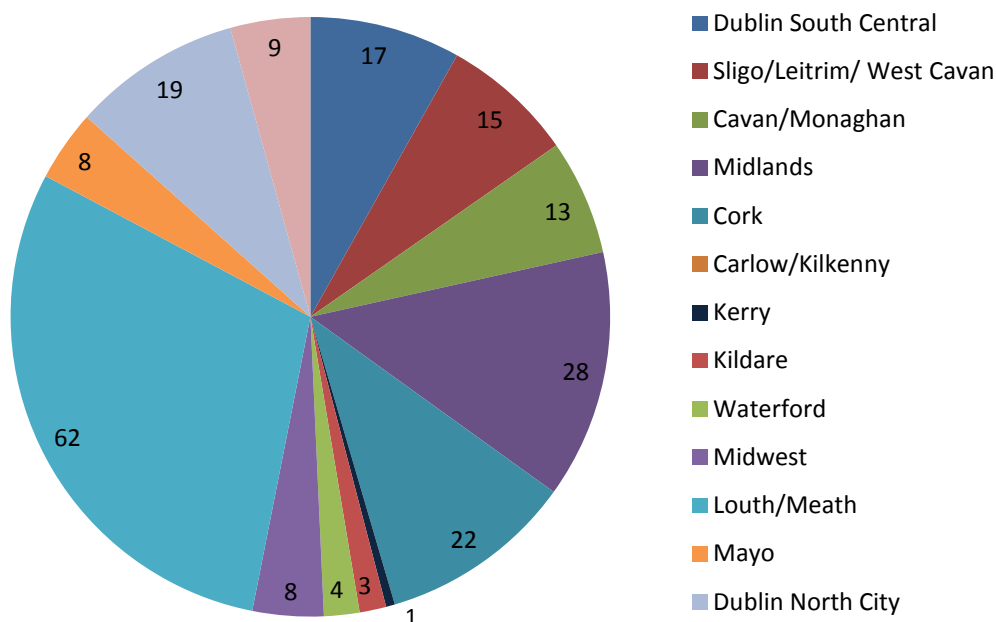
Figure 1. Number of children living in direction provision accommodation per Child and Family Service Area

Child and Family Agency Area	Centre	Current Occupancy	Number of children per centre	Total number of children per service area
Mid West	1	149	62	62
Cork	2	89	51	246
	3	252	63	
	4	154	94	
	5	82	38	
Dublin South West/ Kildare/ West Wicklow	6	68	21	21
Dublin South Central	7	106	14	134
	8	220	89	
	9	57	31	
Dublin North City	10	92	19	65
	11	228	46	
Galway/Roscommon	12	186	88	88
Kerry	13	66	29	64
	14	65	35	
Midlands	15	153	37	173
	16	243	136	
Mayo	17	209	117	117
Louth/Meath	18	621	356	364
	19	12	8	
Cavan/Monaghan	20	181	89	89
Sligo/Leitrim/West Cavan	21	192	46	46
Carlow/Kilkenny/South Tipperary	22	83	39	39
Waterford/Wexford	23	56	22	92
	24	62	32	
	25	117	38	
Total				1600

4.2 Number of referrals

There were 209⁵ referrals of child protection and welfare concerns to the Child and Family Agency between August 2013 and August 2014 that related to 229 children living in direct provision accommodation (Figure 2). Using these figures, approximately 14% of the population of children living in direct provision in one year were the subject of a child protection and welfare referral to the Child and Family Agency.

Figure 2: Number of referrals to the Child and Family Agency Aug 2013 - 2014 about children in direct provision accommodation per service area



It is difficult to make an accurate comparison of this rate of referrals for children in direct provision with the overall national rate of referrals per child in the general population to the Child and Family Agency as the most recently published comparative figures are from the *Review of Adequacy for HSE Children and Family Services 2012*.

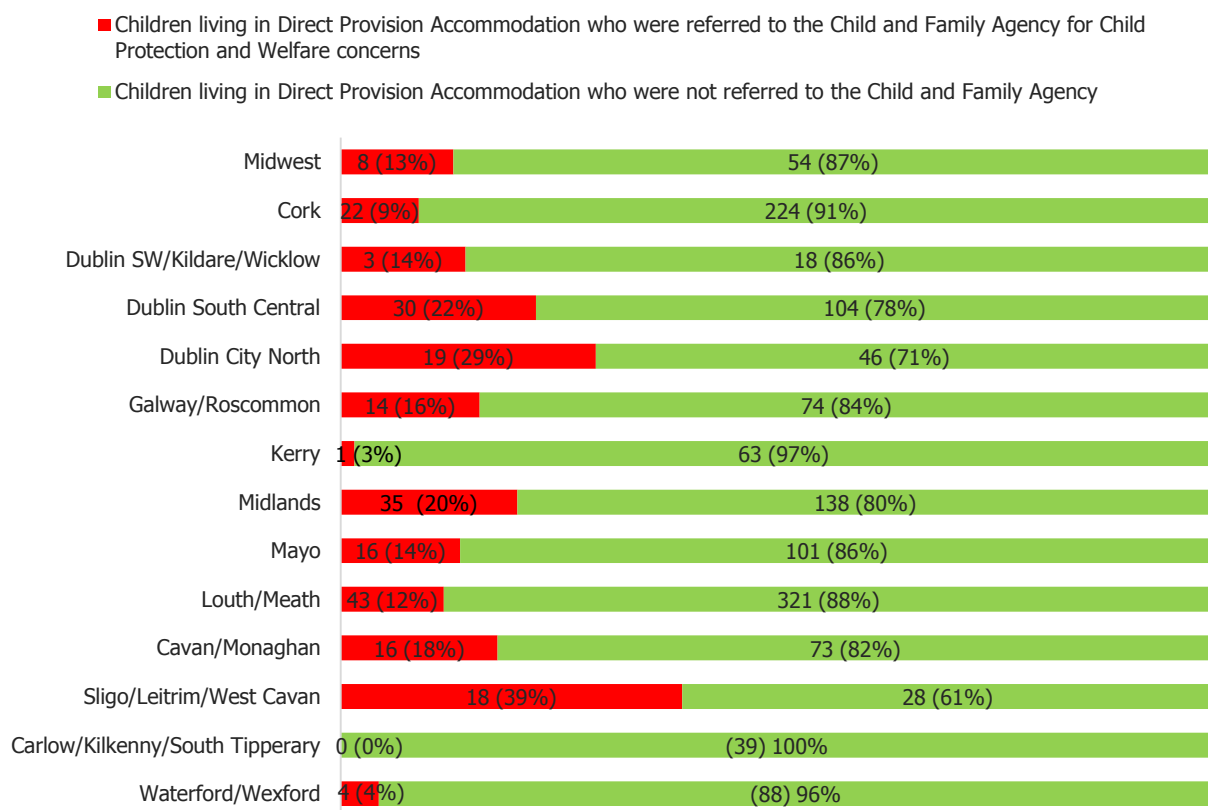
This report published by the Child and Family Agency found that there were 164.1 child protection referrals per 10,000 population aged 0-17 in 2012, a rate of 1.6%. This

⁵ Source: Data returned from the 14 services areas in the Child and Family Agency that had children living in direct provision in their area. Two areas counted families with several children as one referral rather than counting each child in the family as a referral and therefore there is a higher number of children (229) than referrals (209)

would indicate a significant disparity in terms of rate of the referrals for children in direct provision.

Data on referrals provided by the Child and Family Agency also indicated a variance per Service Area in relation to the number of children referred per child population in direct provision accommodation (Figure 3).

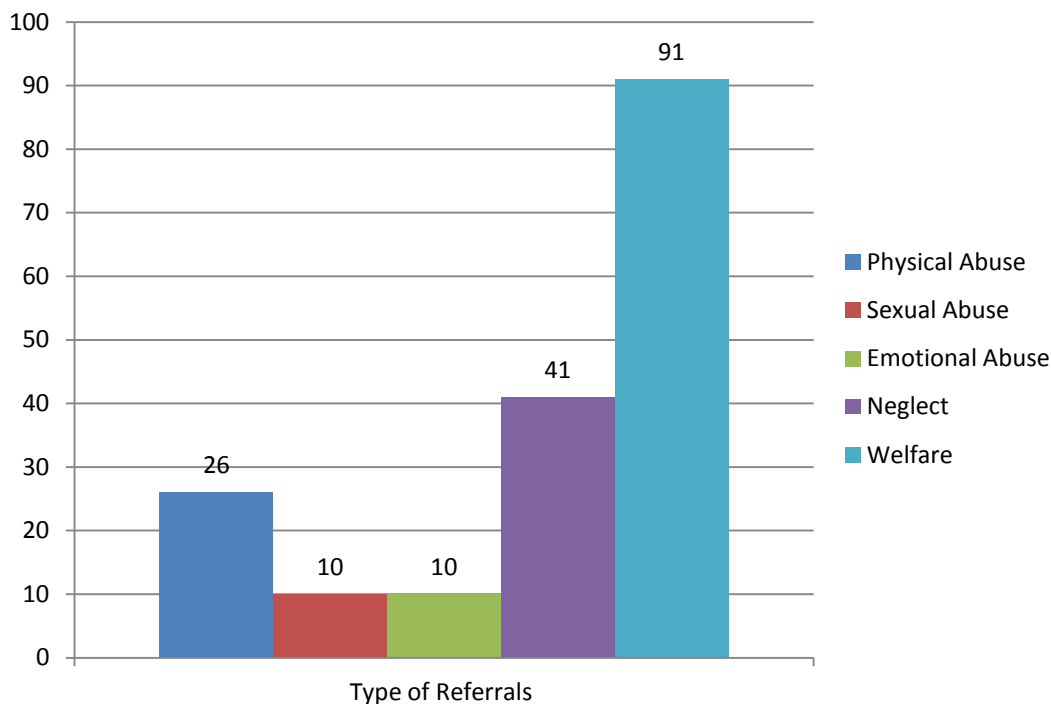
Figure 3: Children in direct provision accommodation referred to the Child and Family Agency per child population in direct provision in service areas



4.3. Category of referrals

Nationally, the Child and Family Agency received 41,599 referrals of child protection and welfare concerns in 2013. Approximately 53% related to child welfare concerns and the remainder (47%) related to child protection concerns. Data returned from the Child and Family Agency showed that of those referrals about children in direct provision, 51% related to child welfare concerns and the remainder, (49%) related to child protection concerns (see Figure 4) , reflecting the national breakdown of referrals in 2013.

Figure 4: Category of child protection and welfare concerns



Of the 41,599 referrals in 2013 nationally, 21,023 (50%) reached the relevant threshold for an initial assessment by the social work department to determine what interventions or services may be required⁶. Of the 209 referrals made to the Child and Family Agency about children in direct provision, 178 (85%) reached the threshold for an initial assessment which is significantly higher than the national figures for all referrals to the Child and Family Agency for 2013.

4.4 Child Protection Referrals

Of the 87 child protection referrals nationally in 2013 about children in direct provision accommodation, the Child and Family Agency sought and obtained care orders for 13 children, made 18 notifications to An Garda Síochána about abuse, identified 11 children as being at risk of ongoing harm and five children were placed on the child protection and notification system.

⁶ Tusla Child and Family Agency Quarter 1 2014 National Performance Activity Report

Inspectors reviewed a sample of 38 child protection cases in the four service areas. The nature of the protection concerns varied but there were some common themes arising from interviews with social workers and from review of cases such as:

- physical abuse due to excessive physical chastisement
- protection concerns about older children left caring for younger children
- children being left alone for significant periods of time
- exposure to incidents of domestic violence
- proximity of children to unknown adults living on the same site and inappropriate contact by adults towards some children.

Social workers said that some children were taken into foster care while their parent was in hospital as no other adult was available to care for them or the rules of accommodation would not permit other adults to look after them for short periods.

Nine children experienced excessive physical chastisement and work was undertaken with parents to address this issue. In focus groups, social workers agreed that this was a common theme in their work and recognised the need to raise awareness about child rearing norms.

4.5 Child Welfare Referrals

The nature of the welfare referrals varied but there were some common themes arising from interviews with social workers and from review of cases, which can be summarised as follows:

- physical or mental illness of parent impacting on capacity to provide quality care for children
- mental health issues for children and parents
- lack of clothes and toys
- parent(s) isolating themselves and their children from networks and support services

From interviews with practitioners and from review of a sample of case files, inspectors found that living in direct provision accommodation was a cause of some of the welfare concerns such as:

- children sustaining accidental injuries and cramped living conditions identified as a contributing factor
- families moving between accommodation centres and children subsequently having to move schools and networks
- exposure to violence between residents
- children sharing communal bathrooms with strangers
- limited choices of cultural appropriate food and some parents concerned about children not eating.
- children not experiencing ordinary family life such as playing, parents cooking

Some social workers expressed concerns about the isolation for families, both in terms of the location of the accommodation away from local towns and transport routes but also within the accommodation. Some teams felt that families were not coming forward for support from services, as they were worried that they may be perceived as being poor parents and this may impact on their application for asylum.

5. Findings from fieldwork

In order to validate the data and documentation received nationally, the inspection team identified four specific service areas for fieldwork focusing on eight selected standards as they pertained to children living in direct provision only, and categorised under the themes of Child-Centred Services, Safe and Effective Services, Leadership Governance and Management and Workforce.

Theme 1: Child-centred Services

Standard 1:1 Children's rights and diversity are respected and promoted.

Standard 1:2 Children are listened to and their concerns and complaints are responded to openly and effectively.

Standard 1:3 Children are communicated with effectively and are provided with information in an accessible format.

Rights based practice

The rights of children are set out in the United Nations Convention on the Rights of the Child (Convention) which Ireland ratified in 1992. Children's rights include the right to health, education, family life, play and recreation, an adequate standard of living and to be protected from abuse and harm. These rights are reflected in government policy and in key legislation in Ireland. Child and Family Agency staff worked in a way which upheld children's rights in many regards and there were some good rights-based practices in some of the areas inspected. Social workers were aware of the rights of children and some records viewed by inspectors clearly recorded individual views and choices of children. Many welfare concerns contained issues which related to children's rights and there was evidence that some teams took steps to alleviate any negative potential impact on children.

Inspectors found evidence from case files, minutes of meetings and focus groups that social workers and managers placed a high value on the educational rights of children. Inspectors found that team members and senior managers had advocated with the other government agencies for uniforms, books and transport costs at local and national level for these children.

The response between teams to advocating for the children's rights was markedly different. In Louth/Meath and in one team in the Midlands area, Laois/Offaly, inspectors were told that team members were unable to affect significant change for families with the accommodation provider but instead worked within the constraints of the rules of the centre, in spite of their impact on children's welfare and rights. Staff believed that the welfare and rights of children were compromised but felt powerless to address this.

In focus groups with team members in the two other service areas, Dublin North City, Sligo/Leitrim/West Cavan, and the Longford/Westmeath team there was a strong advocacy and rights-based approach. Staff members were clear about the confidentiality of families' information, advocated for services for them within direct provision accommodation and worked closely with the providers and community welfare officers to meet families' and children's needs. For example, the Longford/Westmeath team in the Midlands successfully advocated with the accommodation provider to put in place a 'buddy system' to allow other appropriate adults to supervise children for brief periods so parents could do laundry and such like. Inspectors were told that the impact of this was a reduction in inappropriate 'home alone referrals'.

Communication with children

Inspectors found that most but not all social workers met individually with children, listened to them and sought their views about their safety and well-being as part of the assessment of child protection concerns. Children's views informed social workers' decision making. There were regular visits by social workers and family support workers with children and families to build up relationships. Establishing this rapport was a key safeguard and inspectors found examples of where children spoke with practitioners about their experiences of being bullied, witnessing violence and being hurt. These

matters were sensitively managed and explored with children and information was provided to them to help keep them safe.

There were specific barriers identified by social workers on seeking the views of children living in direct provision accommodation. Some social workers gave examples of being unable to meet children in private in familiar surroundings due to their cramped living conditions. Others described parents and children's fear of 'government officials' and how this impacted on building relationships and planning interventions as some families were reluctant to share their life histories and experiences.

Language barriers were also an issue as some parents and children had limited English but all practitioners reported no difficulties in availing of funding for interpreters to assist their work if needed. Some team members referenced the use of 'On Speaking terms: Good Guidance for HSE staff on the provision of interpreting services guidance'. This was guidance for health care professionals to ensure their use of interpreters complied with best practice. While there was no similar document for social care, from interviews practitioners were clear about cultural sensitivities in using interpreters.

However, not all social workers talked to children about their rights. Three out of the four areas had no written information about their rights and none had information available in different languages.

Diversity

From a review of case files and focus groups, inspectors found that an anti-discriminatory approach was taken in working with children and families. The message from a number of teams was they worked with these families as they would any other family in the community. However, not all practitioners had sufficient knowledge and awareness about the importance of understanding ethnicity, culture and religion of families and it did not routinely inform assessments and interventions.

There were some good examples of culturally sensitive practice such as addressing cultural differences in child rearing norms. A common issue arising was parents leaving older children to care for younger children triggering a 'home alone' referral to the social work department. Social workers told inspectors that some parents did not understand how this could be a child protection concern as it was a child rearing norm in their country of origin. Inspectors found some social workers positively engaged with parents on explaining the potential risks to children and put in place a safeguarding monitoring plan with accommodation providers and families. The impact of this was a reduction of such incidents referred to the Child and Family Agency. There was also evidence in some files of understanding the significance of gender in some cultures, for example using a female interpreter to communicate with women from a specific religious background.

Inspectors reviewed case files about families from many different countries such as Zimbabwe, Pakistan, the Congo and Iraq but struggled to find reference to religious, ethnic or cultural beliefs that may have been helpful to inform social work interventions such as ascertaining child rearing norms, or cultural expectations. This was significant in a number of ways. By understanding cultural norms, practitioners have a greater opportunity to engage families and communities and build on their strengths.

While all social workers clearly articulated and demonstrated that the protection of a child overrode cultural child-rearing norms, some social workers told inspectors they did not always have sufficient knowledge and understanding of families' ethnicity, religion or culture of their country of origin to inform their practice. In particular, practitioners in all areas expressed a need for training about the asylum seeking process in Ireland and how this may impact on social work interventions with families for example, working with families within the context of their anxieties arising from potential deportation.

The names of children and families were not always recorded correctly on case files with different variations used. Inspectors were concerned that these errors could potentially lead to children's cases being misfiled or, as happened in the Midlands, a failure to identify previous concerns about a child.

Information on services

In general areas had no written information about the child protection and welfare service for families and none had information available in different languages. This meant that children and families might not know how to access services that could help and support them.

Ensuring child protection and welfare services were accessible to children and families through the dissemination of information in an appropriate format was a key challenge. Practice in this regard was inconsistent. Inspectors found that social work teams in Sligo and Dublin North City provided information sessions about their service and frequently visited accommodation centres in their areas. There were also some examples of minutes of meetings translated into different languages and provided to family members who did not speak English but again this was not a consistent practice across all four areas.

Theme 2: Safe and Effective Services
Standard 2:3 Timely and effective actions are taken to protect children.
Standard 2:4 Children and families have timely access to child protection and welfare services that support the family and protect the child.
Standard 2:9 Interagency and inter-professional cooperation supports and promotes the protection and welfare of children.

The Authority reviewed the cases of 38 children from 21 families living in Louth Meath, 33 children from 18 families from the Midlands, 13 children living in nine families from Sligo/Leitrim/West Cavan and 16 children from nine families living in Dublin North City.

Timely and effective actions

The Child and Family Agency had introduced several key initiatives including a national guidance on the thresholds of need for social work practitioners and standardised business processes in order to ensure national consistency in child protection and welfare services. However, social work practice in responding to and managing child protection concerns in relation to children living in direct provision accommodation was inconsistent across the four areas.

Inspectors found that in Dublin North City, Sligo/Leitrim/West Cavan and in one team in the Midlands, the majority of cases were managed in a timely manner with social workers meeting with children, completing assessments and making decisions in the best interest of the child. Many assessments were detailed and a number of professionals were involved. Inspectors found examples of good decision making informed by effective information gathering. For example in Dublin North City, team members took timely actions following a referral about the mental health of a parent in hospital and their capacity to care for their children. The social work team responded immediately, made arrangements for respite care for the children and provided support to enable the children's return to their parent's care.

In Louth/Meath, there were significant delays in social work interventions. Of particular concern was that in 27 out of the 38 cases reviewed, children were not met with or seen by social workers to inform their decision making about the referral even though records indicated concerns about their safety and welfare. For example, in one case there were significant concerns about an allegation of physical abuse of two children and the case was closed without children being visited. Inspectors escalated three cases in Louth/Meath for immediate action by the Child and Family Agency to be assured about the safety of children and recommended one case for review to ensure the decision making was effective in protecting children and promoting their welfare. The Louth/Meath department subsequently informed the Authority that following review of these cases, social work visits to children had taken place or were planned.

In the Midlands, practice was inconsistent as children in direct provision received services promptly from one team in Longford/Westmeath whilst other children served by a team in Laois/Offaly experienced delays. For example, one referral about a child threatening suicide was waiting three years for a response from the team in Laois/Offaly while there was no significant delays in responding and managing cases by the team in Longford/Westmeath. In other cases in the Midlands, social workers responded promptly for example obtaining medical assessment and psychological supports for a child following an allegation of physical abuse.

Timely access to child protection and welfare services that support the family and protect the child

From the review of case files and interviews with practitioners, inspectors found some excellent examples of timely responses and interventions in response to child protection and welfare concerns. In three areas, social workers undertook immediate unannounced home visits where high risks were identified, obtained emergency care orders where necessary, arranged respite care and referred to other agencies. Of note was the good quality of the direct work done by family support workers from the Child and Family Agency including providing practical support to parents in caring for children.

Many social workers described the patterns of long term welfare concerns to which some of the children were exposed. Whilst many were familiar with all the issues involved, there were few chronologies of social work interventions recorded on files in some of the areas visited. This meant that when cases were re-allocated or re-opened, the full pattern of children's interaction with social work departments was not easily available. However, in Dublin North City, there were some excellent examples of good quality chronologies in files.

Review of case files by inspectors showed that the majority of social work teams completed initial assessments in a thorough way although as described earlier cultural norms were not consistently considered. Inspectors found examples of social workers observing the care of children, meeting with children and parents, advising children about staying safe before making a decision for the next steps.

However, in some cases insufficient good quality information was gathered to inform decision making. There was evidence that some cases were wrongly categorised as welfare cases although there were clear risks to children. For example in the Midlands a serious case of domestic violence between parents with two children was categorised as welfare instead of child protection. In Louth/Meath decisions were made to close cases even though incomplete checks had been completed either with other agencies involved with families or with other social work departments. This meant that children were potentially at risk as social workers were not adequately informed about the family and their involvement with other services.

Inter-area and inter agency cooperation

The Child and Family Agency have introduced a community-based approach of prevention, partnership and family support through local area pathways. Inspectors found that Dublin North City and Sligo/Leitrim/West Cavan included families in direct provision as part of their early intervention strategies and helped them access appropriate supports.

Social workers made referrals to other support agencies in the community, including family support services, and advocated for practical support with community welfare officers and accommodation managers. There was also evidence of a multi-agency approach with supports from community-based projects, community welfare officers and parenting programmes. From the review of files, inspectors noted some positive outcomes for children and families receiving these services including improvements in quality of life by parents and children reporting increased happiness about their lives.

There was no standardised protocol on how the Child and Family Agency and the providers of accommodation should work together, liaise and share information at a local, operational level. The Reception and Integration Agency had a child protection and welfare policy based on Children First 2011 that included the need to report concerns to the Child and Family Agency. Generally, social workers were confident that the local accommodation provider understood and implemented their responsibilities

under Children First (2011). However, inspectors found 16 examples of cases in three service areas where families involved with child protection and welfare services were moved between centres unknown to their social workers. On occasion, social workers found, upon contacting the provider to commence an assessment of referrals that the families had moved either to another direct provision centre, been granted leave to remain in the country or moved out with no forwarding address or had been deported.

This had resulted in either delayed or no assessments being completed in Dublin North City, Louth/Meath and the Midlands areas. In two cases of alleged inappropriate contact between adult men and children, the alleged perpetrators and children were separated and moved to other accommodation before the child protection and welfare service could complete their assessment. For example, in Dublin North City, one child that alleged inappropriate contact by an adult man in the accommodation was moved by the Reception and Integration Agency before the assessment could commence. The social work team made vigorous attempts to locate the family and ensured there was good co-ordination between social work teams to complete the investigation and ensure no child was at risk. However, in another case of alleged inappropriate contact by an adult man to a child, the family was moved from Cavan/Monaghan to Louth/Meath before the social work team could commence the assessment. Subsequently, the investigation did not occur due to a significant delay in sharing of information between the relevant areas.

There were some examples of good quality inter-agency co-operation in all of the areas. For example, in Sligo/Leitrim/West Cavan, there was excellent inter-agency co-operation of an allegation of physical abuse by a child between An Garda Síochána, public health nursing, support services and the General Practitioner (GP). In Dublin North City, the social work team worked closely with other agencies in addressing concerns about suspected child trafficking. However, in another case in Dublin North City, a child with significant physical disabilities did not receive a timely respite service despite social workers' best efforts in advocating with local disability services. Examples of co-operation between some social teams and the Child and Family Services Unit in

the Reception and Integration Agency was also evident. Information was appropriately shared about families, safeguarding plans were put in place and on occasion a team member from the Child and Family Service Unit (RIA) would attend child protection case conferences. However, this was not the case in all areas. Some staff (in Sligo for example) were not aware of the role of the Child and Family Services Unit.

There was no protocol for working together or sharing information between the Child and Family Agency and accommodation providers at regional level or national level. This meant that communication and inter-agency collaboration were inconsistent across the areas. There were regular inter-agency meetings about families living in direct provision accommodation but in some areas these were irregular or the Child and Family Agency representatives did not always attend.

A Service Director was assigned a lead role to engage with other relevant stakeholders including the Reception and Integration Agency to effect changes for children and families seeking asylum. However team members at local level were not generally aware of meetings between the Child and Family Agency and the Reception and Integration Agency or how they could use this forum to influence change in relation to some of the challenges they encountered.

Theme 3: Leadership, Governance and Management

Standard 3:2

Children receive a child protection and welfare service, which has effective leadership, governance, and management arrangements with clear lines of accountability.

Strategy and planning

Inspectors found good leadership in the delivery of services at local level in some areas. In Dublin North City, managers were proactive in advocating and planning services with these families. However, the quality of the child protection and welfare service provided to children across the four areas sampled in this programme was inconsistent. In the

analysis of inspection findings, it became clear that the quality and level of service varied across the four areas visited. In Sligo/Leitrim/West Cavan and in Dublin North City a good quality of service was provided to these children and their families and in the Midlands the service was mixed. In Louth/Meath, the service was much poorer and some risks had not been identified.

There was no strategic plan in place to identify and meet the needs of this particularly vulnerable group of children and families. Inspectors found there was no effective mechanism to gather data about these children and there was no process to identify risks to them at a strategic level. The Child and Family Agency did not collect data on the different ethnic groups referred to their services and ethnicity was not regularly recorded in children's files. As a result, all of the areas struggled to provide the information requested by the Authority about referrals from children in direct provision accommodation. The failure to record this information also meant that it would not be possible for senior managers to analyse the different ethnic and cultural groups being referred to their service to ensure their service was adequately supported to respond in an appropriate manner.

There was no analysis of emerging trends about referrals and the results of initial assessments in spite of the higher than average rate of referrals for this group of children. As a result it was not possible for managers to carry out a needs analysis to inform the design and provision of suitable services.

The Child and Family Agency had provided financial and staff resources to meet children's welfare needs. In three of the areas, inspectors found that there were some resources allocated to support work such as a dedicated family support worker, occasional on-site social work clinics and funding for crèches. In Louth Meath for example, funding had been provided for an enhanced pre-school service.

There was no effective system in place to assess the safety and quality of services provided to these children and to ensure that children in direct provision services consistently received a timely and effective response to child protection and welfare referrals.

There were insufficient policies to guide practice in working with families from different cultural backgrounds. There were some national policies such as one on the use of interpreters but not all teams were aware of them. Although not a Child and Family Agency document, the 'Health Services Intercultural Guidance' was identified as a useful source by some social workers, as it provided a brief overview of the cultural norms associated with the different ethnic and cultural groups in Ireland to inform the work of health services. Inspectors were told in focus groups that a similar document to guide child protection and welfare practice would be beneficial to guide interventions, as there was limited advice in the child protection and welfare handbook.

While individual casework was generally good, senior managers did not always identify these children as a vulnerable group. Various factors contributed to this such as the absence of any data on the number and type of concerns about these children, and a lack of understanding about the specific vulnerabilities of these children. In addition, the number of referrals about these children was a small proportion of the total referrals managed by these areas. In two areas, managers told inspectors they had not previously identified these families as a vulnerable group but acknowledged that this was an oversight. In the other areas, managers had a good insight into the needs of these children and families. In Dublin North City for example, managers were proactive in advocating and planning services with these families.

Theme 5: Workforce

Standard 5:4

Child protection and welfare training is provided to staff working in the service to improve outcomes for children.

There was no coherent strategy in place to ensure that all staff members had the skills and knowledge to deliver services to children and families from diverse backgrounds living in direct provision accommodation. Generally, inspectors found that committed

and motivated staff members provided services. There was a mix of expertise and skills in the different teams. Some teams had built a wealth of knowledge and expertise from their experiences over time of working with families from different ethnic backgrounds. This expertise was reflected in some of the interventions with families including using local community leaders to support interventions. Other teams struggled due to a lack of experience and social workers described challenges in seeking information about different cultures and beliefs to inform their practice.

The majority but not all teams had received training in cultural awareness delivered by the Child and Family Agency and had developed their expertise and knowledge through researching information about different ethnic groups and their country of origin. In one area, induction of team members included a visit to the direct provision centre in the locality. None of the teams had specific training on working with asylum-seeking families and the impact of their experiences in their country of origin that lead them to seek asylum in Ireland.

Inspectors found from interviews and a review of records that knowledge and awareness of ethnicity such as cultural backgrounds and or religion of families did not systematically inform child protection practice. Despite this lack of evidence of culturally informed practice, the majority of teams did not identify that they required further training in this area. Some teams identified a desire for training on the application process in Ireland for seeking asylum in order to understand the experiences of families.

5. Recommendations

National Standards for the Protection and Welfare of Children 2012
Recommendation under Standard 1.1.
The Child and Family Agency should develop an inter-cultural strategy to inform the provision of social services to ethnic minority children and families.
Recommendation under Standard 2.3.
The Child and Family Agency should complete an audit to ensure there are no children at risk of harm because of outstanding or incomplete assessments due to the movement of families between accommodation centres.
Recommendations under Standard 2.9.
The Child and Family Agency should ensure there are effective interagency and inter-professional co-operation with key stakeholders to ensure decisions consider the best interests of children.
Recommendations under Standard 3.2.
The Child and Family Agency should gather information on referrals to their services about children in direct provision accommodation to inform strategic planning.

Glossary of terms

Asylum – Seeker: A person who is seeking to be recognised as a refugee. If they are granted this recognition, they are declared a refugee.

Direct Provision: Government accommodation for asylum-seekers. Full board with a weekly allowance of €19.10 per adult and €9.60 per child.

House Rules: Rules designed by the Reception and Integration Agency that govern the behaviour and responsibilities of residents and management.

Reception Centre: Baleskin Reception Centre is located near Dublin airport and is typically the first place of accommodation for asylum seekers before dispersal to other parts of the country. Here asylum-seekers can avail of medical assessments.

Refugee: A refugee is 'any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular group or political opinion is outside of the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country⁷.

⁷ Convention relating to the Status of Refugees (Geneva Convention of 28 July 1951 and Protocol relating to the Status of Refugees of 31 January 1967) 985 UNTS 303 Article 1A(2)