Service users’ perceptions of the Irish Child Protection System


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Office of the Minister for Children and Youth Affairs
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It only remains for us to take total responsibility for the contents of the report.

Helen Buckley  
Sadhbh Whelan  
Nicola Carr  
Cliona Murphy
Key terms used in this report

**After-hours service**: The provision of a social work service that operates between 5pm and 9am and over the weekend, when Local Health Offices are normally closed.

**Caregivers**: The term ‘caregiver’ or ‘caregivers’ is used to denote the person or persons acting in a parental role with the child or children concerned, e.g. mother, father (or both), foster parent or parents, other relative or person in a parental role.

**Child protection system or service**: The statutory body responsible for investigating concerns reported about children is the Health Service Executive (HSE). While no particular professional group is identified in the legislation, the role of investigation is usually carried out by social workers employed in the Local Health Areas of the HSE.

**Child protection conference**: A child protection conference is a multidisciplinary meeting, normally convened by the HSE Child Care Manager in the Local Health Area to share information and make plans for service provision. It is usually attended by the child’s caregivers.

**Children First: National Guidelines for the Protection and Welfare of Children**: Overarching procedures to guide staff on the steps to take in response to reported concerns about children, published by the Department of Health and Children in 1999.

**Child sexual abuse assessment services**: Different HSE areas have specific arrangements for the assessment of children in respect of whom allegations of child sexual abuse have been made. Some are based in hospitals and others are based in the community.

**Child Protection Notification System**: The Child Protection Notification System (CPNS) is described in the *Children First* national guidelines as ‘a health board record of every child about whom, following a preliminary assessment, there is a child protection concern’ (Paragraph 8.15.1). Names are placed on the CPNS list held by the Child Care Manager in each Local Health Area following a multidisciplinary discussion between the principal professionals involved. Names remain on the list as long as the child (or children) is considered to be at risk.

**Differential response**: A model of service delivery, operated largely in Canadian, Australian and New Zealand child protection systems, where the response made to a referral discriminates formally between children whose safety is compromised and those who are vulnerable and would benefit from linkage with a community-based family support service.

**Family welfare conference**: A family welfare conference is a meeting chaired by an independent coordinator and involving children, young persons and their extended family. The lead role in planning and decision-making is taken by the family and the main contribution of professionals is the facilitation of the agreed plan.

**Worker or workers**: The term ‘worker’ or ‘workers’ is used to denote the various practitioners involved with some families. Whilst those most frequently involved with families are social workers, the child protection network also includes psychologists, public health nurses, child care workers and family support workers. Service users in the study did not always distinguish between them.
Executive Summary

This study was commissioned by the Office of the Minister for Children with the overall aim of examining the views of service users on the child protection services, including their perception of being included in decision-making and having their views taken seriously. Child protection services were defined as those services that provide an integrated response to reported child protection concerns, principally the Child and Family Services of the Health Service Executive (HSE). Service users in this context were defined as children, young people, caregivers and extended family members who have been involved with child protection services through their own initiative or who had been referred by others on their behalf.

Objectives

The objectives of this research study were as follows:

• To examine service users’ experiences of their first contact with the child protection services and ascertain if there was congruence between their perception of child protection concerns/risk and their perception of how child protection staff understood those concerns.

• To examine service users’ experience of involvement with the child protection services, specifically in relation to assessment, investigation of reported concerns, understanding of the tasks required of them, and their perception of genuine participation and involvement in the process.

• To explore service users’ perceptions of the quality of the child protection services, including organisational issues and worker qualities and competencies that impact on effectiveness.

• To examine the degree of inclusiveness applied to work with children and families from service users’ perspectives.

• To explore the degree to which children and families considered that their identified needs had been addressed by the services.

The study is subject to the usual constraints associated with statutory service user consultation, whereby, first, there is a significant power differential between clients and professionals; secondly, the statutory mandate of the professionals can be expected to frequently result in adversarial relationships with clients; and thirdly, relationships between services and families are complicated by internal conflicts within the families.

Existing research on the experience of service users

Current literature on this topic – from Ireland, the UK, Northern Europe, Australia, Canada and the USA – has profiled a number of areas worthy of further exploration. Service user studies have covered areas such as the impact of a child protection investigation and the difficulties involved in attaining a meeting of minds between the key parties involved (Cleaver and Freeman, 1995; Farmer and Owen, 1995; Thoburn et al. 1995; Dumbrill, 2006; Spratt and Callan, 2004; Buckley, 2003). The literature has also illustrated the discernment of service users in respect of the skills and competencies of practitioners and the necessity to pay attention to the interpersonal dynamics involved in service provision (Trotter, 2002; Leigh and Miller, 2004; Winefield and Barlow, 1995; Dore and Alexander, 1996; Ruch, 2005).
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The degree to which participation in child protection conferences is actually meaningful, as well as the stressful aspects of being present, has been well demonstrated in studies following the implementation of parental attendance in the UK, which preceded similar practice in Ireland (Thoburn et al, 1995; Farmer and Owen, 1995; Cleaver and Freeman, 1995; Buckley et al, 1997). Research also demonstrates the sensitivity required in situations where domestic violence is an issue, particularly in the context of separation, and studies have illustrated the unique circumstances of women whose former partners had abused their children (Appel and Holden, 1998; Edelson, 1999; Hester et al, 2000; Radford et al, 2006; Holt, 2003). Finally, the relatively new practice of involving children and young people in the research process has illustrated a number of important issues. While previous studies have tended to reflect the views of adults about children, studies where children participate have demonstrated different perspectives (Greene and Hill, 2005; Brody and Waldron, 2000; Munford and Sanders, 2004). This study was designed to facilitate a further elucidation of all these issues.

Legal and policy framework

The legislative framework for Irish child protection services is provided principally by the Child Care Act, 1991, which obliges the Health Service Executive (HSE) to promote the welfare of children not receiving adequate care and protection. Services are delivered through Local Health Offices in the four HSE regions and while the legislation does not specify a particular discipline or profession as principal agents, in practice social workers employed by the HSE carry the lead responsibility for responding to reported concerns about children. In 1999, the Children First: National Guidelines for the Protection and Welfare of Children were published to provide overarching guidance for managers and practitioners on the ground. Local protocols and procedures, consistent with the Children First national guidelines, have been introduced in individual areas.

Methodology

The research was qualitative in nature and involved purposive sampling of the views and experiences of 67 service users, 39% of whom had initiated contact with the HSE child protection service and 61% of whom were referred to the service by others. Ethical approval for the study was granted by both Trinity College Dublin and the HSE. Links were made with participants via a range of organisations, including family support services, refuge and treatment services, community and youth projects, and redress bodies. Thirteen of the service users interviewed were young people who had been the subject of child protection concerns. In-depth interviews were conducted in 16 counties throughout Ireland and the data processed using the NVivo software package.

Main findings

Initial contact with and response from the child protection services

The research findings demonstrate that most service users viewed the child protection system in a stereotypically negative manner, seeing it as a powerful and somewhat hostile institution, to be avoided if possible. Only those who had been involved with the system prior to the current concern, or those whose jobs had led them into contact with the services, had any clear idea of what it was or how to access it. Many carried misperceptions about the power of social workers to remove children from their parents’ care.

While a number of interviewees spoke of getting fast responses from the child protection services, others were critical about delays in intervention (one person using the metaphor of needing ‘a knife in your child’s back’ to get attention). Victims of domestic violence appeared
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to find it difficult to have their concerns taken seriously and found the system difficult to access. There were examples of positive experiences, some of which represented a considerable shift from an initially hostile relationship with the services. However, stories of delays, perceived threats and feelings of abandonment tended to dominate service users’ early experiences of engagement with the child protection system.

Investigation and assessment
In common with earlier research, this study found a high level of incongruity between service users’ concerns about their children and the concerns that they perceived to be held by the child protection services. A number of people felt that they had been harshly and unfairly judged, some feeling that workers did not consider all the complexities and stresses in their lives, applying unrealistic standards of parenting and failing to understand the dynamics of living with a violent partner. Some felt that too much responsibility was being left to them, even when they were too weak or traumatised to take action. However, there were also several examples of positive working alliances, mediated by a helpful and empathetic approach on the part of practitioners.

Child protection plans
While there was no evidence that service users actively participated in the development of formal child protection plans, most participants appeared to have a clear idea of tasks that they were expected to perform and the likely consequences for them if they did not comply. Some were obliged to comply with treatment programmes for alcohol or drug use. Some were given protection plans of various types to prevent child sexual abuse or domestic violence, which sometimes meant moving out of home. Others were required to achieve targets and goals with regard to their parenting. While service users were clear about the tasks, their acquiescence was, by all accounts, often grudgingly given in order to avoid the ultimate consequence of having their children placed in out-of-home care. In some cases, interviewees claimed that their observance of conditions was not being monitored by workers in the way they had anticipated.

Experiences of out-of-home care
The majority of parents interviewed whose children had been placed in care were satisfied with the placements and considered that establishing a rapport with their children’s carers was particularly important. In some instances, parents highlighted the need for continued monitoring and quality assurance of placements. Some parents indicated that they did not have a clear understanding of the legal and administrative processes involved in care proceedings and tended to perceive social work decisions as being unchallengeable.

Young people who had spent time in out-of-home care emphasised the importance of open and honest communication to assist them in coming to terms with past trauma and to develop their sense of identity. Changes of worker caused unsettling disruptions in a context where relationships with their workers were crucial. Young people who were in the process of leaving care also raised concerns about the future service provision they would receive, indicating that leaving care provision still remains a pertinent issue. The reports of service users on this topic indicate a requirement for adequate information and support throughout this process, including the provision of advocacy supports to parents.

Perceptions of a quality service
The importance and centrality of the relationships forged between themselves and practitioners received considerable emphasis from service users. Qualities that promoted positive and respectful alliances were identified as trust, friendliness, empathy, open-mindedness, being
believed and understood, and being encouraged. There were many examples of good relationships based on these components, but also some where interactions had been undermined by what service users perceived as bossiness, intrusiveness, indifference, unreliability and lack of respect. An aspect of practice that was frequently raised by service users was the lack of respect that they experienced when their telephone calls and messages were not returned and when workers were difficult to access, especially at critical moments. Accessibility and reliability of staff were considered very important elements of a quality service. Where workers performed well in this regard, service users rated them very highly. The turnover of workers and the necessity to form new relationships was considered to be a major deficit in current service provision, often construed by the service users as indifference to their situations.

Inclusiveness
The study particularly sought to explore how far fathers are directly engaged with by workers and the degree of choice and involvement they experienced. While little evidence was found of fathers being ignored or excluded (Featherstone, 2001), some fathers interviewed considered that they had been treated differently, either by not having their concerns taken seriously or by not being fully informed about child protection interventions that were taking place. Earlier research findings were confirmed, demonstrating high and somewhat unrealistic expectations of non-abusing female parents and the tendency of workers to mitigate the violent behaviour committed by men in parental roles. Similarly, the view was expressed by a number of service users that child protection concerns reported in the context of custody disputes were not taken seriously by the services.

User involvement
While there was much evidence that parents were being routinely invited to child protection conferences, many of their accounts did not reflect genuine participation as much as considerable discomfort. Experiences of family welfare conferences (FWC) were more positive, although there were only three examples to demonstrate this; however, service users expressed reservations about the outcomes reached in two of the cases, reflecting some research findings that caution against unquestioning acceptance of the FWC model (Barnardos, 2005; Tjersland et al, 2006).

A significant number of interviewees had sought their records under the Freedom of Information legislation, which gave a sense that service users need to rely on formal and somewhat cumbersome methods to gain access to information written about them. A sizeable number of participants said they would have no idea how to go about making complaints if they were dissatisfied with the service they received; only one person had been given information and encouragement to do so. The lack of publicised information on the complaints process was considered by some to be a deliberate ploy to discourage them from availing of it. Some expressed apprehension that complaining might compromise their situation; others felt it would be a pointless exercise. While some had successfully had complaints upheld, others had received what they considered to be an indifferent or ambivalent response from the HSE.

Overall satisfaction with services
A number of service users spoke of the practical help and therapeutic input they had received from both the statutory and voluntary child protection services. While tangible interventions were generally rated highly, some service users voiced their dissatisfaction with unresponsiveness, delays and unreturned phone calls on the part of staff, which left them feeling abandoned and insulted. Some pointed out that a friendly and empathetic response from workers would probably have met their need for support. The importance of workers’ skills and knowledge in various areas was emphasised, particularly in respect of domestic violence, substance abuse and child sexual abuse (especially in the context of custody disputes). Service users were aware of
some of the nuances, dynamics and complexities in these contexts, but considered that many of
them were disregarded by or unknown to workers.

**Implications from the findings**

This study has shown, from the accounts of many service users and the general image they
presented of the system, that statutory child protection services are perceived as unsympathetic,
powerful and intimidating. One of the first issues to be profiled was the impact that an
investigation, carried out in the current orthodox fashion, has on service users, who, no matter
what their circumstances, see their relationship with and responsibilities to their children as very
central to their lives. While it is difficult to see how a method of investigation can be found that
reconciles the need to protect children in dangerous circumstances and at the same time protect
their caregivers’ sense of integrity, it has to be acknowledged that not all children who come to
the attention of the child protection services are in dangerous circumstances and development
of a less intimidating and more proportionate response would be beneficial. The lack of public
information about the child protection system is not helpful and tends to fuel fear and feed into
the poor image described by service users in this study.

Notwithstanding this deficit, service users in this study have shown themselves to be discerning
with regard to their entitlement to a child protection service, including their expectation of
adequate standards of competency on the part of practitioners with regard to frameworks for
practice and therapeutic skills. Replicating some recent research (De Boer and Coady, 2007;
Winefield and Barlow, 1995), service users defined the quality of a service principally in terms
of the manner in which it was delivered. Central to this is responsiveness and accessibility of
workers and attention to issues such as returning phone calls and punctuality. ‘Good practice’
was also defined by service users in terms of consistency and reliability of services, and
sensitivity to the need for negotiation around sensitive issues, such as interviewing children and
involving former spouses. These findings have implications for training and supervision of staff,
as well as the implementation of quality practice standards.

The principal implication arising from discussions with children and young people as service
users was the need for the child protection system to work towards keeping them safe. Some
young people had to wait a considerable time for an appropriate intervention, including those
with complex needs and those whose own behaviour presented challenges. Implications on the
need for monitoring and quality assurance were also raised. Similarly, in some areas, evidence of
poor resourcing and planning with regard to leaving care was highlighted.

Another notable finding from this study has been the service users’ concern with the associated
factors of domestic violence, discriminatory practices in respect of male and female service
users, and allegations made in the context of acrimonious relationships. This is clearly a subject
that presents major challenges.

Arising from the research findings and reflecting the views of the service users interviewed, the
following recommendations are made.

**Recommendations for policy-makers**

- The formalising and resourcing of differential responses to reports about children,
  discriminating between those where children are seriously at risk and those where
  children are vulnerable and families are likely to benefit from a more welfare-oriented
  therapeutic approach. The ‘differential response’ or ‘dual track’ approach operated in
  parts of the USA, Canada, Australia and New Zealand could provide a useful model for
  this initiative.
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- Consideration should be given to establishing a specific service to deal with allegations made in the context of separation and custody disputes, which takes account of the strong likelihood that allegations are valid and that children are negatively affected in conflictual situations.
- The provision of services should be consistent across the country as far as possible, particularly in respect of the various mechanisms of child protection, such as the Child Protection Notification System and the conduct of child protection conferences.

Recommendations for senior managers

- Information about the child protection system should be disseminated to inform the public about specific services. Information of this type should clearly delineate the powers of the system in order to allay unwarranted fears. It should also present child and family services in a positive and beneficial light in an effort to dispel their current poor image. In addition, a convenient and accessible means to avail of services should be provided, such as a centralised toll-free telephone number.
- Specific measures should be taken to encourage workers to utilise current theories and research evidence regarding the more complex and dynamic aspects of social problems, such as drug and alcohol misuse, domestic violence, mental illness, disability and young persons’ challenging behaviour. Such measures might take the form of providing resources that facilitate the incorporation of research into practice in a user-friendly format and building in a learning/information-gathering aspect to routine work, such as the encouragement of workshops, journal clubs, regular in-service training and participation in research.
- Policies regarding the recording, management and sharing of information should be established to ensure accuracy and avoid an over-reliance on public redress bodies to enable service users to see what is written about them.
- Consideration should be given to the implications of categorising assessment or investigation outcomes as ‘inconclusive’, given the enduring and negative connotations of this term for service users whose involvement in alleged child abuse has never been proven, particularly when the allegation arises out of a malicious or erroneous claim.
- Where children are placed in out-of-home care, a protocol should be established whereby specific information about their rights and those of their caregivers is provided, as well as information about Court and legal processes. This may be best achieved through an advocacy service.

Recommendations for front-line practitioners

- Practitioners should demonstrate sensitivity to the impact that involvement with the child protection service has on children and families, and endeavour to present the services in as positive and proactive a light as possible. Consideration should also be given to the impact on service users of being reported erroneously or maliciously, and the need for a conclusive resolution to the investigation.
- Practitioners should be cognisant of the importance of the relationship formed between themselves and service users, and its implications for an effective outcome. Respect for service users should be demonstrated by timely responses to requests for services, including returning phone calls promptly and keeping punctually to arrangements.
- Practitioners should endeavour to keep abreast of current knowledge about specific topics and apply it to their practice where relevant, for example, the impact of different types of drug use on parenting, the dynamics involved in domestic violence and sexual abuse, and evidence about the most effective interventions in different situations.
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- Regular communication of information should underpin efforts to facilitate service user participation and involvement. Practitioners need to be sensitive to the difficulties experienced by service users in retaining information when they are under stress and the need to continually clarify aspects of their work and check the service users’ understanding of it. Where it is considered desirable to speak to or work with children or young people without their caregivers being present, the process should be carefully negotiated with all parties. Particular efforts need to be made to minimise the stress experienced by service users at child protection conferences.

- There is a need for sensitivity to the potential for discrimination against or assumptions about service users because of their gender.
Introduction

Background
What might be described as the modern child protection system in Ireland has been developing since concerns about non-accidental injury to children and later child sexual abuse came to public attention during the 1970s and 1980s. New legislation and a series of high-profile events during the 1990s contributed to an expansion and streamlining of services, which have followed global trends by becoming increasingly proceduralised. In keeping with international developments, there has been a move towards greater involvement of children and respect for their opinions about their current and prospective situations. A small number of studies have been carried out in Ireland exploring the views of child protection service users, but no substantial data have been gathered on their views of the child protection system since the publication of Children First: National Guidelines for the Protection and Welfare of Children by the Department of Health and Children in 1999. While measurement of the impact of child protection services is difficult because of their complex nature, studies carried out in the UK and elsewhere indicate that child protection interventions are more likely to succeed if the views of service users and service providers coincide. Research has also demonstrated that community perceptions of risk and danger to children may not always be synonymous with those of professionals. It is timely, therefore, to conduct an investigation into the way in which child protection services are regarded and experienced by those whom they are intended to support and protect.

A number of recent events have contributed to the context in which this report was commissioned. Firstly, a high-profile inquiry was held on the handling by services of reported allegations of sexual abuse by priests in the diocese of Ferns, with a report published in 2005 (Murphy et al., 2005). While the Ferns Report directed most of its criticism at Church authorities rather than the statutory services, it did point out that confidence in the statutory child protection system was low and elicited a political commitment to reform some aspects of it. The following year, a report by the Ombudsman for Children (2006) highlighted a number of complaints made to her office regarding child protection services, particularly regarding accessibility, delays in intervention and inconsistency in service provision.

The third event that occurred in the period leading up to the commissioning of this report was the announcement of a national review of compliance with Children First: National Guidelines for the Protection and Welfare of Children. The Ferns Report (2005) had highlighted inconsistencies in the operation of the national guidelines, while a 2003 report by the Social Services Inspectorate had noted the support by the then health boards for a further review and revision of the guidelines (SSI, 2003). A consultation process with key stakeholders was initiated in 2006, during which the low response rate from service users highlighted the need for further exploration of their views and hence the commissioning of this research by the then Office of the Minister for Children. The impetus for a study reflecting service users’ views also emerges, however, from a global trend towards public participation in service design and delivery, as the following section will explain.

Public participation
An increased emphasis on public participation and consultation in broad social policy, and within social services in particular, in many Western democracies since the 1980s has been attributed to wider concerns regarding public disengagement and ‘democratic deficits’ in civil society (Iredale, 1999; Beresford and Croft, 2001) and the influences of civil rights
movements, which have been critical of paternalistic states (Cowden and Singh, 2007; Scourfield, 2007). Furthermore, sustained critiques of traditional power structures, including the exposure of abuse, have impacted on this shift in emphasis on public participation more broadly and attention to the perspectives of ‘service users’ in particular. Changes in terminology also reflect this movement; for example, charting the use of the term ‘service user’ within social work, Heffernan (2006) points out that the term ‘client’, much in use in personal social services in the 1960s and ’70s, was replaced with the term ‘customer’ when the therapeutic enterprise was subjected to sustained critique.

However, it cannot be assumed that the achievement of service user participation in certain areas is unproblematic. As Bell (1999) argues, those most marginalised and those viewed as ‘problematic’, including children and families caught up in the social work child protection setting, are the least likely to be involved in a participative process and the most articulate ‘users’ are likely to be those who tend to be consulted. This study will bear out Bell’s assertion.

Irish social policy context

In Ireland, the trend towards increased public participation and an emphasis on service users’ perspectives has also been evident. The public scrutiny faced by a range of institutions in the context of public inquiries and disclosures of corruption and abuse has also had a formative effect on the challenges to traditional hierarchies, the impetus for increased public involvement and the inclusion of service users’ perspectives (Ferguson, 1996; Fanning, 2003). The importance of a ‘service user’ input in policy formulation, service design, evaluation and governance is emphasised across a range of public services. The development of ‘Quality Customer Service’ is an explicit component of the modernisation programme in public services, as expounded in Delivering Better Government (Department of the Taoiseach, 1996), and it has been further elaborated in a range of policy documents as part of the wider ‘Strategic Management Initiative’, which requires that public services consult with their ‘customers’ or ‘stakeholders’ in order to inform the design and delivery of public services (Department of the Taoiseach, 2003).

From the 1990s onwards within the wider health service sector, there has been evidence of an increased emphasis on public consultation and garnering service user perspectives in the development of policy (Iredale, 1999; Harvey, 2007). This has been particularly evident in the health sector, with policy documents including Shaping a Healthier Future (1994), A Plan for Women’s Health (1997), Quality and Fairness – A Health System for You (2001) and Traveller Health National Strategy (2001). The Health Service Executive’s Corporate Plan 2005-2008 includes service user consultation as a key platform of policy, stating that the HSE is ‘committed to listening to and learning from our service users, partner service providers, staff and other stakeholders. We will actively consult around the planning, delivery and evaluation of our services’ (HSE, 2005).

At a general policy level, greater attention has also been paid to the perspective of children and young people in public debate (O’Leary, 2001; OMC, 2006). In addition, the rights of children and the importance of gaining their perspectives have gained increasing attention, as evidenced in the National Children’s Strategy (2000) and in Ireland’s ratification of the United Nations Convention on the Rights of the Child (1989). The recently published Report of the Taskforce on Active Citizenship (2007) promotes the need for all citizens, including children and young people, to become involved in social and community life.
A number of important strands, therefore, coincide in the formulation of this study: the current context of child protection in Ireland; the increased attention paid to garnering service users’ perspectives to influence the planning, evaluation and delivery of public services; and the emphasis placed on listening to the views of children and young people, whose perspectives have often been marginalised or ignored, despite being the ostensible raison d’être of a child protection system.

**Child protection policy and practice**

The legislative framework for child protection practice in Ireland is largely provided by the Child Care Act, 1991, Part II of which obliges the HSE to promote the welfare of children not receiving adequate care and protection. Service delivery is therefore the statutory duty of the HSE and is operated according to *Children First: National Guidelines for the Protection and Welfare of Children*, published by the Department of Health and Children in 1999. The procedures in the national guidelines advise on the identification of child abuse and neglect, and outline a set of steps to be followed on receipt of a report. These actions include making preliminary inquiries, visiting the child and parents/carers, carrying out an investigation and initial assessment, followed, if relevant, by a full assessment. Reports not meeting the eligibility criteria for services will be screened out at various points during the initial engagement. If a child’s need for protection cannot be met by the caregivers, emergency action may be taken, for example, placement with relatives or other forms of foster or residential care. However, this takes place in only a small percentage of cases coming to the attention of the HSE. Where it does happen, it is frequently agreed on a voluntary basis with a child’s caregivers, but if no agreement is reached, an application is made to the Court under Part IV of the Child Care Act, 1991, where a Judge makes a determination about the child’s need for protection and may make a Care Order.

During the course of the investigation and assessment of a reported concern about a child, a number of meetings (including strategy meetings, child protection conferences and review meetings) may be held between the key professionals involved and the caregivers normally in the case of the latter two types of meeting. If a child is considered to be at continuing risk and still residing with his or her parents/carers, his or her name and details will be entered on the Child Protection Notification System (CPNS), which is ‘a health board record of every child about whom, following a preliminary assessment, there is a child protection concern’ (*Children First*, Paragraph 8.15.1). Parents/carers are generally informed by letter if their child’s name is listed on the CPNS. One of the stated purposes of the CPNS is to facilitate interagency communication by providing bone fide professionals with access to the data. The *Children First* national guidelines also stipulate that a written child protection plan must be drawn up in consultation with all parties involved and child protection reviews are required on open cases at 6-monthly intervals.

**Aims and objectives of this study**

The overall aim of this research study was to examine service users’ perspectives of the child protection services, including their perception of being included in decision-making and having their views taken seriously. Child protection services were defined as *those services that provide an integrated response to reported child protection concerns*, principally the Child and Family Services of the Health Service Executive (HSE). Service users in this context were defined as *children, young people, caregivers and extended family members who have been involved with child protection services through their own initiative or who had been referred by others on their behalf.*
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The objectives of the research study were as follows:

- To examine service users’ experiences of their first contact with the child protection services and ascertain if there was congruence between their perception of child protection concerns/risk and their perception of how child protection staff understood those concerns.
- To examine service users’ experience of involvement with the child protection services, specifically in relation to assessment, investigation of reported concerns, understanding of the tasks required of them, and their perception of genuine participation and involvement in the process.
- To explore service users’ perceptions of the quality of the child protection services, including organisational issues and worker qualities and competencies that impact on effectiveness.
- To examine the degree of inclusiveness applied to work with children and families from service users’ perspectives.
- To explore the degree to which children and families considered that their identified needs had been addressed by the services.
1. Literature Review

This chapter examines existing research on service users’ perceptions of child protection systems. The literature reviewed is principally confined to studies carried out in the English-speaking world, with the exception of some work conducted in mainland Europe that was published in English. While there is an increasing knowledge base on the operation of child protection systems internationally, this review confines itself to studies involving a service user perspective. Searches were conducted in databases (including the Web of Science, Social Science Citation Index and Science Direct); e-journals (including Wiley Interscience, Blackwell-Synergy and SagePub) and websites (e.g. Child Welfare Information Gateway, Australian Institute for Family Studies and the Center for Excellence in Child Welfare), using the key words ‘child protection’, ‘child abuse’, ‘client’, ‘service user’, ‘partnership’ and ‘participation’. Key documents were also searched including government reports and reviews, as well as the bibliographies of relevant documents and articles.

Earlier qualitative research studies on child protection, which were conducted mainly in the UK, had focused on issues of governance and reflected a growing academic interest in the tensions and ambiguities underpinning the statutory child protection system (Dingwall et al., 1995; Parton, 1985 and 1991; Parton et al., 1997; Fox Harding, 1991). Questions were raised about the degree of intervention that families living in a liberal democracy could be expected to tolerate, and about the various political motives and agendas underlying what was perceived as an increasingly defensive and oppressive child protection system. What the literature evidences is that as the 1970s and 1980s progressed, a growing awareness of authority in statutory social work in the UK gave rise to the recognition that child protection service users needed to have their rights protected. This, in turn, led to an increased emphasis on user involvement as a way of reconciling the tensions between care and control, as well as a growth in the parental rights movement (see www.parentsagainstinjustice.org.uk). A parallel and linked debate, which endures to the present day, began to argue that the growing bureaucratisation of child protection work was stifling the restorative aspects of professional practice (Howe, 1992 and 1996).

Little awareness of the care and control balance in child protection, or how it was experienced by either service providers or service users, is reflected in Irish research before the late 1990s. In fact, the dearth of Irish research up to that period means that it is necessary to turn to material from elsewhere in order to get a sense of how the child protection system was impacting on the various stakeholders involved. In one of the earliest studies involving service users, carried out during the early 1980s in Britain, Corby (1987) observed that while social workers saw themselves as operating a fairly benevolent approach and were indeed concerned not to appear too forensic or heavy-handed, families involved in the system were experiencing it in a way that belied the notion of child protection as a humanitarian or benign process.

A few years later, a small-scale study, conducted in England and published in 1992 by Denis Howitt, a social psychologist, was severely critical of child protection work, seeing it as ‘self-serving’, based on ‘pseudo-empiricism’ and using a socially constructed language that ‘abandons precision’. Howitt’s report went so far as to suggest that the impact made by the actual intervention of the child protection system was the ‘key confounding variable’ which determined the level of psychological damage that results from abuse.

Howitt’s 1992 study was published shortly after an event in the north of England that profoundly shaped child care legislation and policy in that country in the early 1990s and inevitably had some, albeit indirect, repercussions in Ireland. This event was known as the ‘Cleveland Affair’ (Ferguson, 1991 and 1996). Following political and media interest in what
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was depicted at the time as a ‘witch hunt’ by doctors and social workers that resulted in large numbers of allegedly abused children being removed from their parents and later returned home, the British Government ordered a public inquiry. The ensuing report (Butler Sloss, 1988) identified problems in relation to the perceived objectification of children and alienation of families in the child protection process and gave rise to a number of policy developments in the UK, including the commissioning of a programme of studies on the child protection system, which were to prove influential in the re-focusing of services there during the 1990s.

A number of these studies focused specifically on the aspects of partnership and parental participation in the child protection process (Cleaver and Freeman, 1995; Thoburn et al, 1995; Farmer and Owen, 1995; Sharland et al, 1996). While the research, which will be discussed below, is now over 13 years old and was carried out in a jurisdiction administratively different to Ireland, many of the issues raised and the policy changes that followed the publication of the studies provide useful benchmarks against which to compare and contrast more recent research findings. This programme of research was complemented by a number of smaller UK-based studies, for example, Hooper (1992), Gray et al (1997), Corby et al (1996) and Bell (1999), the first two of which focused on families where child sexual abuse had been an issue, the latter two exploring how families experienced participation in case conferences.

In the meantime, child protection research in Ireland was beginning to emerge, with some qualitative studies reporting on service user perspectives (Buckley et al, 1997; Ferguson and O’Reilly, 2001; Buckley, 2002 and 2003). A quantitative Irish study, published in 2002 and known as the SAVI Report, gathered survey data about childhood sexual abuse and the retrospective experiences of a number of adults who were interviewed; its finding – that only a tiny percentage of childhood victims of abuse had used services over the period spanned by the survey – indicates both a lack of confidence and a lack of information about the child protection system as it existed over the previous three decades (McGee et al, 2002).

More recent studies on service users’ perspectives of the child protection system – carried out in Canada (Maiter et al, 2006; Dumbrill, 2006; Palmer et al, 2006), in the USA (Drake, 1996) and in Australia (Winefield and Barlow, 1995; Scott, 1996; Trotter, 2002), as well as in parts of Europe (Hetherington and Piquardt, 2001; Scholte et al, 1999; Tjersland et al, 2006) – give a strong sense of the enduring and global nature of the experiences of families caught up in the system.

Overall, the themes that emerged from the research with the most relevance for this present study include:

- the impact on service users of experiencing a child abuse investigation;
- the degree of congruence between service users’ views of their children’s situation and that which was held by the statutory authorities;
- worker qualities and competencies that impact on service user–worker relationships;
- the degree of participation and involvement experienced by families, especially in relation to child protection meetings;
- the experiences of service users who have been victims of domestic violence, non-abusing parents and parents in particular circumstances, including custody disputes;
- researching the views of children and young people.

Service users’ views on the effectiveness of services tend to have a lower profile in research than their accounts of the more personal and emotional impact of being involved with services. Consequently, and as the following review will demonstrate, the more recent research focuses strongly on the less tangible and more interaction-based elements of service, reflecting a growing recognition of the importance of relationships in child protection work.
Impact on service users of experiencing an initial investigation

The UK Department of Health studies demonstrated that where caregivers were considered liable, most experienced the investigative process as harsh and intimidating. Parents reported feeling ‘trapped’ and powerless (Cleaver and Freeman, 1995), sensing ‘shock, bewilderment, anger and the onset of profound feelings of loss’ (Farmer and Owen, 1995) and ‘fear and despair’ (Thoburn et al, 1995), experiencing investigations as invasive and blaming. A common theme in these studies was the dissatisfaction of families regarding the amount of information shared with them during the investigation and the tendency for actions to be taken without their knowledge.

Dumbrill (2006), in a more recent qualitative study of 18 parents’ experiences of child protection services in Ontario, produced findings that did not differ greatly from those which emerged from the earlier UK studies. Service users described their view of the services as far more powerful than themselves, a power, they believed, that could be used over them in a coercive, tyrannical, ‘frightening’ and penalising manner.

Three Irish studies (one carried out in Northern Ireland and two carried out in the Republic) found differences in the reaction to the initial investigation between service users who had self-referred and those who had been referred by others. In Spratt and Callan’s (2004) study, self-referrers had experienced ‘a degree of trepidation’ in anticipation of contact with social workers, but little apprehension. This contrasted with the families referred without consent or awareness, who had experienced ‘acute’ and ‘profound’ reactions to social work visits. There were similar findings in the study conducted by Buckley (2003) in Dublin, where caregivers who had sought help themselves acknowledged greater willingness to engage with the services. In another, earlier Irish study, conducted in the former South-Eastern Health Board (Buckley et al., 1997), service users who were investigated but were quite certain of their innocence found the process reasonably satisfactory. Others who were more definitely implicated in concerns about their children were less happy about the process and reported feeling ‘embarrassed’, ‘low’, ‘intimidated’, ‘angry’, ‘hurt’ and ‘stripped naked’. Some parents acknowledged that their children were at risk, but not from any deficits in their own parental care, blaming the neighbourhood, their ex-partners and, on occasion, bad planning by the child protection system.

It is worth adding here that the studies that reported more positive reactions to involvement with the system were those where families considered that the focus was on assessing their level of need, rather than on establishing their culpability for abuse. In two UK studies, Platt (2001) and Turnstil and Aldgate (2000) noted positive responses from parents about the services they received, with less fears that their children would be removed when the focus was on identifying potential supports rather than investigation. An evaluation of a new model for the delivery of child welfare services in Minnesota (Loman and Siegal, 2004) reflects the views of families who received services under the Differential Response Model. Under this model – also known as the Dual Track or Alternative Response Model – investigative responses are confined to very serious cases and a range of different approaches are offered, including therapy, family support and linkages with community-based welfare services. Results indicate that families perceive the services are friendlier, felt their views were heard and that they had a say in case planning and, overall, benefited from the interventions of the Child Protection Services (Buckley, 2007).

Congruence of views

The degree to which service users’ views coincide with those held by professionals, and the likely repercussions if they conflict, has been the subject of several studies, including the UK Department of Health studies mentioned above. Cleaver and Freeman (1995) coined the term ‘operational perspective’, which they defined as ‘that collection of socially oriented perceptions which people hold, use and have the power to modify in order to make sense of their daily
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lives and help them to cope with an abuse accusation’. In the long run, they conclude, the more convergence of perspectives that takes place, the more favourable the outcome. Similarly, Farmer and Owen (1995) argued strongly that the degree to which professionals’ and parents’ views were conjoint in the investigative stages of a child abuse case determined the impact experienced by them.

Congruence of views between service users and the child protection system can be an issue in two respects: first, where the expectations of a service user do not fit with the response they receive from services, and secondly, where the degree of seriousness of maltreatment to a child is regarded differently by service users and child protection staff or where parents feel they are being unfairly or wrongly accused. With regard to the former, a UK-based study by Leigh and Miller (2004) looked at situations where expectations were not met and cites a number of areas susceptible to worker-user misunderstanding, including defining the core problem; the timeframes involved; judgements over the significance of events and behaviours; the weighing-up of costs of solutions against expected benefits; users’ needs/wishes for outcomes to be focused on themselves rather than generalised possibilities; and conflicts over the definition of ‘reasonable progress’. Many respondents in the study felt they needed to frame their problems in terms of threatening behaviour in order to hold the agency’s attention and were given the sense that the resolution of their problems was their own personal responsibility.

Sometimes congruence of views is affected by different ideas of what constitutes ‘harm’ or ‘abuse’. In a UK-based survey looking at how communities visualised risk to children, Wright (2004) demonstrated how some communities conceptualise ‘risk’ in terms of hazardous environments, such as the presence of burnt-out cars, derelict buildings, dangerous roads, drug dealers and bullies, rather than the more orthodox definitions used by child protection professionals. Similarly, child protection service users in Dale’s (2004) study rarely thought of their own situation in terms of the sort of traditional classifications or categories common to the child protection system; instead, they conceptualised it in terms of certain injuries or harms their children may have sustained rather than using the blame-loaded concept of ‘abuse’.

A feature common to a number of other studies (Corby, 1987; Gibbons et al, 1995; Farmer and Owen, 1995; Buckley, 2003) was denial or minimisation by caregivers of their own responsibility for the abuse which was alleged. Farmer and Owen (1995) found that in less than one-fifth of parents was there agreement on commission, culpability and risk. In an Irish study, Buckley (2003) similarly found that parents, even when they got on well with workers, frequently disputed the nature or degree of maltreatment being suggested, their constructions of ‘child abuse’ bearing little resemblance to that which they felt was operated by workers. Dale (2004) found significant disagreement between parents and social services regarding the nature and levels of risk at the initial safety assessment stage; service users interviewed for that study commented that social services routinely adopted a ‘worst case scenario’, resulting in protection plans that were disproportionate to the actual nature and seriousness of the incident. Cleaver and Freeman (1995) found it unsurprising that the perspectives of families were at odds with agencies, given the complex context of class, race, religion and gender in which child-rearing and parenting behaviour are judged. They also felt that professionals may be insensitive to this issue; in fact, they considered techniques of neutralisation, defence and evasion to be appropriate strategies in that context, but ones that were likely to evoke more punitive reactions on the part of the services.

Worker qualities and competencies that impact on worker–service user relationships

A growing recognition of the importance of worker–service user relationships has led to a number of recent studies that have focused on how competencies and qualities of social workers, both positive and negative, impact on the relationships that develop between the two
parties. Although there is a difference between worker qualities (i.e., the personal styles and personality traits that are perceived as positive and negative) and worker competencies (i.e., the way that workers perform and display skills and knowledge), it appears that they are very closely linked and significantly impact on the type of relationship that is formed. It is also generally accepted that the quality of the relationship and ‘helping alliance’ between worker and service user is a key determinant of outcome (Rogers, 1959; Winefield and Barlow, 1995; Dore and Alexander, 1996; Ruch, 2005). However, it is also acknowledged that the achievement of good relationships in a context as potentially conflictual as child protection is not easy (Yatchmenoff, 2005; Drake, 1996; De Boer and Coady, 2007; Dumbrill, 2006).

Two separate service user self-report studies – one in Ontario (De Boer and Coady, 2007) and one in California (Lee and Ayon, 2004) – looked at the extent to which worker–service user relationships in child protection cases impacted on outcomes, or improvements in measurable aspects of child welfare and parenting performance. The studies also examined the components and predictors of ‘positive alliances’. Both studies confirmed the positive effect of good relationships on outcome. De Boer and Coady (2007) categorised the relationship qualities into two themes: ‘soft and judicious use of power’ and ‘humanistic attitude and style that stretches traditional professional ways of being’. In the former category, the processes of acknowledging power differentials, responding to negativity, anger and apprehension supportively, being honest, open-minded, respectful and empathetic were considered significant. The latter category included being down to earth, friendly, and ‘real’, strengths-focused and ‘going the extra mile’. The authors were struck by the support of service users for the idea of professionals ‘stretching’ their traditional way of presenting themselves and wondered if it went against prevailing beliefs about professional conduct.

The Lee and Ayon (2004) California-based study identified the ability to facilitate open communication and the provision of public welfare services as predictors of good relationships. Frequency of home visits was another, though slightly weaker, predictor. Not surprisingly, the authors found that better relationships were formed where social workers operated ‘family preservation’ programmes rather than mainstream casework, the former consisting of a more intense wraparound service.

Maiter et al (2006), in another Ontario-based study involving 61 service users, commented that the personality and character of workers were more central to client satisfaction than their agency function, and noted that even when families were hostile towards interventions, they could still engage positively with workers when the right qualities were present. Participants in this study identified genuineness, empathy, helpfulness, willingness to listen, being non-judgmental and acceptance as qualities that they appreciated in workers.

In an English study by Dale (2004), service users identified the worker characteristics of being supportive, being careful listeners, being ‘matter of fact’, ‘human’ and able to promote cooperation as making an important difference to their relationship with the child protection system. In another UK-based study by Leigh and Miller (2004), service users identified a good social worker as someone who shows an interest in the service user and their family, is understanding, makes time available, listens to and understands children, is realistic and is not patronising. Results from an earlier Australian study by Winefield and Barlow (1995) were similar, finding that service users favoured practitioners who were interested in them as individuals, were friendly, knowledgeable about children and families, reliable and helpful in giving parents guidance.

Studies that have focused on worker competency as opposed to quality have come up with similar findings. An Australian study by Trotter (2002) looked at the link between employment of skills and positive outcomes, and found high rates of user satisfaction, as well as positive outcomes, when social workers employed the skills of role clarification, user-centred problem-
solving, reinforcement of pro-social behaviour, appropriate use of confrontation and ability to promote collaboration between workers and service users. Interestingly, Trotter found that workers rated their own use of skills more highly than service users rated them. In a Missouri-based focus group study, which included 5 groups of consumers and 4 groups of workers, Drake (1996) found a high level of agreement between all groups regarding key desirable competency areas, which included development of the worker–consumer relationship, diversity skills, special population skills, inter- and intra-organisational skills, self-management skills, assessment and intervention skills.

Finally, in a comparative study involving service users from the Netherlands, Britain and Spain focusing on stigma associated with child welfare services, Scholte et al (1999) found that a considerable difference to service user satisfaction could be achieved by the use of a professional approach that ‘explicitly aimed to empower service users, to promote positive attitudes on the part of others towards service users and to demonstrate understanding and respect for service users’.

Negative characteristics identified in research include, not surprisingly, the absence of the above factors, compounded by attributes described as ‘snottiness’, ‘bossiness’ and arrogance (Dale, 2004). Participants in the Maiter et al (2006) study expressed negativity about social workers who appeared judgmental, cold and uncaring, bad at listening, critical and insincere. De Boer and Coady (2007) found that social workers who ‘pre-judged’ and made threats were viewed by families as abusing their power. Service users in the Leigh and Miller (2004) study were disappointed and sometimes angry when they were not given ‘time’ and when they felt that social workers were not honest with them. Palmer et al (2006), using the data from the same study referred to in Maiter et al (2006) above, identified perceived inadequacies in service as ‘being initially defined as ineligible for service’, receiving less help than expected and feeling depersonalised by worker turnover. Service users in that study also commented on the feeling of betrayal they experienced when information they had shared was later used against them, and voiced their objections to the sometimes insensitive manner in which workers interacted with them, perceiving it as oppressive and harassing.

Participation and involvement of service users

At the time that the UK Department of Health (1995) studies were conducted, the promotion of partnership – which had been given an impetus by the Cleveland report and the implementation of the Children Act, 1989 in England and Wales – was considered to be a significant issue. Therefore, it understandably received a high profile in all the studies that featured user involvement. The central position of the case conference in the child protection system meant that it was often used as a benchmark to measure levels of participation. Policies about parental attendance at case conferences were starting to be implemented in the early 1990s in the UK and this gave researchers some opportunities to evaluate the practice from both the professionals’ and caregivers’ viewpoints (Thoburn et al, 1995; Farmer and Owen, 1995; Cleaver and Freeman, 1995). An Irish study, (Buckley et al, 1997) also examined current views, which were expressed in a slightly different context since no aspirations towards parental involvement had been formalised in Ireland during the first half of the 1990s and parental attendance at meetings was rare; similarly, children’s participation in placement reviews was almost non-existent.

It is interesting to compare the thinking of that period in Ireland with its equivalent today and to compare it with UK practices at the time. Buckley et al (1997) illustrated that the majority of professionals interviewed at that time preferred parents to have only partial attendance at case conferences, contrary to the practice now advocated in the Children First national guidelines (Department of Health and Children, 1999). Justifications cited included parents being
overwhelmed or intimidated, and professionals feeling inhibited. Conversely, parental responses indicated overwhelming support for attendance. In the UK, Thoburn et al (1995) found that the majority of practitioners and their managers were supportive of parents’ participation and negative views were in the minority. However, when the views of parents who had experienced attendance were sought, views were more mixed; many complained of feeling ‘on trial’ and finding partial exclusion to be worse than total exclusion, increasing anxiety and distrust (Farmer and Owen, 1995; Thoburn et al, 1995). Other negative comments included feeling outnumbered by the number of professionals present (Farmer and Owen, 1995); not being used to speaking out in such a formal setting (Cleaver and Freeman, 1995; Farmer and Owen, 1995); not having been properly informed about the purpose of the meeting (Corby et al, 1996); experiencing the discussion of their personal family life embarrassing (Farmer and Owen, 1995); finding it difficult to dispute misinformation said about their family (Corby et al, 1996; Thoburn et al, 1995); and the overarching concern that expressing their opinion might somehow result in their children being taken into care (Corby et al, 1996; Farmer and Owen, 1995; Hall and Slembruck, 2001; Bell, 1999). Hall and Slembruck (2001) cite how parents often use Court metaphors when they describe their experience of case conferences. Overall, the literature on case conferences makes the important distinction between participation and meaningful participation.

An alternative conference model, which has been piloted over the past 5 years, is becoming increasingly utilised in Ireland. It is based on the family group conference, which originated in New Zealand. Termed the family welfare conference (FWC) in Ireland, the model promotes the principle of family-based decision-making and has its roots in the strengths-perspective models of intervention. It is seen to be respectful of families and seeks to mobilise family strengths to resolve difficulties being experienced.

Evaluations of the FWC model demonstrate that, in general, parents appear to experience it positively and welcome the opportunity to find their own solutions and involve the people they want (O’Brien, 2000; Holland and Rivett, 2006; Bell and Wilson, 2006). Similarly, children welcome the opportunity to be involved, feel empowered by being consulted and are well able to provide information pertinent to their own situation (Bell and Wilson, 2006). Research into FWCs tends to endorse the fact that they meet their stated aims of facilitating families to formulate an oftentimes ‘creative plan’ to meet the needs of their children (Holland and Rivett, 2006). It is also espoused that the raw emotion expressed during a FWC can have a therapeutic and cathartic effect for some present (Holland and Rivett, 2006). However, the notion that this effect is not necessarily positive for all present was also found by Bell and Wilson (2006) in their research, where they particularly sought out the views of children and found that ‘there are clearly some family groupings where discussion of some issues is either unhelpful or disturbing to some members – especially those who are vulnerable, such as children’.

Recent Irish research into FWCs has suggested that while they do contribute to the ‘increased potential for the child to be safer or better protected, it was considered unreliable to state that having a FWC increased the safety of the child in its own right’ (Barnardos, 2005). Furthermore, this research concluded that ‘whilst there was consensus that there are clearly positive outcomes that arise from the process of the FWC, there are genuine concerns about the sustainability of these’. Sundell and Vinnerljung (2004) looked at the outcome of family group conferences (FGCs) for children in Sweden as compared with those who had gone through the traditional process of child protection investigations and found that ‘FGC children experienced higher rates of re-referral to child protection services compared with the group that had been processed in traditional investigations’.

Other concerns about FWCs are the lack of ‘buy in’ from front-line practitioners and the view that FWCs remain on the periphery of statutory child care services (Barnardos, 2005; O’Brien, 2000; Brown, 2003). It is also considered that the rapid turnover of staff within such services can result
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in the loss or weakening of knowledge about the origins, aims and basic philosophy of the FWC system (Connolly, 2006). Of central concern is that professionals involved understand that the lead responsibility for the development of a plan rests with the family, while the role of the social worker is to present information with regard to the needs of the child and to agree, or disagree, with the plan on the basis of child safety and well-being (ibid). Lupton (1998) also raises the concern that while the family conferencing model is, broadly speaking, seen as enabling, ‘the extent to which it is also empowering may be constrained by the family members’ lack of control over the outcomes of the process’. She queries whether, if families use their enhanced power to ask for increased resources which cannot be provided by the statutory agency, the process would become more about the withdrawal of State support rather than the transfer of power to a family.

Overall, research suggests that, while for the most part children and families experience the process of a FWC in positive terms, more detailed consideration needs to be given to the distribution of power during a conference and also to the long-term gains for those concerned.

Other efforts to increase child and family participation include the establishment of assessment frameworks that enable service users to contribute their views. Following the publication of Messages from Research by the UK Department of Health (1995), the British Government made a decision to ‘re-focus’ child welfare services towards providing a service to children in need, which also encompassed children in need of protection. Part of the development of this new approach was the implementation of the Framework for the assessment of children in need and their families (Department of Health, UK, 2000), which focused strongly on identifying, in a shared manner between service users and service providers, the needs of children reported to the services. An early study on the use of the framework indicated that the ability of the practitioners to work in partnership with the families had a positive impact (Platt, 2001).

An early evaluation of the Irish Framework for the assessment of vulnerable children and their families (Buckley et al, 2006a) included interviews with 7 service users who were generally positive about the process, but there were overall indications that more efforts were required to encourage service user involvement, particularly with regard to their understanding of the rationale and structure of the assessment process and their involvement at multidisciplinary meetings (Buckley et al, 2007).

Experience of victims of domestic violence, non-abusing parents and parents in particular circumstances, including custody disputes

The lack of recognition of women victims of domestic violence as a service users’ group has been criticised by Mullender and Hague (2005), who argue that women are only responded to in terms of their children’s needs and not their own. However, as they (and others, e.g. Kelly, 1996) point out, children are more likely to be safe when their mothers are safe. Mullender and Hague argue that abused women’s views and perspectives are essential to inform service providers. They use the example of workers asking the question ‘Why doesn’t she leave?’ when there is evidence available to demonstrate that the period after leaving can be the most life-threatening for women and children (Humphreys and Thiara, 2003). Post-separation contact between children and fathers has also been an issue of concern to women service users, with what appears to be good reason: 21 out of 53 mothers interviewed in Hester and Radford’s (1996) study reported that their children had been physically or sexually abused by their fathers. Jaffe et al (2003) also point out that ‘separation is not a vaccination against domestic violence’.

As Hester and Pearson (1998) observe, one of the issues raised by service users who have experienced domestic violence is the sense they pick up from child protection staff that they are to blame for their own situations and are the ones who are responsible for their children’s safety and welfare. The tendency of the child protection system to lay culpability and responsibility
on mothers in all types of contexts is one that has attracted much research attention over the past two decades (Milner, 1996; Farmer and Owen, 1995; Featherstone, 1997; Buckley, 1998; Scourfield, 2003). Similarly, the unrealistically high expectations held by child protection workers of non-abusing mothers (i.e. those whose children have been sexually abused by a partner or ex-partner) have also been the subject of study (Hooper, 1992; Sharland et al, 1996; Buckley et al, 1997; Buckley, 2003; Colligan and Buckley, 2004). Research with service users has demonstrated a tendency for practitioners to withdraw support and close cases on the basis that the non-abusing parent’s awareness of the abuse is sufficient to protect their children. Yet, the very fact of discovering that her child has been abused can have a disabling effect on a parent, and the after-effects of a child sexual abuse case can resonate and affect the entire family group for a long time after the abuse has stopped (Hill, 2003). A small-scale study conducted in Ireland with children and families who had experienced child sexual abuse demonstrates the complex after-effects that can endure for a non-abusing parent, including loss of self-confidence and self-esteem, isolation from families and friends, and humiliation when the perpetrator is still in the community (Colligan and Buckley, 2004). Some of the service users interviewed for that study felt that child protection workers outside the specialist assessment services, although supportive, were unskilled and inexperienced in working with victims of child sexual abuse and were unable to comprehend their needs. In a much earlier study in the UK, Hooper (1992) interviewed 15 women whose children had been abused by a partner and used a bereavement model to illustrate the process involved for mothers in coming to terms with the loss of their children’s innocence and trust, their privacy and often their home and economic security through the loss of their partner.

In a similar vein to the topic of non-abusing mothers, an increasing interest in gender and masculinities has drawn attention to the low profile of fathers generally in the child protection system. Ryan (2000) extracted data from the 1991 UK Department of Health programme of research on child protection, which demonstrated that fathers are likely to be less proportionately represented in the child protection service user population compared with the overall socio-demographic picture. At the same time, Daniel and Taylor (2001) emphasise the importance of involving both resident and non-resident fathers in child protection work, pointing out that by excluding them in child protection assessment, social workers can overlook the possibility of fathers going on to make other relationships, joining and re-constructing families, and potentially repeating abusive behaviour. They add that the services, by focusing only on mothers, may fail to capitalise on the potential protective qualities that a father may be supported to develop.

Featherstone (2001), in a review of the literature on men in child welfare work, is critical of the lack of research involving fathers as service users. This deficit in research evidence has been filled to an extent by a study conducted in Ireland with 24 Irish fathers who were child protection service users (Ferguson and Hogan, 2004). The study indicated a high level of segregation of men by statutory services. The authors went so far as to say that ‘the overall orientation of welfare systems to exclude men is so powerful that even in cases of inclusive practice, clear evidence emerged of men’s exclusion’. They argued that while some men were dangerous and known to be violent, other men were excluded ‘simply on the basis of stories, appearances, perceptions’. Furthermore, they claim that the self-fulfilling nature of exclusion has led to a point where social workers ‘do not know men, have little confidence around them and often fear having meaningful discussions with them’; in addition, social workers also lack skills in discussing fatherhood with men and strategies to divert attention and responsibility for child care away from mothers.

Following on from this discussion on gender differentials, another under-researched topic from a service users’ perspective (but one that is becoming very significant to child protection services) is the issue of allegations of child abuse, particularly child sexual abuse, made by one partner about the other in the context of an acrimonious separation or custody dispute. What
Humphreys (1997) has termed the ‘common knowledge’ on this area refers to a belief that mothers tend to make false allegations. The way in which this concept has been constructed has been challenged by Humphreys (1997), McDonald (1998) and Brown et al (2001) on the basis that the studies supporting it are small and unrepresentative. The point is made that allegations of child sexual abuse need not be unexpected when parents separate and that each disclosure requires separate assessment. Reasons to anticipate increased disclosures include the fact that child sexual abuse is sometimes the precursor to separation, particularly when domestic violence has been a factor, and the fact that children often feel safer talking about abuse when parents have separated. It is also pointed out that children may no longer feel the pressure to keep the family together by concealing abuse after separation; that opportunities for abuse increase when contact is between parent and child only and that children may disclose because they are nervous about lengthy periods of contact with the separated parent. Large-scale studies by Brown et al (2001) in Australia and by Trocmé and Bala (2005) in Canada strongly challenge the ‘misperceptions’ about the frequency and characteristics of intentionally false allegations in child welfare investigations and their relationship to custody and access disputes. They showed that while the rate of intentionally false allegations is higher in cases involving custody and access disputes, the difference is marginal. Like Thoennes and Tjaden (1990), Trocmé and Bala (2005) demonstrated that neglect, rather than child sexual abuse, is the most common form of intentionally fabricated child maltreatment, including those alleged in custody cases, and that anonymous reporters and non-custodial parents (usually fathers) most frequently make intentionally false reports.

Research on the views of children and young people

There has been an increased focus within social research on children and young people’s perspectives, in part influenced by changing understandings of the nature of childhood, informed by ‘new studies of childhood’ (Qvortrup, 1987; James and Prout, 1990; Qvortrup et al, 1994; Christensen and Prout, 2002; Mayall, 2002) and by public movements that have emphasised the rights of marginalised minorities. Increasingly, policy-makers and practitioners place an emphasis on accessing children’s perspectives and this, in turn, has influenced research development in this area (Morrows and Richards, 1996; Greene and Hill, 2005).

While previous research on children and young people has tended towards positivistic approaches, focusing on children as objects rather than subjective beings and on outcomes rather than process (Greene and Hill, 2005), recent studies published in Ireland have been more qualitative in nature and involve the direct participation of young people (Kilkelly and Donnelly, 2006; Hogan and O’Reilly, 2007; Mayock and Vekić, 2006). There has also been an increased recognition that research with children and young people yields different views, perspectives and data (Hill, 2005; Brody and Waldron, 2000; Munford and Sanders, 2004). For example, studies of child abuse conducted in the USA where young people have been participants tend to show a higher prevalence of abuse than those that rely on conventional sources, such as reports from professionals and case files (Black and Ponirakis, 2000).

In addition to the greater emphasis placed on the perspectives of young people, increased attention has also been paid to ethical issues in social research with children and young people. Ethical considerations primarily focus on the themes of power, competence and vulnerability (Greene and Hill, 2005). The power differential between children and adults and between researcher and participant is highlighted; however, Hill (2005) cautions against an over-simplification of this issue and encourages researchers to adopt a reflexive approach.
The competency of children and young people to consent to and participate in the research process has also been the subject of critical attention. For example, the language used in research and the level of understanding of the young person have an impact on informed consent. However, some authors counsel that children’s competence should be seen as different, rather than lesser (Waksler, 1991; Morrows and Richards, 1996), while several authors advocate the utility of participatory, multi-method approaches in research with young people (Morrow and Richards, 1996; Aubrey and Dahl, 2005).

Attention has also been paid to the parameters of confidentiality in research with children and young people, particularly in the context of disclosures or risk of harm and abuse (Morrow and Richards, 1996; Black and Ponirakis, 2000; Runyan, 2000). While there has been some debate on this issue and international practice varies (Steinberg et al, 1999), conditional confidentiality has become the established convention – not least because of the ethical implications and the duty to protect participants from a risk of harm, but also because of the expectations of children and young people that adults should act in their interests (Morrow and Richards, 1996; Black and Ponirakis, 2000).

The rights of children and the importance of gaining their perspectives has also gained increasing attention in the Irish context and is evident in the National Children’s Strategy (2000) and in the ratification of the United Nations Convention on the Rights of the Child. The recently published Report of the Taskforce on Active Citizenship (2007) promotes the need for all citizens, including children and young people, to become involved in social and community life.

Over the last five years, the Office of the Minister for Children (OMC) has conducted consultations with children and young people on a number of issues, including:

- the development of the Children’s Code of Advertising (2004);
- the development of the National Recreation Policy for Young People (2005);
- the development of a national set of child well-being indicators (2005);
- the Taskforce on Active Citizenship (2006);
- the age of consent for sexual activity (2006);
- the development of the Irish Youth Justice Strategy (2007);
- the misuse of alcohol among young people (2007).

The infrastructure to provide a meaningful voice for children and young people in decision-making is being developed, for example, through 34 local Comhairle na nÓg or youth councils, through the annual Dáil na nÓg or National Youth Parliament, and through student councils in schools. The OMC supports this infrastructure by:

- involving children and young people in the development of policies;
- providing funding and resources for the effective development of Dáil na nÓg, Comhairle na nÓg and other initiatives;
- the production of publications, websites and resources on the benefits of participation to policy development, service delivery and to children and young people themselves;
- providing leadership, information, guidance and practical assistance to Government departments, State agencies and other organisations.

A number of recent studies have also explored aspects of children and young people’s experiences that are of relevance to this study. These include research on young people’s experience of domestic violence (Buckley et al, 2006b; Hogan and O’Reilly, 2007), which identified that young people wanted to be kept safe and have a space where they could discuss their feelings. Recent research on youth homelessness (Mayock and Vekić, 2006; Mayock and Carr, 2008) has also explored aspects of young people’s experiences of the child protection system, raising specific issues on service provision for adolescents.
Service users’ perceptions of the Irish Child Protection System

Links between literature review and aims of this study

The research design for this study was developed to facilitate a further exploration of the issues raised in the literature review, in keeping with the aims and objectives of the study as outlined in the Introduction. The first aim was to explore service users’ initial contact with the child protection services. The literature has demonstrated that the impact of being the subject of an investigation can have an intimidating effect and that a meeting of minds between service users and child protection staff is difficult to attain. Our research approach was shaped by these findings, which we sought to take further in the Irish context, specifically in relation to prior knowledge of the system and the emotional impact of being caught up in it. It was also considered important to ascertain whether the issue of congruence of views between services and service users was still as significant as that demonstrated in previous studies.

Our second aim was to explore how service users experienced the process of investigation, assessment, child protection planning, intervention and closure. The literature demonstrates the frustration of service users, who felt excluded, powerless and frightened in the face of what they considered to be a very powerful system. Consequently, we considered it important to update the research knowledge on the degree to which service users knew about the mechanisms of the child protection process, their understanding and attitude to the tasks expected of them, their inclusion in the planning process and the degree to which they experienced meaningful participation in child protection meetings and other elements of the child protection process, including placement in out-of-home care.

Our third aim was to explore service users’ perceptions of the quality of the child protection system. The literature has illustrated the discernment applied by child protection service users, particularly in respect of the types of relationships that develop between themselves and workers. This motivated us to explore, as constructively as possible, which organisational issues and worker qualities and competencies are considered most influential in the formation of ‘helping alliances’ and the attainment of outcomes and goals.

Our fourth aim was to explore ‘inclusiveness’ in the child protection services. The literature demonstrates that the issue of gender is always current, particularly the over-focus on mothers and the exclusion of fathers. The fallacy of making assumptions regarding the motives and capacities of parents caught up in violent and abusive situations has been clearly demonstrated and orthodox methods of responding to mothers, fathers and children have been challenged. These issues appeared to us to warrant further elucidation in this study.

All of the literature reviewed has assisted us in exploring our fifth aim, which was to ascertain how far service users considered that their identified needs had been met. The linked problems of domestic violence, separation and custodial conflicts are gaining increasing currency in child protection work and raise important questions. As we continued through the fieldwork and in keeping with our qualitative approach, a number of other issues were brought to our attention by research participants and helped us to fill some gaps in the existing research.

Finally, evidence in respect of the relatively new practice of involving children and young people in the research process has illustrated a number of areas where their shrewd perspectives give pause for thought, particularly in relation to their experiences of child sexual abuse investigation and living with domestic violence. We used these studies to inform our plans and methods for the inclusion of young people in this study.
2. Methodology and profile of service users

This study reports on the perspectives of 67 service users on the nature of their contact with the Irish child protection services. It explored those aspects of the system that service users found to be deficient and those that they found positively helpful. It also sought their perceptions of the competencies and qualities in practitioners who mediate the services. While the study is limited in many respects, it has endeavoured to reflect the accounts of research participants which, while not representative of the entire body of service users in the country, are valid and of considerable value in themselves.

The study was commissioned by the Office of the Minister for Children in 2006 and was conducted between 1 September 2006 and 31 August 2007.

Ethical approval
The aims and methodology of this study were subject to scrutiny by the Ethics Committee of the Children’s Research Centre, Trinity College Dublin, and also by the Research Ethics Committee of Waterford Regional Hospital on behalf of the HSE. In both instances, it received full ethical approval to proceed, having met the requirements to take all reasonable steps to fully inform participants about the study and plans for its dissemination (see Appendix 1 for information leaflets and consent forms) and also to minimise the possibility of harm resulting from their involvement.

Recruitment of participants
The first phase of the research study included the complex task of negotiating access to service users via a range of organisations providing services to children and families. This phase took place over a 5-month period, from September 2006 to January 2007.

In methodological terms, purposive sampling was used to select which key stakeholders should be approached and, in turn, the service providers also employed purposive sampling in the selection of the service users they invited to participate in the study. It has been established that such non-probability sampling is particularly suitable for exploratory research (Burton, 2000). However, recruiting participants for a study on such a sensitive and personal topic is complex for several reasons. The confidentiality surrounding service provision of this type meant that we had no direct access to service users. Using service providers to mediate on our behalf, which was the only recourse possible, generally brings its own problems. One is the potential for providers to recruit only those service users who are likely to give a positive account of their own services. The second one is slightly contrary, and that is the possibility that service users who are most willing to participate in research such as this are likely to be those who have had unsatisfactory experiences and feel confident about articulating them. Many users of child protection services may not feel comfortable in declaring their relationship with the services, nor do they always feel sufficiently empowered to speak about their experiences; therefore, those who do come forward may not represent the norm. Despite our efforts at minimising bias and selecting participants purposively, we believe it is likely that both of these possibilities were present within the sampling and our only option is to declare them as limitations. We could have advertised publicly for participants, but we felt that the ensuing self-selection of participants may have skewed the research further.

Particular emphasis was placed on trying to include a mix of service users from both voluntary and statutory services in order to ensure that a wide variety of perspectives would be covered. As the following discussion illustrates, a reasonable representation of each was achieved.
A deliberate emphasis was also placed on being as inclusive as possible. The issue of an ‘over-focus’ on mothers and the resultant marginalisation of fathers in child protection work has been clearly demonstrated in research (Farmer and Owen, 1995; Milner, 1996; Daniel and Taylor, 2001). Concerted attempts were thus made to recruit fathers, which led to a certain amount of positive discrimination in favour of male interviewees. The inevitable result of such affirmative action meant that we may have accessed an unrepresentative group of men. Particular importance was also given to including young people in the study. It is well documented that young people, especially those who are marginalised, can be difficult to access and even more difficult to include in research (Curtis et al., 2004; McLeod, 2007). However, as detailed below, a substantial number of young people took part in this study.

The recruitment process initially involved contacting service providers by letter and telephone, meeting with them and providing them with information about the project. In an effort to reduce bias in the sample, we initially decided to contact both non-statutory organisations providing services to children and families and HSE social work teams, which provide the statutory child protection service. In addition, we contacted a number of public service redress bodies, which would have processed complaints or enquiries from child protection service users. It had been our intention to recruit approximately half the participants from voluntary services and the other half from HSE services. Unfortunately, due to a delay on the part of the HSE in responding to and ultimately processing our initial request for their participation in the study, fieldwork was already well underway by the time the necessary approval was given. As a consequence, only a small number of interviewees were recruited through the medium of HSE services, most of these being young people.

The principal criterion for inclusion in the sample was that service users had been involved with the HSE child protection system at some point within the previous four years. Their involvement could have been short or long term. Contact was mediated by service providers. The research team devised two information leaflets and two consent forms, one each for parents and young people, and these were sent to the service providers (see Appendix I).

**Referring organisations**

Participants were referred to the study from 19 different organisations. To protect the anonymity of those who took part, referring organisations will not be identified; however, they can be grouped into 8 different categories (see Figure 1).

**Figure 1: Referring organisations and groups**

![Referring organisations and groups chart](chart.png)
Overall, thanks to the efforts of the staff involved, a satisfactory mix of organisations and services enabled the research team to access families who had very diverse experiences of child protection services.

Research methods
Qualitative in-depth interviews were conducted with the 67 service users who agreed to participate in the study. In four instances, two people were interviewed together; otherwise interviews were conducted individually. A qualitative methodology was chosen in order to capture the service users’ experiences of child protection services, rather than the more ‘controlled’ and ‘reductive’ procedures of quantitative methods (Maiter et al, 2006; Cortis, 2007).

Data collection
Data collection took place between January and April 2007 and was undertaken in 16 counties throughout Ireland. Participants were offered the choice of carrying out the interview in their own home, in the organisation from which they were referred, when feasible, or in the Children’s Research Centre, located in the centre of Dublin city. One interview was conducted over the telephone and another took place in a prison. Interviews were usually less than an hour in duration and were carried out by one of the four members of the research team. From the outset, participants were advised that they could request that the interview be terminated at any time or could decline to answer any of the questions asked.

Consent
Every participant was required to read the information leaflet and sign a consent form before commencing their interview (see Appendix 1). Two consent forms were used, one for adults and one for young people. Consent of a parent or carer was also required for every young person under the age of 18 who participated in the research. In the majority of instances, the referring organisation had talked through the information leaflet and the consent form prior to the interview. Nevertheless, the researcher went through both with each participant in order to ensure that the person concerned was in a position to give their informed consent to participate in the research.

Participants were asked for their permission for their interview to be recorded and the vast majority were agreeable to this request. In five cases, due to the location of the interview, it was agreed that recording would be inappropriate and written notes were taken instead. Participants were assured that the information they provided would be treated as confidential and that no identifying information would be used in the final report. There was one exception to the confidentiality norm, which was that we would be obliged to act on any information emerging during interviews which suggested that any children were at risk of actual or potential harm. During the fieldwork, we became aware of one situation where we believed that children may have been at ongoing risk and, with the knowledge of the person who told us, we passed the information to the relevant HSE local health area.

Topic guides
Two semi-structured topic guides were developed, one for adults and one for young people (see Appendix 2). These were used to structure the interviews; however, given the unique nature of each participant’s situation, it was not always relevant to ask the same questions of each service user. The interview normally concluded with two questions – one inviting the interviewee to give their overall view and the other inviting them to advise us of anything else they would like to add that we may have overlooked.
Service users’ perceptions of the Irish Child Protection System

We were mindful of the fact that talking to us about their experiences could be upsetting for some of the participants and revive some painful memories. Most service providers who had mediated the original contacts agreed to provide post-interview support, the only exceptions being the redress bodies since their contact with service users had already terminated. As the research progressed, it became apparent that it was important for the research team to be alert to the possibility that some of the interviewees might perceive their participation in the research as an opportunity to further their quest for resolution of an issue they had with the child protection services. This possibility emerged as an issue very early on in the data collection stage in an interview with parents who were still dealing with the painful aftermath of a false allegation made against their son. At the conclusion of the interview, they were asked if they had received any satisfaction from the complaints process they had undertaken; they responded ‘Only this’, signifying their hope that the research would bring them some kind of satisfactory outcome. Subsequent to this, all participants were clearly advised that their participation would not have any bearing on their own situation. Because of the sensitivities involved in recruiting participants for a study such as this, where anonymity and confidentiality are crucial factors, we were unable to commit to feeding back results to participants (in many cases, we had neither requested nor been given their full names or addresses). However, we committed to ensuring that the services that had linked us with them would receive a copy of the final report, and also to asking the relevant service providers to draw their attention to its contents.

Data analysis

Robson (1993) has pointed out that there is no clear, observed and accepted set of rules for analysing qualitative data such as there is for quantitative data. However, there are certain conventions that are usually adapted to suit the subject and data in hand. In this instance, all recorded interviews were fully transcribed, thus allowing for a full and accurate analysis of the content. Each participant was assigned a code number and all identifying information was removed from the transcripts, thus affording full anonymity to everyone.

To begin the analysis of the data, a number of interview transcripts were read by each member of the research team, after which the team then met together to discuss emerging themes by which to structure the analysis of the data. A number of themes and sub-themes were agreed and subsequently each transcript was coded under each of these themes, using the NVivo qualitative software package. The content of each code was then further analysed and used in the writing-up of this report.

Profile of interviewees

The research team carried out a total of 63 interviews: 59 were individual interviews, 3 were with couples and one was with a mother and daughter, giving a total of 67 individuals interviewed. In 7 instances, two interviews were carried out with two or more members of the same family. Of the 67 interviewees, 13 were under the age of 23 and categorised together, for the purposes of the report, as ‘young people’. In 8 cases, a parent or parents of the young person was also interviewed. Where this occurred, confidentiality was maintained, i.e. a young person’s interview was not discussed with a parent or vice versa. In 3 instances, the young person was interviewed with a parent present, at the request of the young person. The remainder of the young people (10) were interviewed on their own. In all instances, informed written consent was obtained from the young person; for those under the age of 18 (5), consent to interview the young person was also obtained from a parent or guardian.

The following tables and figures illustrate the profile of the interviewees.
Methodology and profile of service users

Table 1: Age of young people interviewed

<table>
<thead>
<tr>
<th>Years of age</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>20</th>
<th>21</th>
<th>23</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Figure 2: Gender of participants, total sample

- Male 28%
- Female 72%

Figure 3: Age of interviewees

- 13-23 years: 19
- 24-40 years: 46
- 41-50 years: 30
- 51-60 years: 3
- 61-70 years: 2
Service users’ perceptions of the Irish Child Protection System

Figure 4: Location of interviewees, by province

Table 2: Ethnic origin of interviewees, total sample (67)

<table>
<thead>
<tr>
<th>Ethnic origin</th>
<th>% of interviewees</th>
<th>No. of interviewees</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Irish</td>
<td>84</td>
<td>56</td>
</tr>
<tr>
<td>English</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Irish Traveller</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>African</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Other European</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>67</td>
</tr>
</tbody>
</table>

Principal child protection concerns

Most interviewees could readily identify the principal concern, or concerns, within their family that led to the involvement of the child protection services. In a small number of cases, inferences were drawn by the research team from the content of the interviews. It was necessary to do this because some interviewees appeared unfamiliar with the formal terminology to describe their family situation; however, the nature of the concern was evident from what they had to say. In some families, there was more than one principal concern.

The most frequent child protection concern that led to participants in the study becoming involved with the child protection services was child sexual abuse; this was a principal concern for 39% of those interviewed (see Table 3). Physical abuse was the next most common child protection issue and was a principal concern for 32% of the interviewees. Neglect was a principal concern amongst 29% of the families met with. Behavioural difficulties, experienced by a child in the family, were a concern for 20%. Finally, for a very small proportion (5%) of the families interviewed, emotional abuse was seen as a principal child protection concern in their family. In two of the families interviewed, the main child protection issue concerned a young person leaving care, while in one family the interviewee told of a situation of alleged multiple forms of abuse.
Methodology and profile of service users

Table 3: Principal child protection concerns (sample = 56)

<table>
<thead>
<tr>
<th>Principal concern*</th>
<th>% of families**</th>
<th>No. of families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual abuse</td>
<td>39</td>
<td>22</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>32</td>
<td>18</td>
</tr>
<tr>
<td>Neglect</td>
<td>29</td>
<td>16</td>
</tr>
<tr>
<td>Behavioural difficulties</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Leaving care</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Multiple abuse</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

* Families could experience more than one main child protection concern.
** Proportion derived as a percentage of 56 families.

It must be pointed out again that this study is not representative of service users in Ireland and the ranking of child protection concerns in Table 3 does not reflect the breakdown of child abuse types on a national basis. It is interesting, however, to compare the data with those in Table 4 below, which represents the most recently available breakdown of child abuse cases reported to the health boards in 2004. It can be observed that child neglect is the most frequently reported category, with sexual abuse coming second. It is likely that our study included a higher number of families with child sexual abuse as a principal concern because this issue tends to occur in more contentious cases, of which we assume we had a slightly disproportionate number. Other studies have testified to the fact that families where neglect is a principal issue may be less likely to participate in research, even though it tends to be the dominant child protection concern in most countries.

Table 4: Breakdown of child abuse cases referred to health boards in 2004

<table>
<thead>
<tr>
<th>Report type</th>
<th>Totals</th>
<th>Confirmed abuse</th>
<th>Confirmed non-abuse/unfounded</th>
<th>Inconclusive outcome</th>
<th>Assessment ongoing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>912</td>
<td>267</td>
<td>90</td>
<td>231</td>
<td>324</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>1,110</td>
<td>213</td>
<td>125</td>
<td>271</td>
<td>501</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>774</td>
<td>339</td>
<td>42</td>
<td>137</td>
<td>256</td>
</tr>
<tr>
<td>Neglect</td>
<td>1,283</td>
<td>596</td>
<td>101</td>
<td>202</td>
<td>384</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>4,079</strong></td>
<td><strong>1,415</strong></td>
<td><strong>358</strong></td>
<td><strong>841</strong></td>
<td><strong>1,465</strong></td>
</tr>
</tbody>
</table>


Associated difficulties experienced by families

In the vast majority of situations, these child protection concerns occurred within a context of other difficulties that the family was facing. These difficulties were either explicitly identified by the interviewees or emerged during the course of the interview. The most frequently reported difficulty, identified by 29% of the families interviewed, was domestic violence. Alcohol misuse was mentioned as a difficulty for at least one member of the family by 18% of those interviewed. Disagreement and difficulties between parents or extended family regarding the custody of and access to children was an issue for 16% of the interviewees. In a slightly different vein and yet an important context for the families involved, 13% considered that they were
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victims of a malicious report relating to a child protection concern. Mental health difficulties featured in 13% of the families interviewed. Drug misuse was a problem for 7% of the families and homelessness was experienced by a small proportion (4%).

Limitations of this study
Although all possible measures were taken to be inclusive of marginalised groups and achieve a national spread of participants, the study cannot claim to be representative of service users generally, in Ireland or elsewhere, both because of the sampling method used and because of the disparity of services and service users. For example, if as few as two or three service users in this study refer to a specific aspect of the child protection services that they found satisfactory or not, it cannot be assumed that their view is insignificant because the number is a small percentage of the total. During the interviews, which adopted an open and semi-structured style, participants focused primarily on aspects of the services that were the most meaningful for them; if there were other aspects that they failed to mention, it cannot be assumed that they experienced them more positively or negatively than any other interviewees.
3. First contact with the child protection system

This chapter reports on service users’ impressions of their initial engagement with the child protection system, including the type of response they received and the level of agreement that existed between themselves and the services with regard to the concerns that had brought them into contact.

One of the objectives of the study was to ascertain what, if any, information about the child protection system had been known to participants before their current contact with it. A small number of the interviewees knew something about it because they worked in related areas, while others knew family members or neighbours who had been involved with it as service users, including some who were foster carers. A number of participants had had previous contact because they had been reported or investigated before, and some had sought services on previous occasions. Service users without that background knew very little of the nature and role of the child protection system, reflecting a point that was raised in the report of the Ombudsman for Children in 2006. Generally, within their current or recent relationship with the services, interviewees viewed the child protection system in terms of the community-based social work service rather than as a multidisciplinary network of professionals, even though many of them were receiving family support services and had what they described as ‘support’ or ‘key’ workers. While they viewed contact with public health nurses as a conduit into the system, they rarely mentioned them in terms of their overall picture of the services. Some of them viewed the HSE more corporately; these were generally people who had sought a service and were dissatisfied with the outcome.

The way that service users experience their first and subsequent contacts with the child protection services has to be understood within the broader context of how the system is generally viewed, as well as the prior knowledge and expectations held by individual service users. Previous research has illustrated the common perception of child protection social work as a very powerful profession (Dumbrill, 2006; Spratt and Callan, 2004). Similarly, we found that service users had a fairly stereotypical view of social workers as people that ‘take your kids’ and were generally wary of them; they also found the experience of being involved with the services to be stigmatising. Regardless of the context through which many of them were involved with the services, it was not uncommon to hear comments such as:

I just have that fear of them, and that they can come at any time, and they can do what they want to my family, and that’s a fear that will always stay with me. (D5)

The following quote encapsulates what was unfortunately a frequently expressed view:

I think there is an awful lot of shame and stigma attached to getting involved with social work services, like there’s something wrong with you. That’s what I felt in the beginning. It’s really someone on the margins of society that’s involved, someone that’s down and out, down on their luck. (A4)

As well as fearing how workers might act against them, many service users had perceptions of what workers could positively provide for them. Some held expectations of the services’ ability to protect and promote the welfare of children which were not met and, as the report will show, were sometimes disappointed at workers’ lack of power, capacity or willingness to act in certain circumstances.
The service users in this study could be grouped into four categories:

- Those whose children were the subject of concern, where the child protection service had initiated contact having received a report about them from a family member, neighbour or another professional.
- Those who had been reported to the child protection service, but considered that they were victims of false reports, sometimes intentionally so, and where allegations were unproven, but not always conclusively so.
- Caregivers and other concerned adults who had sought services from the HSE on behalf of their own children or other children, either directly or through other services.
- Children and young people whose protection and welfare was a matter of concern to themselves and to others. (The data from interviews with children and young people is reported separately in Chapter 7.)

Understandably, the way in which service users experienced their first contact with the system depended on the nature of the concerns that had led to it and the context in which the concerns had arisen. In the first and second categories, where the first contacts were initiated by child protection workers, service users generally found the process quite stressful and the initial meetings were usually characterised by a combination of different emotions. However, there were also cases in which service users managed to get over the initial hostility they felt and acknowledge that they needed help, particularly in a context of domestic violence where they lacked the confidence to seek services.

The second category – people against whom allegations had been made which they themselves considered to be false – understandably reacted with considerable shock, anger and frustration. As one father put it:

_Horrific … It was like as if I woke up inside a Franz Kafka novel … Anything that I said to the social workers was interpreted in a negative way._ (A20)

The way that service users experienced the initial contact differed according to how it was handled. A mother described the process as a ‘witch hunt’ and was critical of the social worker for ‘cold calling’ with an allegation (that later was acknowledged to be false) and asking for her child to have a sexual abuse assessment without having first checked the facts with other professionals involved. Another woman who was reported by somebody whom she knew to have a grudge against her found the experience very trying and embarrassing, and was critical of the HSE for responding very formally to an allegation that the social workers themselves acknowledged to be mischievous (A5). Other service users were critical of the ‘single-minded’ manner of workers whom, they felt, had failed to establish the full context or use available information in time.

The third category involved service users who initiated the contact themselves. Predictably, we encountered mixed experiences when examining this area. Interviewees who received what they considered to be a fairly fast response were satisfied; this response was normally associated with either an appointment with a social worker on duty, a home visit or an appointment with a child sexual abuse assessment service, normally within a week or less. Service users generally expected a fairly prompt reaction to their contacts and those who had to wait found it very difficult for a number of reasons, including anxiety about their children’s safety and well-being. Some claimed that failed attempts at contacting services for assistance had resulted in an escalation of problems. One mother gave a harrowing description of her daughter’s deteriorating behaviour, which included increasing degrees of self-harm:

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_She started cutting her legs and they said ‘That’s just a cry for help’. They wouldn’t do anything … Then she started cutting her arms, then she slit her forehead with a bottle, but they still, they didn’t act quick enough … It was just so slow, like dragged out and dragged out. Like if there was a quicker response … if it had been followed through quicker … she wouldn’t have gotten half as bad as she did get … They delayed it and delayed it. She got worse and worse._ (D10)
In some instances, the Gardaí and child sexual abuse assessment services had, in the service users’ views, responded quickly. But even though there is joint notification of child abuse between these services and the mainstream child protection service, efforts to access a child protection worker in order to obtain ongoing counselling or other assistance for their children could prove slow. In one instance, the family told us that they did not get a social work service for three years following the initial disclosures. In another case, the mother claimed that it was six months (between February and August of one year) before a social worker contacted her.

Research has demonstrated a tendency for child protection workers to place a lot of responsibility and culpability on non-abusing parents, in many cases leaving them with the burden of providing protection for their children (Farmer and Owen, 1995; Buckley et al, 1997; Scourfield, 2003). In what sounded like a very serious case of physical abuse, a man had sought help because his wife, with whom he was still living, was very violent with the children, to the point where the eldest was seriously injured. When it came to the attention of a HSE social worker, he had to wait several weeks for a response and told us that when his child was injured yet again, ‘they … more or less told me it was my responsibility to protect the children, which meant giving up the job’ (A19). In two other situations where mothers discovered that their male partners had abused their children, they told us that they unsuccessfully sought help from the HSE to get their partners out of the house. In both cases, they received what they believed to be inappropriate and unsympathetic responses, implying that it was their own responsibility to protect themselves and their children. As one of them put it, ‘Nothing was done until I did it myself’ (C6).

There were other instances in this category in which requests for help were perceived by service users to have ‘backfired’. For example, in two separate cases, service users had drawn attention to parenting difficulties they were experiencing with very young children, which had resulted in their children being removed to care very quickly. Both parents felt that since they had initiated contact, the request for help should have been positively affirmed and alternative, more helpful, responses should have been provided:

I am the one who went to them, so they should have known then that I don’t mean harm to my baby … (A13)

Overall, these accounts demonstrate the level of stress experienced by service users regardless of the context that led them into contact with the child protection system. Understandably, service users who had bad experiences were more inclined to articulate them than those whose encounters had gone relatively smoothly. What came through clearly was the predictable degree of shock and initial anger felt by people who had been reported to the system, although there were instances where a well-managed encounter turned the initial hostility into an awareness of the need to change. The degree of helplessness and frustration experienced by people who felt they had been unjustly accused of child abuse was clearly demonstrated, together with what seemed like their very realistic fears that the system may not competently clear their names. Similarly, we saw the anxiety and frustration of families who sought help and then encountered delays and, paradoxically, what were sometimes perceived as threatening responses. Several service users commented that the initial responses made by the child protection services to the concerns about their children were unnecessarily ‘heavy-handed’ and that a more benign approach would have been more helpful. For example:

If they hadn’t have made it so traumatising … if they had just come in and sat down and explained to us what was happening and why, and why it had to happen … (B2)

Others recommended more proactive intervention to prevent problems from escalating. As one woman put it:

… just to have that help there for people, so that they’re not just coming in and they’re taking your kids. (D5)
Child-centeredness

One of the principles underpinning current child care legislation and policy is child-centeredness, which requires that children are given an opportunity to have their opinions heard in relation to any matters concerning them. There is some evidence that this principle has been somewhat overlooked in Irish child protection work (Department of Health, 1993 and 1996; Ferguson and O’Reilly, 2001; Buckley, 2003). In order to examine service users’ views on this matter, we asked interviewees in relevant cases if their child had been seen during the initial stages of their contact with the services and what they thought that process had been like for the child. Interestingly, the prevailing view that ‘good practice’ means directly involving children was not universally shared by parents we interviewed for a variety of reasons. Some parents felt that talking to their children at the early stages of contact was not constructive because the children might have been either too shy or too frightened to talk about what was going on; in other cases, parents were uneasy about their children being interviewed on their own with workers. Sometimes, the initial investigation was fragmented because of changes in staff, which service users felt was tough on the children who had to answer the same questions over again with someone new. Overall, it appeared that while not unsupportive of their children being seen on their own with workers, service users had a number of understandable reservations about this aspect of practice, which is now considered to be so central to effective child protection work.

Engaging fathers

On a similar theme, we explored the issue of engaging fathers in the early stages of contact. Previous research in Ireland and elsewhere has been critical of child protection services for focusing attention and allocating responsibility to mothers, and failing to include fathers in the process (Buckley, 2003; Ferguson and Hogan, 2004; Farmer and Owen, 1995; Milner, 1996; Daniel and Taylor, 2000). Fourteen of the 19 males we interviewed were involved with child protection services in their capacity as fathers; however, the majority of the service users who spoke to us were women, many of whom were either separated from their children’s fathers or otherwise living as lone parents. Because of the way the sampling was conducted for this study, it would not be possible to infer from the findings whether or not the concerns noted in earlier research studies were valid in relation to current practice; however, we did find that fathers were very often involved where they were available.

Where non-resident fathers were concerned, the findings were more mixed. Mothers sometimes did not want them involved at all, particularly if they were not implicated in the current concern. However, some non-resident fathers that we interviewed felt strongly that they had a right to information about all concerns regarding their children and were critical of the way they were excluded by the child protection service.

Milner (1996) and Buckley (1998) have written about the tendency of social workers to mitigate violent men in ways that would never be acceptable when assessing mothers. There were examples in our fieldwork, typically in the context of relationship break-ups, where fathers were interviewed, but got off lightly in the eyes of their partners:

He denied that he was a bad husband … They [social workers] have to remain neutral, they have to take both sides, but I kind of felt they were believing him more than me. I got that impression. (C5)

... It was like they were saying we both had to change … nothing directed at him. (C8)

In another example, a mother was critical of the way the worker interviewed herself and her husband jointly, creating a context whereby she was afraid to speak about his violent behaviour for fear of repercussions from him.
A number of fathers also claimed a level of discrimination and gave examples of trying to get help because they felt their partners were posing a risk to their children’s welfare and where they felt they were not only disbelieved, but ultimately found themselves the centre of false allegations. In one such example, a man had asked the public health nurse to call and ‘have a word’ with his wife about her drinking, which she did, but the outcome was not what he had anticipated – his wife told the nurse he had been abusing her and he was ultimately asked to leave the household (B9).

The above examples once again demonstrate that service users’ experience of the observation of practice principles with respect to inclusiveness and child-centeredness may not readily conform to what is intended and the outcome can be influenced by a number of contextual factors unique to individual situations.

**Congruence of views between service users and workers**

Research has shown that the experience of an initial contact with the child protection services, and inevitably the later relationship between service users and professionals, tends to be heavily influenced by the level of agreement that exists between service users and service providers regarding the safety and welfare of the children at the centre of concern (Cleaver and Freeman, 1995). This is a theme that recurred right through the different phases of child protection careers, or pathway, but the dissent frequently had its origins in the beginning weeks. Many of the service users interviewed considered that they had been harshly judged and unjustly picked on, and some others felt the actions taken were out of proportion to what had happened. For example, a mother whose children were removed from her care for a period after they disclosed sexual abuse felt that the workers never understood how traumatised she had been by the revelation and how it had affected her ability to parent. She described herself as being ‘too weak’ to stand up for herself at the time.

Sometimes there were simply differing opinions between service users and workers about standards of parenting, in some cases the service users believing that workers had pre-formed their opinions on the basis of hearsay, rather than an assessment of the situation. The largest group in this category were parents who had separated because of domestic violence, some of whom have been quoted above. A number of them had come to the attention of the child protection services either because they had initiated the contact themselves or because they had been linked by another service. Some of them had also tried to seek services for their children and found that their concerns were not shared by the child protection services. Some claimed that child protection workers were very unsympathetic, blaming and impatient about repeated episodes of domestic violence, implying that the service users should have been able to avoid or pre-empt the violence, and criticising them for their deficient parenting in those circumstances, without demonstrating any understanding of the stresses they were under.

Cleaver and Freeman (1995) observed that when gaps begin to close between the perspectives of parents and workers, the likelihood of successful outcomes is increased. There were signs in some of the cases we encountered that service users eventually began to acknowledge the workers’ concerns, particularly where substance abuse was an issue; for example, a mother whose children had been removed from her care because of her substance misuse problem acknowledged that, in hindsight, the child protection services had acted correctly:

> It made me think twice, you know, about ever getting in a situation like that again … I learnt a lesson from it. (D5)

These findings demonstrate the multidimensional nature of service users’ lives and illustrate the way in which their priorities and perspectives sometimes operate at a different pace to those of the workers.
Summary
The findings reported here show the negative image that dominates most service users’ initial perceptions of the child protection services and that inevitably shapes their initial relationships. The findings also demonstrate the powerful image of the system, which further impacts on service users’ experience of it as being somewhat heavy-handed. With regard to service users who seek to initiate a relationship with the services, the findings illustrate the level of frustration experienced by families who found their problems spiralling, while waiting for a response to their request for help. Discrimination was also experienced by some service users, particularly women living with domestic violence who frequently felt disbelieved and deserted by mainstream services.

In addition, the findings illustrate that service users’ experiences of ‘good practice’ in relation to child-centeredness and engagement with fathers can be more complex than inferred in official guidance, and give rise to issues that may need to be negotiated with workers. The data have, once again, shown the divergence that can exist between the way that caregivers perceive good parenting and the assumptions conveyed to them by workers in the child protection services. In keeping with the orthodox chronology of a case career, Chapter 4 will examine how the next steps in the process – investigation and assessment – are perceived by service users.
4. Investigation and assessment

This chapter examines the study’s findings on the perceptions of service users in the period following their initial contact with the child protection services. It covers their experiences of investigation and assessment, child protection meetings, the Child Protection Notification System and their understanding of what services would be available to them.

The Children First national guidelines outline the actions to be taken by health board (now HSE) staff when a report of suspected child abuse is received. Although service users generally have varied experiences in their engagement with the child protection system and the pathways of many child protection cases are complex and do not follow the neat chronology outlined in child protection guidelines and protocols, this study attempted to explore how each phase of the child protection process was experienced.

We found that most service users did not view their involvement with the services in terms of distinct steps or phases. Some interviewees told us they had read Children First and, in some cases, the Child Care Act, 1991. However, in the majority of cases, we did not get a sense that service users had much knowledge of the way that the child protection system operates nor were they familiar with any of the terminology commonly used by professionals to describe different activities, such as ‘assessment’ or ‘notification’.

Some of the service users in the study had very brief encounters with the HSE child protection services, but in many of them, the process of establishing information about their situations was extensive and ongoing over several months. Where relevant, we asked about the process of assessment, whether an assessment had occurred, its nature and outcome, and what they felt about the way it was conducted.

In the Children First national guidelines, assessment is shown diagrammatically (Figure 8.1, Paragraph 8.5.1) as a process involving coordination of information, discussions with the child and caregivers, contact with the person who first reported the concern, and assessment of risk and protective factors, to be followed by a range of actions including emergency reception into care and referral to other services. Essentially, it is the process that follows the initial response and investigation, whereby child protection services, having ascertained that reports or allegations that have been brought to their attention fit within the eligibility criteria of the organisation as warranting a response and further enquiry, try to establish the child’s needs in order to make and enact a child protection plan. In order to do this, they need to gather and reflect on information from a number of sources and, if necessary, a specialist assessment may be carried out. For example, the most common one we encountered in this research was a child sexual abuse assessment. Some interviewees, when asked, said that no assessment had taken place; however, many described a process of information-gathering that we have classified as ‘assessment’ in this report.

Assessments described by service users in this study could be categorised into four types: firstly, where parenting was assessed and the main focus in the cases we encountered appeared to be on parenting capacity; secondly, where children were assessed to see if child sexual abuse had taken place; thirdly, where children’s needs and wishes were assessed in preparation for a Section 20 report; and fourthly, where the needs of children and young people were assessed in a specialist service for various reasons, including future out-of-home placement. In two cases, young people went to a specialist non-

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1 Section 20 of the Child Care Act, 1991 links with other legal proceedings (specifically those of the Guardianship of Infants Act, 1964; the Family Law Act, 1995; and the Family Law (Divorce) Act, 1993) in cases where the Court has concerns over the welfare of children, or the ‘delivery or return’ of a child.
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residential assessment service and in another one a residential assessment was carried out. In each of these cases, parents were invited to meetings to discuss the outcomes; therefore, they were quite clear about the process and in all cases, quite satisfied with it. Where children were undergoing a child sexual abuse assessment\(^2\), their caregivers were clear about what was involved in the process; their views on it were mixed and will be discussed later in this section.

Assessment frameworks generally emphasise the importance of service user participation and clarity regarding the purpose and process (see, for example, Department of Health (UK), 2000; Buckley et al, 2006a). However, we found little evidence that the service users we met were clear about the process involved in assessment of their parenting capacity or saw themselves as active participants in it. One woman made a comment to the effect that she only realised she was being assessed some time after it was completed:

“Well, at the time I didn’t know that they were, but they were actually doing an assessment just to see how I was coping on my own. (A15)

Child sexual abuse assessments often, though not always, took place in hospital environments and were carried out in different parts of the country. Most parents were anxious for their children to be seen immediately and where this was not possible, experienced considerable frustration. In some cases, parents were clear that the assessment was necessary and were satisfied with how it was conducted. In others, parents were satisfied with the assessment services, but were unhappy about how it had affected their children, going along with it because they felt that the professionals were doing what they thought was best. For example:

“It wasn’t as child-friendly as I thought it would be ... He [her son] didn’t always want to go with them [health professionals] into the room … but then I had to be respectful that that’s the way they conduct their work. (D17)

And in another case:

“He hated it …I had to literally drag him in screaming … To be honest with you, I wasn’t comfortable with it at all … I just sort of went along. I thought these people know what they’re doing, you know. (D1)

This replicates a finding by Scott (1996), who found that parents in an Australian study about child sexual abuse were deeply anxious about what was happening in professionals’ interviews, but felt unable to question the process.

Section 20 assessments were sometimes conducted by social workers and other times by child care workers or psychologists, or a combination of both. Caregivers were sometimes satisfied with the nature and conduct of the process, but several expressed reservations; some felt their children found it difficult to talk about sensitive topics, others were critical of the short length of time spent by the worker gathering information for the assessment, some felt the reports did not accurately reflect factual information, and in one example, a father told us that the workers acknowledged their own lack of experience in assessment, which left him feeling very unconfident about the process.

**Child protection conferences**

The child protection conference is a central element of the child protection process, defined in *Children First* (Paragraph 8.19.1) as ‘an interagency and interprofessional meeting, which is convened by the HSE Child Care Manager/designate’. The national guidelines outline a protocol for child protection conferences and specify that the child’s parents/carers should be present,

\(^2\) The services for child sexual abuse assessment vary from region to region; in some areas they are hospital-based and in others community-based. We did not explore perceptions of these services in any depth as we are aware that many of them have had detailed evaluations over recent years.
as well as the child, where appropriate, and that only professionals whose involvement is central to the case should be invited since meetings which are too large may inhibit discussion. A child protection conference usually represents the final stage of an assessment or investigation, and its outcome should include a child protection plan. In some areas, decisions regarding notification to the Child Protection Notification System are made at child protection conferences. The significance of the child protection conference was reflected in this study by the fact that 21 of the 54 adults interviewed had attended at least one such meeting; in some individual cases, service users spoke of having been to ‘loads’ or ‘a lot’ of conferences for the duration of their contact with the child protection system. Children First distinguishes between three types of child protection meeting: strategy meetings, child protection conferences and review case conferences. However, service users in this study used only the terms ‘case conference’ or ‘meeting’. A number of service users made similar comments about feeling overwhelmed upon entering a room full of professionals and being unable to take in who these people were or their purpose in being present. However, the level of discomfort gradually diminished for those who attended further conferences and became more familiar with the attendees. Two service users told us they were excluded from conferences, without being told why, but more commonly, parents were present. No service user mentioned the presence of their children at meetings; some commented on the usefulness of being able to bring a support person, and one service user spoke extensively about the support she received from her social worker before, during and after the case conference, which greatly helped her to understand the process:

I'd meet her maybe 15 minutes ahead of the meeting, and we'd read the report … [I felt] very prepared, you know. It was nice that they met with beforehand because, as you can imagine, [it was] very daunting. (C1)

Some service users saw the conferences as having specific aims, such as arranging activities for children or, in one case, making decisions about the care of children. The majority of those who were asked whether they had an input into the proceedings of the case conference answered ‘Yes’. Some commented on how embarrassing it could be ‘to talk openly about my dirty washing’ (C12). Most were given copies of written information detailing the proceedings and decisions reached. This generally took two formats: case conferences reports and minutes. However, notwithstanding some positive comments, service users generally experienced conferences negatively, describing them as:

Like a weapon. That’s how I experienced it [the conference] … You are involved with the process, but you have no control over the outcome. (C4)

Others used terms like ‘humiliating’, ‘nerve-wracking’, ‘daunting’, ‘embarrassing’, ‘put the fear of God in you’, ‘intimidating’, ‘annoying’ and ‘frightening. A mother and father encapsulated their experience as follows:

We came out of those meetings worse than when we went in … Yeah, more upset than we did [going in] … We went in there with hope and came out with nothing. (D10)

Dissatisfaction was augmented by the sense experienced by some service users that no positive change had occurred in their family situation following the conference. It is interesting to note that while most interviewees who were asked about the outcome of the case conference had some sense of the decisions or plans made, none of them had an explicit awareness of the role or significance of a case conference in the child protection system, including its role in assessing their progress.
Family welfare conferences

Only 3 of the 54 adult participants had participated in a family welfare conference (FWC) and all three of them spoke in positive terms about the experience. One service user used the comparison of a case conference to highlight what she thought was good about the process:

*Because at a case conference you have got everybody there and they are telling you about your life and what you have to do and what needs to be done … Where with the other meeting [FWC], you’ve got everybody in the room again, but you can say what you want to say and what you feel is right and if you want to try it a different way, you can do it that way … We could all decide when to do it and where we wanted it and who we wanted there and who we didn’t want there, you know, and it’s so much better.* (A15)

Service users welcomed being able to invite anyone they thought should be in attendance at the FWC and they also valued the preparation carried out in advance of the meeting; they also found it easy to participate and have their ‘say’. One service user noted how her FWC enabled her to communicate with her ex-partner about the needs of their children in a way that she otherwise would not have been able to do. However, two of the three service users were dissatisfied with the decisions made at the end, one mother commenting that it made little difference:

*I ended up having a row with them and said ‘As usual, it’s dumped back on me’. I’m the one who is here trying to sort out where they are going to.* (D14)

This last finding replicates research demonstrating that while FWCs are generally regarded as beneficial in terms of their process, the outcomes are not always positively regarded (Barnardos, 2005; Sundell and Vinnerljung, 2004).

Outcomes of assessment, investigation and child protection meetings

The *Children First* national guidelines list four possible outcomes of a child abuse investigation or assessment (Paragraph 8.18.8). These are:

- confirmed abuse;
- assessment ongoing;
- inconclusive outcome;
- confirmed non-abuse/unfounded.

While most service users seemed to have little knowledge of how decisions or outcomes were reached, we found that those involved in child sexual abuse assessments, as well as those involved in allegations of physical abuse that they claimed were malicious, were more likely to have heard outcomes described in formal terms. Delays in conveying the results of an investigation caused considerable frustration, but the greatest degree of significance was attached to the use of the ‘inconclusive’ or ‘unfounded’ categories. Inconclusive outcomes caused particular anguish to those who considered that the reports had been made maliciously. A man who had been accused of physical abuse in the course of his work was deeply concerned at the outcome of his case. A Garda investigation had concluded that there was no case to answer, but when the child protection service became involved, after a delay of 3 years, its verdict was ‘inconclusive’, much to his consternation. He was given the impression that there was no method of challenging the HSE view: ‘They had told me there was no appeal … Now I knew myself that this couldn’t possibly be the case, but that’s what I was told’ (B4). The fact that ‘unfounded’ outcomes remained on the record was similarly a cause of concern; as one service user who had been accused of abuse pointed out, there was a ‘smell’ left that would not diminish.
Investigation and assessment

**Child Protection Notification System**

An outcome of investigation and assessment can be the notification of the names of children considered to be at risk to what is known as the Child Protection Notification System (CPNS). This system is described in *Children First* (Paragraph 8.15.1) as ‘a health board record of every child about whom, following a preliminary assessment, there is a child protection concern’. Guidance issued in 2002 by the National Children First Advisory Group describes the CPNS as a ‘key element’ of the child protection system and further defines it as a ‘narrow or restricted system which records only those cases where, following an initial assessment, there are unresolved/ongoing child protection issues for children’.

We asked service users if they were aware of the CPNS and understood its use. However, it was quickly apparent that, with only one exception, none of the interviewees had heard of it, although the seriousness of many of their situations implied that a number of them would have been notified to it. This could be either because they were unaware of its existence or because it did not operate in their area; a third possibility is that they did not consider it noteworthy. It was also apparent from interviewees that a number of myths exist about the presence of a ‘register’ or ‘list’, with sinister implications. One service user recalled:

> They just said … they were putting them on the register for children at risk … ‘If you’re drinking and that continues, there’s a possibility that they’ll be put into care’ … I did often think if my case was closed and people look up a list and still see them on it … would they come and take them? (A1)

Another service user was equally anxious:

> All children under the social services are put on a child protection register … A child could go out, fall on the road and she’ll have a bruise, and the social worker will come and say … right, that’s it, off to … care. (A15)

The only person who spontaneously mentioned the CPNS was a mother who had sought services for her 4-year-old son. She told us that her children’s names had been put on the CPNS, not because of child sexual abuse but because her own anxiety was allegedly harming them. She was very shocked when she got a letter telling her this:

> I was told that it was because they had concerns about me that they were putting the children on the Child Protection Notification System … I just couldn’t believe … They were saying that I must have been anxious, that those things must have been making me anxious and … that in turn I would have been making the children anxious. (D17)

As very few service users were aware of the CPNS, it was not surprising that they had little knowledge of what would be required in order to have their children’s names removed.

**Placement in out-of-home care**

Under the Child Care Act, 1991, the HSE may apply to the Court for an order to remove a child from his or her caregivers and make an out-of-home care placement. This action inevitably carries major significance for parents and children. Seventeen parents (including one couple who were interviewed together) told us that their child or children had been placed in out-of-home care: some were currently in care, while others had been in care previously and had now returned home.

Most parents reported that their children had been placed in care on voluntary care orders, but very few were clear about their legal rights in these circumstances, particularly with regard to challenging these decisions. A significant number of service users believed that social workers had powers they could not challenge and that social workers could literally walk into their homes and remove their children without any legal redress. However, there were also examples where
service users reported being supported and informed throughout the process; for example, a mother described her experience of the Court process:

I had never been in a Court in my life and I didn’t know how things worked and I found the solicitors very hard to understand … but my social worker or the manager here would tell me what had been going on if I missed anything. They would go over it and usually they would give me a lift home and we would go over it on the way home, which was nice. (C12)

Service users stressed the importance of regular access with their children and contact with workers and carers regarding their children’s progress. Difficulties in securing access arrangements were highlighted by a number of parents. Issues also arose with regard to the quality of their children’s placements. In three cases, service users reported concerns regarding foster placements to workers and were not always satisfied with the response they received. Overall, however, the majority of reports were of satisfaction with children’s placements. This was related to the quality of care that the children were receiving, but also the relationships that service users had with their children’s carers.

**Child protection plan: Tasks required of service users**

One of the aims of this study was to see if service users had an understanding of the changes that would be required in their situations in order to satisfy child protection services that they were meeting their children’s needs to the required standard. The requirements would usually form the basis of a ‘child protection plan’, as defined by *Children First* (Section 8.21). Another of the study’s objectives was to explore how service users contributed to child protection planning and were given the opportunity to review the operation of the plan. In fact, interviewees rarely mentioned or used the term ‘child protection plan’ or their participation in developing it or reviewing it. At the same time, many of them mentioned tasks or conditions or goals that they were expected to reach in order to satisfy the child protection services that the concerns that had brought them to official attention had abated.

The tasks were varied. The most common ones involved routine parenting, dealing with alcohol or drug issues, getting psychiatric help, staying away from violent ex-partners and protecting children from potential sexual abuse. The degree to which service users felt that they had jointly agreed their goals and tasks with workers was not clear and we noted that while many of them said they agreed to comply with what had been decided, there was a sense that they felt they had little choice. Some were more positive than others about what they had to achieve. For example, a mother whose children were considered neglected was asked to develop a routine:

[The children had to be] well looked after, be well dressed … not just once, but every day … I had to make sure that … the house was clean … clean enough … a quick clean when the social worker was coming! (A15)

A mother with a serious alcohol issue placed her children in voluntary foster care on the recommendation of the child protection services:

I had to go for urine tests, for 10 weeks, you know, for the 3-month period, and all that kind of stuff, that came along with it, you know … just to prove that I was willing to give up alcohol, and try and put things right … They could call any time they felt they wanted to, you know … So we kind of went through that, and I mean the 6 months arrived and I was still sober, so I was delighted. (C1)

Others were equally clear, but found the process less reasonable, feeling that they were under threat with harsh conditions, but considered it best to comply. One woman described the process as:

Like walking on eggshells. They had the children and we wanted them back. We had to do exactly as we were told, constantly. (B2)
Some service users, mainly women, were asked to perform tasks that they found very difficult, such as keeping their children away from their violent father without assistance. Three mothers in three separate cases told us that they were given an ultimatum to leave their partners or else have their children placed in care. All felt aggrieved, one because, as she claimed, ‘it is their father that should have to leave’ (C6) and another because she simply did not feel able:

If you are being abused, you are very weak anyway … It’s like a vicious circle, you can’t get out … You can’t just run in the middle of the night or pack your bags the next day and take the kids … just to leave him. That’s what they wanted, that’s what was going to keep them happy. (C14)

In the third case, a mother told us that she had been told that if she had not got her violent husband out of the house by Christmas, her children would be removed. She was unable to comply, out of fear of her husband, but told us that, in fact, ‘Christmas Eve came and went’ (C2) and there was no follow-up to see if she had done so. In two other separate cases, men, both of whom were fathers, had allegations of child sexual abuse made against them, neither of which were ultimately confirmed. They were asked to comply with quite stringent conditions during the investigation and while they both agreed to cooperate, they felt aggrieved. One was asked not to have access visits with his children, even though the allegation was uncorroborated. In the other case, where the allegation had been made about a child outside the family, the service user was asked to engage in a safety plan regarding his own child. He was trusted to implement the plan, which he did, but he told us that his compliance was never consistently monitored.

We also encountered instances where a task or condition had been laid down that was first experienced as difficult, but later considered by the service user to be of benefit. For example, a couple were asked to attend a child and family centre prior to getting their children back from care. They had been initially reluctant:

It was under duress … We weren’t really looking forward to coming here initially because we felt we were pushed into it and didn’t want to do it … we were glad when we did. (B2)

**Interventions – Practical help and direct work**

Establishing the service users’ perceptions about the interventions that were made with them by the child protection service was quite complex. Their view was clearly influenced by their initial contact with the services and also by the level of congruence between their own perception of their situations and the way that they perceived the services to view it, by how long they had waited for a service and the way in which they perceived their own needs. Factors that were unique to individual cases also played their part. Not surprisingly, service users had views on what they perceived as issues of quality and competency in the services.

Service users did not tend to define interventions in specific terms, but gave generalised descriptions. We have classified the more quantifiable interventions in terms of ‘practical help' and ‘direct work’. What we have termed ‘practical help’ provided to service users included support staff in the home, transport, advocacy, home help, family support, financial assistance and arranging access visits. One example was the appointment of an agency carer for a mother whose child was considered to be at risk and taken into care after she admitted shaking him; the service was part of a plan to support the mother when the baby was discharged from foster care. In another case, a father spoke of how the social worker would transport him to see his son in care, a gesture he greatly appreciated. Sometimes workers would mediate with teachers at school, which parents found very useful, and when they linked children with local community organisations like clubs and projects, this was generally found helpful.
In some cases, service users considered that important practical needs were left unmet. One of those mentioned, specifically in relation to post-separation access between children and separated parents, was the need for supervision of visits. This concern generally arose where domestic violence had been a problem previously and parents worried about their children’s safety in the care of the formerly violent partner.

The other principal type of intervention mentioned by some service users was what we have termed ‘direct work’. This generally consisted of regular and fairly structured home visits, evaluations with parents to see if agreed goals were being met or carrying out specific pieces of work with children and families. A mother whose children were considered neglected described how she was assisted:

The social workers … helped me claim for myself and budget my money properly … I had got into bad debt … They helped me get a better life for myself, as well as my children. When I was first involved with social services … I’d have no make-up on, my hair would be a mess, I would be walking around in a pair of jogging bottoms and a scruffy old top. I would never really leave the house unless I had to, sort of thing. But they helped me to do that. (A15)

Some service users experienced the home visits as helpful and valued the opportunity to talk. At other times, service users found home visits difficult, seeing them in terms of surveillance and describing them as ‘fairly tense’ (D14).

While many families were linked with voluntary and community family support services, some were allocated a service from individual workers who were directly employed by the HSE. These were variously described by service users as ‘key workers’, ‘family support workers’, ‘family skills workers’ and ‘child care workers’. These workers were almost always greatly valued in a number of ways, particularly in terms of companionship, advice and their skills in working with children, although there were a small number of instances where parents were uncomfortable about the nature of some of the work being done, particularly where it involved the children discussing their feelings. In fact, some of the parents interviewed for this study felt that they were being somewhat neglected when their children were the focus of the intervention, claiming that workers always saw things from ‘their perspective’ (A12) and that the families were seen as ‘the baddies’ and were ‘pushed away’ (D8). Others complained that their role as parents was not respected (C4) and that workers should endeavour to ‘involve everyone in the child’s life’ (D11).

Direct work also included mediation within the family by workers on behalf of service users, particularly when parents were separated and were finding it difficult to communicate with estranged partners over matters to do with the children’s welfare and health (C9). As previously mentioned, service users did not generally appear to be particularly aware of the public health nursing services as part of the child protection services. However, one service user mentioned the nurse as ‘very supportive’ following the return of her children from care (C1).

Case closure

The Children First national guidelines (Paragraph 8.23.1) stipulate that child protection cases must only be closed when children are no longer considered to be at risk and that the child and family must be informed of the decision to terminate involvement. Some of the service users who participated in this study had ceased contact with the child protection services by the time we met them. When asked about case closure, we found that in some instances, they were clear that their cases were closed, while there was less clarity in other cases. Generally, when they knew about it, service users were pleased that their case was closed, viewing it as an affirmation of progress – for example, ‘I am very relieved! I felt, yes, I have done it’ (D14). There were, however, some exceptions to this, where participants felt that they still required services and were left with little choice in the matter.
There were other examples where it appeared that cases were closed not according to an organisational protocol, but by default. In one case, due to a change of social worker, there appeared to have been some confusion when the new worker contacted the family, believing the case to be still open, when the previous worker had told them she had closed it. At the time of the interview, the service user was still unsure of the situation. In another case, a father told us that he had unofficially regained custody of his children against the wishes of the child protection services and since he had had no contact from the HSE afterwards, he assumed that his case was closed.

**Involvement with An Garda Síochána**

In Ireland, following the recommendations of the *Report of the Kilkenny Incest Investigation* (Department of Health, 1993), the Department of Health issued guidelines in 1995 requiring the Gardaí and health boards to notify each other of cases of suspected child abuse. Further detailed requirements outlining a framework for cooperation between the Gardaí and health boards (now the HSE) were set out in the *Children First* national guidelines in 1999.

In this study, 27 of the 54 adult participants reported some involvement with the Gardaí as a result of child protection concerns. The most commonly reported reasons were child sexual abuse and domestic violence. One of the core areas of concern for parents was the involvement of their children in criminal justice proceedings, including having to retell their story in a police station setting. For some, the manner and level of expertise of individual Garda was an issue; other participants reported more positive experiences with Gardaí, whom they found to be sensitive and sympathetic. Delays of various types caused stress, including long waits for decisions from the Director of Public Prosecutions (DPP). Unfulfilled expectations caused frustration, particularly where families had been given what they later found were false assurances that perpetrators would be convicted. There were also concerns about confidentiality and lack of discretion on the part of An Garda Síochána.

**Summary**

To summarise thus far, it appears that with a few exceptions, service users were poorly informed about most aspects of the child protection service, being unfamiliar with the sort of terminology and mechanisms commonly used by professionals, as well as the expectations they were entitled to hold in respect of aims, outcomes and ultimate case closure. They were not always clear about the nature of the assessment task in terms of the approach or model being used and the way in which judgements were being made. Exceptions were where assessments had a specific and formal focus, such as to validate child sexual abuse, make a placement decision or provide a Court report, in which cases parents were generally clear about the purpose and process. Many expressed reservations about the way assessments were carried out, but generally accepted that it was necessary to conduct them in that manner. The inconclusive nature of some assessment outcomes was clearly a source of anxiety for some service users, particularly where they considered the allegations of abuse to have been made maliciously.

Consistent with other international research in this area (e.g. Dale, 2004; Farmer and Owen, 1995; Cleaver and Freeman, 1995), most of the parents in this study who had attended case conferences found them to be a negative experience. However, like their counterparts in other related studies (Buckley *et al*, 1997; Bell, 1996), they wanted to attend and felt aggrieved when they were not given the opportunity to do so. Elements of good practice cited included always having the same people present, introducing everyone, being provided with relevant written material before and after the conference, and being given an opportunity to have a debriefing with the social worker soon after the meeting. These findings echo those of other research in this area (Bell, 1999; Buckley *et al*, 2006a; Gilligan and Chapman, 1997).
Service users’ perceptions of the Irish Child Protection System

The process of notifying names to the Child Protection Notification System (CPNS), which often follows assessment and child protection conferences, was poorly understood by service users who mentioned it, although many others appeared to have no awareness of it, even in the context of quite serious concerns. In contrast, most service users were clear about the tasks allocated to them by workers, although several service users felt the tasks to be harsh and unrealistic, particularly in the context of domestic violence. Service users did not give the impression that the tasks they were expected to undertake had been mutually agreed, but most had decided to opt for compliance because they believed there was little choice. In some cases, quite strict conditions had been laid down by workers, but compliance with them was not particularly scrutinised or followed-up. Despite the reluctance of some service users to conform to agreements, there were instances where motivation to change appeared to be happening.

This chapter also reported service users’ views on some of the more tangible interventions made by the child protection services into their situations. While assistance in the form of practical help and direct work was highly rated, the ambivalence expressed by some parents about the nature of, for example, individual work with their children indicates that certain interventions may need to be sensitively negotiated and planned, including consultation with other members of the family. The reports of service users whose children had been placed in out-of-home care indicate a requirement for adequate information and support throughout the process, particularly in relation to legal proceedings. While many parents reported that they were satisfied with placements, there were instances where parents raised concerns, highlighting the need for continued monitoring.

The business of case closure was considered and it was found that service users experienced it as a less straightforward process than might be assumed from official guidance. The study’s findings indicate a lack of clarity and agreement between service users and professionals about the right time to terminate service provision.

Finally, the experiences of service users with An Garda Síochána were explored. While many found their involvement useful and supportive, we heard of other, more mixed experiences where delays in criminal proceedings and some insensitive exchanges proved distressing for both adult and child service users.
5. Organisational, professional and practice issues

Not surprisingly, many service users focused their interviews with us less on the concrete nature of interventions and more on the quality of the service they perceived themselves to have received. This chapter reports on their perceptions of the accessibility of the child protection service and the availability of workers, the manner in which they had been treated and the competence of the practitioners they had encountered. It also discusses service users’ perceptions of practice issues, such as transparency, inclusiveness and the degree to which they felt involved in planning and decision-making.

Availability and accessibility of the service

Some service users were highly critical of the child protection service from an organisational perspective. They saw it as understaffed and attributed the slow response they received and the deficiencies in service to a shortage of workers and an excess of pressure on them, suggesting that this led to ‘burnout’ and an attitude of indifference on the part of workers. Service users placed great importance on the availability of workers and many commented on how much they appreciated it when workers were ‘there’ for them, ‘at the end of the phone’, and would ring back when messages were left. One woman told us how much it helped her during a stressful period:

She [the social worker] was very reassuring, you know, with me … said to me I could ring any time if I was stressed out … Several times I did have to actually ring her … We would have a chat about it and it would pass. (C1)

Several other service users mentioned that even when their cases were closed, social workers had offered them the facility of telephoning them when they needed something. Not surprisingly, when accessibility of workers was limited, service users found it frustrating. Some described how they went to social work offices and were told that nobody was available, even though they considered their situations to be critical, and a number of others spoke of phone calls not being returned, even when urgent messages were left. There were numerous examples of the latter, including the following sample: ‘ringing my social worker every day, got no return call’ (C9); ‘they wouldn’t be in, they would be out, they wouldn’t ring’ (C17); ‘I tried ringing my social worker every day, kept call records, and I got no return call, got no information, no help … it took me two months, two and a half months to contact him’ (C2); ‘they don’t return my calls and I have to call over and over again’ (C3); ‘no phone call to tell you what was or wasn’t happening’ (A19).

One couple who were extremely stressed when they realised their child had gone missing described their fraught efforts to contact their social worker: ‘They wouldn’t ring us back at all and like we’d be looking for someone to ring us back straight away’ (D10). Another service user wondered if the offices were ever open, commenting that ‘there was never any help, nobody to answer the phone’ (C9). Yet another service user who had experienced this phenomenon of unreturned calls commented: ‘Even the Probation Officer in here says that they don’t get back to her. It’s ridiculous. If they don’t return her calls, what chance do I have?’ (D7)

Punctuality was also considered important by service users and several commented on how irritating they found it when appointments were broken by social workers:

They’d make an appointment and you’re waiting and they wouldn’t turn up, you know … like, ‘I’ll come on Tuesday, at 3 o’clock. We’re still waiting for her on Friday at 3 o’clock, you know … You’re still waiting and you’re left hanging there. (D1)
Service users’ perceptions of the Irish Child Protection System

Others felt they would have to escalate the seriousness of a concern in order to get attention:

I rang her again. She’s on holiday. Three months, two weeks and nothing from her … If you
never call her again, she’ll never get in contact with you … You have to be, like, with a knife
in your child’s back … it really is that bad, I think it is. (D11)

In some other cases, service users were critical of the infrequency of their social workers’ contact
with them: ‘They would just dip in and out, and they were just not professional about it’ (A19)
and ‘She hasn’t come to see me since last year’ (A13).

Regardless of the reason for inaccessibility of workers, service users found it disrespectful and
annoying. Added to this was their sense that they themselves would not ‘get away’ with the
same type of inconsistent and unreliable behaviour. One service user pointed out that workers
had expectations of her availability that they were not able to fulfil themselves:

I was left chasing them around, that’s what I found, and I was ringing them up, they weren’t
ringing me back … When they try and contact me, I have to be there, you know, but when I
need something, it’s different. (D5)

The lack of an after-hours social work service was also criticised and, in some cases, held
responsible for what was considered to be precipitate and hasty decision-making by workers
who were constrained to fit their work into a regular workday when, as one service user pointed
out, crises rarely happen between 9 and 5.

Continuity of workers

by the rapid turnover of workers in the child protection service – an issue that also featured
in this study. It is generally acknowledged that over the past few years, the turnover of staff in
the child protection service has been relatively rapid (Buckley, 2002). Service users considered
themselves ‘lucky’ to have the same worker for longer than a few months. In many cases, they
had to engage with new workers over and over again, one woman commenting that 17 social
workers had been involved with her family (C4). Interviewees described how the turnover of
workers made tasks more difficult to achieve, for example, working towards having children
returned from foster care to their parents. Primarily, however, parents considered it important for
their children to be able to build up relationships with workers, especially if they had previous
problems with trust or had been traumatised by an incident. One mother commented on how
long it had taken her troubled teenage daughter to trust a worker:

My daughter has an awful problem with trusting people … It had taken her months to build
up any type of relationship with the social worker and they were beginning to get on really
well … and now she has another one … It’ll take her months again. (A4)

Service users also felt that turnover of workers contributed to inefficiency and resulted in
nobody taking specific responsibility or making a commitment to their case. However, there
were examples of where the inevitable staff turnover could be made easier to tolerate if it was
handled sensitively and a personal handover took place.

Competence of workers

The literature review has outlined key assessment and practice competencies that have been
identified by service users in previous studies (Scholte et al, 1999; Drake, 1996; Trotter,
2002). Service users in this study associated competence with skill, knowledge and experience.
Perceived incompetence undermined service users’ confidence in the system. A man who
had been accused of child sexual abuse by a neighbour had to wait nearly two years for the
completion of an investigation, as a result of which he received what he described as the ‘all
clear’, but he was extremely dissatisfied with the conduct of the investigation and assessment, fearing the potential outcome:

Because the process and the people managing it were so incompetent, my big fear was that they would come up with the finding that there was substance to the allegation. (C4)

In a number of cases, service users felt the social workers were very young and inexperienced, unable to make decisions on their own and lacking knowledge about child care and parenting. Many service users had expectations that workers would have more specialist knowledge about specific areas, such as sexual abuse, problem drug use and domestic violence. For example, an interviewee who told us that her children had been abused by a paedophile believed that in order to do their job properly, social workers should be more familiar with the sort of behaviour common to compulsive sex offenders. She suspected that her social worker was inexperienced in that area and felt it was really important that she understood specific aspects of a sex offender’s personality, such as their calculating nature, the way they groom children and befriend adults, and the type of person that could abuse children.

Other service users felt that social workers lacked the forensic skills for what they were attempting to do in child sexual abuse cases. Where social workers displayed a lack of knowledge, for example, about drugs, service users lost confidence in their competence to make decisions. For example:

They didn’t know anything about drugs. They were asking me! … My kids’ lives were in their hands, they could take my kids off me … One of them came to me, she said ‘What can you tell me about heroin and can you tell me about methadone?’ I mean, she didn’t know anything about it. (D5)

Some of the service users we met who had experienced domestic violence considered that social workers were not always aware of the dynamics involved and could be easily intimidated into siding with violent perpetrators against their victims. Finally, one service user was concerned about the general competency of the social workers to manage the challenges of such difficult work:

I think [named social worker] was out of her depth … They seemed to be struggling to survive … not to say there aren’t good people there, clearly there are, but there are people who are working there who are struggling to manage the job. (C4)

Access to written information

Research indicates that sharing records and access to files is an effective way of demonstrating trust between service providers and service users in child protection work (Shemmings and Shemmings, 1996). Recent policy developments have sought to improve the level of transparency in the Irish public service. In this study, we explored, where relevant, how our sample of service users experienced access to written information about themselves. Some had been given case conference minutes, Section 20 reports and other reports that were used as evidence in Court, but several were dissatisfied with the level of access to written records that was granted to them. Although not everyone had actually sought their files, there was general support for the idea that they should be able to see them.

Service users who wanted to see written information on their records were motivated, in some cases, to find out who had reported them and, in others, to ensure accuracy and comprehensiveness. A significant number of service users told us that they had obtained their records under the Freedom of Information (FOI) legislation. However, the outcome was not entirely satisfactory for several of them, who found that a lot of material they sought had been blanked out or deleted, and while some people were able to ‘piece together’ useful information, one service user summed up his experience as follows: ‘FOI is not real freedom, you don’t get a lot of stuff’ (A19). Having viewed records, several had found conflicting and what they described ‘biased’ accounts, where they felt that workers had not been conscientious enough to gather sufficient facts to provide a full picture of the situation.
Multidisciplinary working

One of the issues this study sought to explore was how service users perceived the quality of communication and integration between all the various child protection services involved with them. As research has continued to demonstrate, interagency and interprofessional collaboration is notoriously difficult to achieve (Hallett, 1995; Butler, 1996; Morrison, 1996; Reder and Duncan, 2003; Buckley, 2005; Moran et al, 2007). Most studies to date in this area have, however, been from the perspective of professionals. Where it was relevant, we asked service users to identify all the professionals who were involved with them and we explored their view on how well the services were working together. Obviously, these accounts of interagency working are based on the perceptions of service users and it is entirely possible that there was a greater level of communication between professionals than that known to service users in individual cases. Nonetheless, their responses are indicative of service users’ experiences of coherency and integration within the network.

Though existing research on this topic offers a complex analysis of the different factors involved, from professional rivalries to competing perspectives and conflicting claims to expertise (Reder et al, 1993; Buckley, 2000), service users tended to have a much simpler view. Generally, they defined good collaboration in terms of whether the services contacted kept in touch with each other with important information that would help their case or indicate that they were making progress in a related area, make a convincing case for the provision of services or assist in linking them with services that they needed. Where services seemed to communicate together, service users were generally very satisfied.

However, several interviewees were aware of instances where collaboration was less positive, with consequent negative impacts on their individual situations. They cited numerous examples of the failure of organisations to exchange basic information, which, in their view, unnecessarily delayed investigations and added to misunderstanding. In one case, the decision to discharge a mother and child from sheltered accommodation was dependent on a positive social work assessment, but the social worker had not visited for over 4 months and had failed to make the necessary interprofessional contacts. Poor communication between services was identified by others, who pointed out how they had to give the same information over and over again to different professionals whom they considered should be more ‘linked in’ with each other.

Tensions between services were also apparently revealed by the various professionals involved with service users, for example, probation and welfare officers, psychiatrists, social workers and doctors, who, it was reported, openly criticised the other professionals in their conversations with service users. The experiences of service users in relation to the level of cooperation between the HSE and the Gardaí was markedly varied. Some spoke of the Gardaí and social workers collaborating by their joint attendance at child protection conferences and the provision of feedback on progress. However, for others, the process appeared more disjointed, with perceived difficulties in communication between the two organisations, resulting in confusion and delays.

Involvement and participation

A recent study conducted in the UK has demonstrated the influential effect of communications skills in the relationship between social worker and service user, and claimed that some social workers are very deficient in this regard (Forrester et al, 2008). Service users interviewed in this study also indicated that insensitive communication was very unhelpful, for example, being ‘treated as a stupid person’ and ‘brushed off’ (C7) instead of getting a full explanation, or being given a hearing, or being told of the contents of a report that was being written about them. Where ‘teamwork’ and flexibility were experienced by service users, they were positively regarded.
Inclusiveness and gender

One of the aims of this study was to explore inclusiveness. While our sample was by no means representative, we found no instances where service users felt discriminated against because of social class or ability. There was one example of a service user feeling that he had been treated in a particular way because of his nationality. However, the data did demonstrate that service users experienced considerable gender discrimination, particularly in conflictual contexts such as domestic violence and custody disputes, where they believed that concerns expressed by them were not being given serious consideration and that a great deal of responsibility was being left to the non-abusing parent.

We found examples of fathers feeling that they were being treated differently because of their gender (the subject of recent research by Daniel and Taylor, 2001; Ferguson and Hogan, 2004) and where young male service users were treated differently from their female siblings. An example of the latter involved a 12-year-old boy who was left in his mother’s care after his sisters had been placed in foster care because of her chaotic drug use, with the implication, according to his mother, that ‘he’d look after himself, that’s what they [social workers] said’ (D5).

As cases progressed through the system, the degree to which fathers/male caregivers were involved varied, from extensive involvement to very little involvement – an issue that was criticised by some of the mothers we interviewed. In one case, a father first discovered that the child protection services had been involved with his partner and children for over a year when he came home from work to find social workers removing his children into care. In some cases, non-resident fathers complained of being excluded.

Complaints procedure

One of the objectives of this study was to see if service users understood how to make a complaint about the HSE child protection services if they needed to and if any of them had experience of doing so. A number of research participants were linked with us precisely because they had made complaints through public service redress bodies, and we discovered that some others whom we met by alternate means had also made official complaints through these bodies. While a number of service users lacked information on how to make a complaint, several suggested that they would be able to find out, normally by starting at a local level. Nevertheless, we met a significant number of service users who had no idea how to go about the process. Fairly common statements included: ‘I wouldn’t have a clue … wouldn’t even know where to start … wouldn’t know where to look even’ (A1); ‘I wouldn’t have a clue where to start, to be honest’ (A8); and ‘To be honest with you, I don’t know where to go, how to do it’ (C10).

The lack of publicised information about how to make a complaint was considered by some to be a deliberate ploy to discourage them from availing of it. A number of service users expressed apprehension that complaining might compromise their situation and that they would be wary of initiating the process in case it backfired on them. Comments included: ‘I’m very afraid of rattling their cages, you know’ (A7); ‘wouldn’t think it wise’ (B5); ‘maybe you’d be bringing more down on top of yourself’ (D14); ‘there was always the fear of isolating or getting on the wrong side of the social workers’ (D17); and ‘I don’t want them blacking me completely’ (C11). Others felt that complaining would be a pointless exercise; for example: ‘I just feel they don’t listen to what you have to say and they don’t believe you, you know, that you’re the baddie’ (D5); and ‘I’m not going to bother because I had the feeling that … you are banging your head, like chain reaction, everybody pushing you to another’ (C15).

At the time the study’s fieldwork was taking place, a number of service users were in the process of making complaints. Some had gone directly to the Ombudsman and had been referred back to the HSE as a first point of contact; others had directly approached the HSE. Some had a measure of satisfaction, but several others were left disappointed.
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Overall, the lack of public information about methods for complaining and the associated pessimism of service users in relation to this issue raise some questions about commitment to the aspirations outlined in the Government’s current ‘Strategic Management Initiative’, which requires that public services consult with their ‘customers’ or ‘stakeholders’ in order to inform the design and delivery of public services (Department of the Taoiseach, 2003) and its earlier ‘Quality Customer Service’ as an explicit component of the modernisation programme in public services, expounded in Delivering Better Government (Department of the Taoiseach, 1996).

Summary
This chapter has explored service users’ views on professional, organisational and practice issues that impacted on their situation, including the quality of service and the competency of workers. The matters of staffing levels and accessibility of workers were clearly important and service users voiced their frustration and annoyance when workers were unavailable and failed to return phone calls, often at critical times in service users’ situations. Frequent changes of staff were considered to be very disturbing because they meant building new relationships in sensitive situations. Service users indicated that the experience and skill of the workers they were allocated was a matter of considerable importance. Written information proved to be a significant issue, both in terms of its accuracy and its availability to service users, many of whom had looked for their records under the Freedom of Information legislation. A level of dissatisfaction with recording practices was expressed, especially by those who felt they had been the subject of malicious or erroneous reporting.

Service users demonstrated their sensitivity to the perennial problem of inadequate interagency and interprofessional collaboration, clearly affirming that collaboration between agencies and professionals resulted in a better service for themselves. Findings on the issue of inclusive practice revealed that while discrimination on the grounds of social class, ability or ethnicity was relatively rare, gender issues were continuing to impact on practice in a number of ways, as identified in previous research, including differential treatment of men (i.e. fathers and young male siblings) and non-abusing parents. Finally, while a small number of service users had achieved a positive outcome from complaints they had made, there appeared to be a lack of trust in the system, compounded by what was perceived as a lack of information given willingly on the process.
6. Qualities in service user–worker relationships

This chapter examines service users’ views on the essential qualities of positive and helpful relationships between themselves and the workers involved with their families. Research has demonstrated that the qualities essential to a good helping relationship are often at odds with those required to carry out the mandated tasks of a statutory child protection worker (Drake, 1996; Yatchmenoff, 2005). Child protection is often conceptualised as having a social control function and this study has so far demonstrated the validity of that concept as far as service users are concerned. Yet, research tells us that effective investigation and intervention depend very much on the degree to which the practitioner is able to gain service users’ trust and feelings of being respected and liked, while also carrying out tasks that are often viewed negatively not only by service users but by many members of the general public as well (Maiter et al., 2006; De Boer and Coady, 2007). Studies have also demonstrated that power is a dominating force in child protection work (Dumbrill, 2006; Spratt and Callan, 2004). It is necessary therefore to acknowledge that an underpinning imbalance in the relationship was a strong defining force for many of the people we interviewed for this study. Before examining the different factors that were considered to assist good relationships, it is thus important to consider the way in which service users experienced the power of the child protection service.

Importance of empathy

We asked a number of service users about the impact that their contact with child protection services was having on their lives. Not surprisingly, most of the responses indicated tension and anxiety, even when they were satisfied with the service they were receiving; we also encountered many examples of enduring stress and trauma experienced by service users following investigations. Given how strongly empathy had featured in previous research as a desired quality in child protection practice (Maiter et al., 2006; De Boer and Coady, 2007), we asked service users if they felt that the staff they had contact with understood what they were going through. Some described workers as being ‘understanding’, ‘kind’ and ‘calm’, able to cope with their angry outbursts. These were qualities that were positively regarded. However, in some cases, workers were found to be ‘cold’ and unsympathetic, impatient and lacking in empathy, which made the whole process considerably more difficult for service users. Some commented that they felt as if they had been punished for showing emotion and that their angry and distressed reactions had been then attributed to perceived deficits in their parenting capacity.

Perceptions of power

There is no doubt that service users perceived the child protection system as very powerful indeed. In some cases, parents acknowledged problems with their parenting, sometimes related to factors such as drug or alcohol misuse. In other cases, they tended to minimise or deny the concern. Their reactions may have been coloured by defensiveness and feelings of guilt, but it was clear that their relationship with the child protection service and the way they experienced it affected their overall confidence and capacity to move forward.

When we explored the issue of power in the worker–service user relationship, we found very little evidence of meaningful partnership, participation or involvement. These are principles that child protection staff are encouraged to employ in their work, but which
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are suggestive of a false level of equality that had very little place in the experiences of service users we met. Dumbrill (2006) has analysed the way that power can be negotiated by service users, suggesting that they either fought openly, ‘played the game’ by feigning cooperation or worked in a collaborative relationship. The service users we met generally opted for the latter method of work, although not always willingly. For example, a woman with alcohol misuse issues acknowledged that her children were being harmed by her behaviour, but she also perceived herself to be ‘trapped’ into cooperating with the services:

I felt I had no choices. They were involved, they called the shots, they had the say really and I felt it was very threatening. (D14)

As some of the findings in earlier chapters have indicated, we found that in some cases service users had an overinflated view of the power of social workers to, for example, enter their homes and remove their children without recourse to any legal measures. The perception of child protection services as ‘all powerful’ had been affirmed to some service users by other professionals. One mother, for example, whose baby had been placed in care told us that she was cautioned by her psychiatrist to be cooperative with social workers:

He basically said to me, the one piece of advice I will give you, he said, is that social workers have tremendous power. As he said, if they want you to go to [gesture], you go or you won’t get [baby] back. (A12)

Power had different meanings for different people, the most common one being a fear that their children would be ‘taken’, but also in terms of the effect a child protection investigation might have on a service user’s life generally. Some service users feared that they may lose their jobs or even be imprisoned following what they claimed to be false allegations. Several commented that practitioners did not have sufficient awareness of the power they wielded and were not skilled enough to handle it. For example:

They wield very substantial power over the lives of people … I got no sense from any of them that they had any sense of that and they were struggling just to move the thing ahead, poorly skilled, poorly supported in fairness, to do the job. (C4)

Qualities that operated to neutralise tensions between service users and workers

Some interviewees pointed out that a friendly manner or the adoption of a non-accusatory tone by a child protection worker could lessen the power imbalance and diffuse tension fairly quickly. They identified several other qualities in their interactions that could, to some degree, neutralise the feeling of powerlessness that their contact with the service seemed to engender. Chief among these qualities was trust, which could be difficult to engender because of the constant sense that they were being ‘watched’, but was achievable if workers could balance the inevitable surveillance with fairness and encouragement. A number of service users commented on how they preferred their workers to be ‘normal’, interested in them as people, easy to talk to and caring; they found it difficult to relate to workers who were ‘bossy’, tended to ‘pass remarks’ or make derogatory comments about their home management or budgeting. Particular value was placed on the ability of workers to put children at ease and have some fun with them. A sense of humour was cited as a positive quality, something which one service user considered to be rare among social workers:

You couldn’t even … joke with some of them, you know. I think if they smiled, their face would crack or something. (D5)

Respect, exemplified by consistency and reliability in keeping appointments and returning phone calls, was also considered to be an important mediating quality, as was open-mindedness and ‘genuineness’, not reaching snap judgements and tolerating differences of opinion. Tolerance
about the possibility of relapses or ‘slips’ was highly valued. Feeling ‘understood’ was crucially important for service users who were in conflictual situations of domestic violence or alleged sexual abuse. One woman described how scared she had been approaching the services about her fear that her husband was abusing her children and how much she appreciated the sense that she was being believed:

They were really, really nice and they didn’t make me feel bad about myself, didn’t make me feel that I was lying basically. They didn’t make me feel like that. (A7)

This issue was particularly pertinent in relation to situations where service users had sought help in the context of marital separation, where there were concerns that either party was endangering the children. Much international research demonstrates the tendency of services to assume a high rate of false allegations in these circumstances (Brown et al., 2001; Faller, 1998; Humphreys, 1997). Yet studies also show that the majority of such allegations are valid (Trocmé and Bala, 2005). A number of the service users we interviewed commented that when separation was involved, the child protection services did not take them seriously. Several examples were given of such claims, including incidents where it was implied that they were falsifying their concerns and no investigation of their allegations was conducted.

Encouragement, praise and focus on strengths

The concept of the ‘strengths perspective’ (Saleeby, 1997) has achieved significance in child protection practice in recent years. The theory is that, firstly, all caregivers have some strengths and even if significant aspects of their parenting capacity are limited, most have managed to resolve difficulties in the past; secondly, that by building on strengths, it will be possible to increase protective factors in a family and motivate parents to change where necessary (Buckley et al., 2006a).

Where relevant, we explored how far service users considered that their strengths had been recognised. Some service users perceived their workers to be very negative, suggesting that they ‘were looking for problems’ (A2); ‘I’d say they notice more bad things than good things, you know’ (D5); and ‘I thought they were just picking on me for the sake of picking on me’ (A15). However, there were many examples where service users spoke of being praised and reassured by workers, which they found very encouraging. For example, a woman whose former drinking pattern had given rise to concern about her children was pleased that her efforts were acknowledged: ‘My social worker was always [saying] “Ah, you’re doing really well now” ’ (A1). Several other service users commented how, even in the midst of conflict, workers could find something positive to say. Praise from someone in a senior position was appreciated; a mother told us how pleased she was when the Child Care Manager commented on her progress and how encouraged she felt by his words.

Change of worker

Research has indicated that a change of social worker can often positively alter the dynamic in a case (Farmer and Owen, 1995; Cleaver and Freeman, 1995). Studies have shown that sometimes families found it hard to form a relationship with workers who had been involved in particularly distressing phases of the case, such as bringing an allegation to the family’s attention (Hooper, 1992; Buckley, 2003). Despite a general finding that service users preferred to have continuity of workers, there were instances where they clearly wanted to exercise a choice in the matter. Some had requested a change of worker, for example, because of a simple personality clash, and sometimes a change happened because of circumstances in the services, such as a worker leaving. Whichever route, it gave service users an opportunity to compare workers and identify the qualities that they preferred, as this example illustrates:
I explained the case and I got a new social worker … The difference was that this other [new] girl would sit and listen to you … If I hadn’t have got that [new] social worker, I would have been terrified. (A1)

As this and Chapter 5 have indicated, positive perceptions of a service depend almost as much on the manner in which it is delivered as on the nature of the service itself, illustrating that ‘quality’ is a largely ethereal issue in child protection work.

**Summary**

This chapter demonstrated the profound impact on service users of having ongoing contact with the child protection system, including the very significant power differential that they perceived to exist between themselves and the services. Findings show how a positive relationship between themselves and workers could lessen the negative impact and go some way towards narrowing the differential. Service users’ views on the elements that comprise a supportive or helping relationship were identified; these included trust, friendliness, respect and open-mindedness, ‘being good with children’, belief, understanding and empathy. The perceived credibility of allegations made in the context of separation and custody conflicts was again shown to be a significant issue. The value of praise and encouragement, and their impact on service users’ confidence, was also demonstrated. Finally, the findings show that a change of worker may, at times, provide the catalyst for an improved relationship.

This chapter concludes the discussion on findings from adult service users. Chapter 7 will now report on the data gathered in interviews with children and young people.
7. Children and young people’s views

This chapter focuses on the experiences of the 13 young people who were part of the overall research sample. Their perspectives are explored separately to those of adult participants in order to give them a specific profile and to highlight issues unique to them.

Some young people were the subject of a relatively short intervention, while others had been involved in the child protection system for most of their lives. Unlike the adult service users interviewed, several of the young people viewed social work intervention as a routine part of their lives. Others were aware of social workers through peers who were involved with these services; these young people’s initial perception of the role of social workers was influenced by the experiences of their peers, both positively and negatively as the quotes below illustrate:

    My friend had them [social workers] years ago. They used to bring him up to bowling and all … That’s what they’re for, your family or something. (D12, aged 15)

Another young person’s view of social workers prior to intervention was highly negative:

    I thought, Oh my God, if I ever got a social worker, I’d fucking kill meself. (D16, aged 18)

Some young people recounted that social workers had been involved with their family for long periods of time. In such circumstances, young people did not have a clear memory of their initial contact: ‘Well, they have always been around’ (A17, aged 21).

Subjects or agents?

For some young people, involvement with the child protection system was seen as an unwelcome, stressful experience; for others it was welcome, marking the beginning of a point where they accessed relevant support services. One of the key mediating influences on initial perceptions of the child protection system was whether the young person viewed the intervention as something they were subject to or in which they were active agents. This was often influenced by the circumstances in which a concern had been reported and where the referral had originated. There were no accounts of young people directly contacting social work departments. But in a number of instances, the young people were active agents in the referral, for example reporting a concern to a parent, trusted adult or school staff member. The following account of a young girl’s experience reflects this:

    I was about 10 and I was getting beat up at home and that, and I went to one of my teachers at school and they put me in temporary foster care for two weeks. (A6, aged 20)

A further account by a young woman who had been subjected to physical and sexual abuse perpetrated by her step-father, and whose mother was also subjected to domestic violence, shows her rationale for instigating a referral to social services, aged 13, via a trusted adult in her school. From her account, it is evident that concerns for her sibling and mother were motivating factors:

    ‘Cos, like, my mam won’t do anything, so she feels like she hasn’t got the control to do it, so this might help her. It might help to sort her life out with [partner’s name] as well and I wasn’t doing it for me. I was doing it so as that they would be happy. (D3, aged 18)

In three instances, contact with the child protection system was instigated by the young person’s parent(s) and in one case by a sibling. In two cases, contact with social work services was made by parent(s) following disclosure or discovery of child sexual abuse.
In all instances, this abuse was perpetrated by a person from within the family network. For young people who had experienced sexual abuse, disclosure to an adult and subsequent referral to the child protection services were inevitably a source of mixed feelings. For the following young woman, the experience of involvement with the child protection services at the age of 13, following a disclosure of child sexual abuse to a youth worker, was the beginning of a process over which she perceived she had little control. This is her comment in relation to her initial contact with services:

Shite. Because when I came out with my abuse and all that shite, then I was involved. But I didn’t tell the social workers, my youth worker did. (D16, aged 18)

In another young person’s case, contact with the child protection system was initiated by his parents following a report of sexual abuse by a relative; here, he describes meeting the social worker for the first time:

She just sat us down, wasn’t too rushing into things like, took her time, gave us time to talk and didn’t rush into things, which I found was good. (A9, aged 14)

In some cases, initial contact with the child protection system was precipitated by a specific crisis, resulting in placement in care. Not surprisingly, young people who experienced such an event had vivid recollections of the experience.

**Systems and practices**

Previous chapters have demonstrated how adult service users sometimes attributed the poor response they received from the child protection services to understaffing and high pressure on limited resources. Young people also spoke about the responsiveness of the services and in some cases described circumstances when they perceived themselves to be at serious risk, yet received delayed or inadequate responses from services. The following young woman was 13 years of age at the time of her initial contact with the child protection system; she describes her frustration at what she perceived to be delays in accessing appropriate services:

Me ma was always trying to get me help and all that, but they weren’t doing nothing. And they were like ‘Ah, we’ll see this, we’ll see that, we’ll do this, we’ll do that’, and they never done nothing … Why the fuck did it take so many years … to get help? That’s ridiculous. (D16, aged 17)

The issue of waiting lists for specialist services was also raised as a concern. This young person describes her experience:

I was on the waiting list for [child sexual abuse assessment service] for about 8 months. Is that a long time? … The amount of people who end up dead because they can’t cope with things like that, if you have to wait for 8 months for something. (D16, aged 17)

It was notable that service access and issues of resourcing were most marked among young people who, by their own accounts, were engaged in problematic behaviours that placed them at serious risk of harm and for whom mainstream services may not have been suitable. Therefore, issues of service access related most markedly to young people who required more specialist forms of service provision.

**Worker qualities and competencies**

Earlier chapters have highlighted service users’ frustration with the staff turnover of social workers. This finding was affirmed in interviews with young people, many of whom had experienced multiple changes that seriously affected the quality of the alliance formed between themselves and their social workers. Many young people’s perceptions of the child protection services were

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*Service users’ perceptions of the Irish Child Protection System*
system were mediated through this central relationship. In addition to worker stability, interview
data also demonstrated the competencies valued by young service users in their social workers.
Genuineness and openness were particularly highlighted, but the ability to ‘protect’ was given
priority, for example:

Like, what has to happen for you to help a child. You can ring them [social workers] and
make all the phone calls in the world and have a brilliant relationship, but you have to be
able to keep them [child] safe. (D16, aged 17)

As with the adult service users, perceived inexperience or lack of expertise in a social worker
emerged as an area of concern in the accounts of young people. Where young people had
had numerous social workers, differences in individual approaches and levels of experience
were highlighted. A 13-year-old girl described her current social worker’s lack of knowledge
drug issues:

She didn’t know what Phy [physeptone, prescribed heroin substitute] was. Because my Ma’s
on Phy, like, you know, methadone. And she [the social worker] was asking what it was. And
she didn’t know nothing. (D6, aged 13)

Another young person commented on the perceived youth of a social worker:

The on-call social worker. I had one of them and I swear to God there is no way she is past
18 years of age. She looked as young and she didn’t have a clue what she was on about. I
was like ‘Here, love, I kind of know the system better than you’. It is not fair like. They have
to have experience; they have to know everything that goes on out there. (D16, aged 17)

A young man who had experienced numerous changes of social worker objected to being
allocated a student on placement:

I didn’t like it when they gave me that trainee social worker … I didn’t like that. She hadn’t
a clue what to do, she didn’t know anything. It was a very hard three months, it was. Like I
was basically just left sitting, waiting on a phone call every day, and every time she rang she
didn’t know what to say … I don’t think you should train social workers like that, by giving
them a case. (D15, aged 17)

A further point that emerged was the suggestion that social workers should come from
backgrounds where they had experience of the issues involved:

I think the social workers as well like, they should have … come from the same kind of
background as me, do you know. People that came from, say … the care system … I used
to turn around and say to them, ‘How the fuck would you know … what I’m going through.
You only know what you know or what you think you know because you have read a book’.
(A6, aged 20)

For the young people in this study, the ability to communicate with genuineness and respect
was highlighted as an important issue. Young people respected when workers explained issues
to them in terms they could understand. Other young people emphasised the importance of
cheerfulness and humour in the relationship. For example, two young people outlined their
contrasting experiences:

Something about all the training and practising they do makes them cranky! They need to
have lived life … all social workers have the right idea in their head about why they want to
be a social worker, but they need to cheer up. They always look down. Did you ever see a
social worker look happy? (D15, aged 17)

Well, [social worker], who I had before, from the health board, she was the one I had before,
she was more like a friend really. You’d be sitting down with [social worker] and could have a
good old laugh like. (A6, aged 20)
Privacy and confidentiality

A range of young people’s accounts indicated that issues of privacy and confidentiality were important to them in their interaction with social workers and in their dealings with the child protection system generally. The importance of having a private space to discuss concerns with a social worker was highlighted by this young person:

Yeah … but I was in my sister’s old house at the time and there was a sitting room and double doors in the kitchen, so that whoever was in the kitchen could hear the person who was in the sitting room, everything that went on, and we would get it all back at us when the social workers went. It was difficult. (D13, aged 15)

Other young people objected to their parents having access to minutes or notes from meetings with their worker, particularly when they were in care placements. The following young person had been in care for most of his life; he described his concern about family members having access to information from his care reviews and placement meetings:

The minutes, I don’t know how many minutes I have … a big folder of minutes. I always get the minutes. So does my family. I don’t like that. I don’t like the idea of my family reading up on me, like as if they are spying on me. I feel like I’m being watched all the time. (D15, aged 17)

Consulting with young people

The importance of consulting with and accessing the opinions of young people was also highlighted as an issue. This was linked to some of the issues of privacy and confidentiality described above, but also to the attitude of the social worker. Some young people spoke about interactions with the social worker, where their parents’ views were privileged over their own and where they felt that their viewpoints were not considered or were ignored.

Despite critical comments about aspects of a social worker’s role and of the child protection system more generally, many of the young people, even those who recounted numerous difficulties in their interactions, were sympathetic to the complexities of the social work task. Many of their accounts indicated that they had an awareness of the difficulties involved in balancing conflicting and competing priorities:

But it is not that bad like. It is like, they are human beings at the end of the day and it is their job. But they also put their own heart into it like … to help you and they set out to do that themselves. So give them the respect that they give you like. You will always get what you want out of life. (D03, aged 18)

Experience of sexual abuse

Five of the young people who took part in the research reported that their involvement in the child protection system was as a result of their experience of sexual abuse. They emphasised the importance of feeling believed and accessing appropriate services. Young people reported that the legal process, including the meeting of requirement for evidence sufficient to satisfy the Court, was particularly problematic. Some reported that it led them to feel that they were not believed. For example:

No, I wasn’t believed. I hate this word, but everyone used to say the ‘alleged’ … You have to say innocent until proven guilty, but when you are that age, it is horrible because you are like ‘Oh my God, they don’t believe me, fuck them’, and you are going mad and all. (D16, aged 17)

For one young woman, the forensic nature of the interview and the gender of the person interviewing her were also issues:

Shite. I had to tell a man what happened. There was a glass like [2-way mirror], but there is all people like guards and all behind it. And there is a big camera looking in … It should be more discreet … It would have been easier to tell a girl. (D16, aged 17)
In this study, only one young person reported that her case resulted in a conviction. For other young people, the lack of a definite outcome was clearly a continued issue of concern and upset for them. Difficulties in obtaining a prosecution notwithstanding, young people generally reported positive interactions with the Gardaí and the importance of continued communication with young people throughout the process was an important factor emphasised in their accounts.

**Experience of care and understanding reasons for placement**

Eight of the 13 young people interviewed for this study reported a history of care. The nature and duration of care placements varied in different cases. While the focus of this study was on service users’ experiences of the child protection system and not the care system per se, there are obvious issues of overlap, not least of which is that young people are placed in care as a result of the intervention of the child protection system. For several young people, the initial point of removal from their families was a vivid experience, linked to feelings of anxiety and uncertainty. Some of their accounts reflect their feelings of loss and powerlessness at these junctures. For example:

> We didn’t know about this. We didn’t know what was happening and we were all just holding onto our Ma. Because we didn’t know what was happening. And we were just holding onto our Ma, but then we had to go. (D6, aged 13)

For some young people, placement in care was a welcome respite from home difficulties and they reported positive experiences of care:

> Yeah, it is just that like when I lived at home I had a rough life and whatever … like so used to violence. But then, when I moved up to [foster parents], they were just people that were happy all the time and they were able to have a good time and a heart of gold, do you know what I mean. I wasn’t used to the violence anymore. (D3, aged 18)

Data from the young people who had experienced placement in care illustrate that their initial placement, while sometimes positive, was also often a source of anxiety and confusion. While most young people were aware of the reasons why they had been removed from their parents, some claimed that they were never really told why. The importance of communicating with young people in an open and honest way was emphasised in many of their accounts, particularly in respect of their sense of identity and their ability to come to terms with past trauma.

**Experience of participation**

There is much research evidence on the benefits of participation for young people in care, including improved self-esteem and confidence (Cashmore, 2002; Leeson, 2007). In addition to this, young people may be less vulnerable to ill-treatment (McLeod, 2007). There is also evidence to suggest that placement stability is enhanced when children are meaningfully involved in decisions regarding their care (Lindsay, 1995).

Young people in this study had varying experiences. Some felt they were ‘talked down to’, never asked for their opinions; others found review meetings ‘real intimidating … all of them against you’ and the use of advocates was recommended not to ‘defend’ but to ‘support’ during meetings (D16, aged 17). Some young people reported that efforts were made to support and prepare them, and that their point of view was heard. Others reported becoming more confident over time as they became used to the process.
Access and visits
A further aspect of great importance for young people in care is their experience of family contact. For young people in this study, concerns included separation from their siblings: where they were together, there was a sense that they could ‘look after’ each other, but those who were separated worried about each other. The majority of young people reported that access was facilitated by workers, although there were inevitably difficulties and feelings of sadness and disappointment associated with this. One young woman described her experience:

It was good in that you had something to look forward to. If mum was doing well, then you would have a weekend to look forward to. But say if she went back drinking again or it didn’t work out, then you’d feel totally let down. I think what I felt was it was like a rota – you go to see your mum on such a day and it was hard. It wasn’t nice. (A17, aged 21)

Leaving care
Section 45 of the Child Care Act, 1991 sets out the powers of the HSE in providing support to young people leaving care. The discretionary nature of this provision and what is perceived as statutory weakness in this area has been highlighted (Kelleher et al, 2000). Differences in practice across former health board areas has also been documented (Kelleher et al, 2000; Stein et al, 2000). Two of this study’s participants who were in care were aged 17 and were in the process of leaving. One had been told that there was no ‘after-care budget’ in her area; she expressed her disgust, claiming that she was not looking for much:

I’m not asking her to bleeding sign a cheque and fork out loads of money. But I need to know that there is going to be someone there who can help me. (D16, aged 17)

The other young person about to leave care was given the choice between a ‘disastrous’ hostel or ‘going home’. She described how she would rather be ‘out on the street’ than take up the latter option (D3, aged 18).

Summary
The accounts of young people highlight issues relevant to the operation of the child protection system and aspects of professional practice. While children are ostensibly the focus of a child protection system, there has been limited research conducted into their views and experiences as service users. In this study, young people identified key qualities and competencies that they viewed important in social work staff and they emphasised the importance of professionals acting to keep them safe. The issues raised highlight the centrality of quality relationships with workers, particularly for young people who are placed in out-of-home care. Their responses illustrated how staff turnover in the child protection system can have a disruptive and unsettling effect. Young people who have experienced child sexual abuse described the specific difficulties they encountered, including delays in the criminal justice process. The accounts of young people in this study who have recently left care or who are preparing to leave suggest that the uncertainty they face is a source of concern for them.
8. Summary and Recommendations

Some time ago, Howe (1992) used the term ‘jokers in the pack’ to describe families caught up in the child protection system to illustrate how assumptions can never be made about the passivity of parents or service users, who, in fact, play a dynamic and pivotal role in the child protection process. Similar points have been made by Reder et al. (1993) and Parton et al. (1997). The depth of insight demonstrated by service users in this study affirms these assertions.

In this research study, we interviewed a total of 67 service users, including 13 young people. While the child protection concerns described are somewhat ubiquitous, the participants we met were not a homogeneous group and their experiences cannot be directly compared. Furthermore, the qualitative methodology and informal nature of the interview format, which generally allowed participants to focus on the areas they considered most significant, means that the data were not always comparable. For this reason, we considered it of little value to make numerical inferences in respect of the study findings. We have presented our analysis in as coherent a manner as possible within these parameters. A summary of the findings is now given and some recommendations offered from a service user perspective.

Service users’ initial contact with and response from the child protection services

The research findings demonstrated that most service users viewed the child protection system in a stereotypically negative manner, seeing it as a powerful and somewhat hostile institution, to be avoided if possible. Only those who had been involved with it prior to the current concern, or those whose employment had led them into contact with the services, had any clear idea of what it was or how to access it. In a number of instances, service users claimed that the reports about them were false, sometimes intentionally so, and many of them felt that neither their need for a speedy and satisfactory resolution nor the potentially very negative implications of the process were appreciated by the services.

A considerable degree of frustration was expressed by service users who had sought services to prevent a worsening of their difficulties. While a number of them spoke of getting fast responses from the services, others were critical about delays in intervention; one person used the metaphor of needing ‘a knife in your child’s back’ to get attention. Victims of domestic violence appeared to find it difficult to have their concerns taken seriously and found the system difficult to access.

There were also several examples of positive experiences, some of which represented a considerable shift from an initially hostile relationship with the services. However, stories of delays, perceived threats and feelings of abandonment tended to dominate service users’ early experiences of the services.

Investigation and assessment

Despite the increasing use of formal frameworks, there was little sense from service users that they were aware of assessment as a specific process, with ultimate objectives. Nor was there evidence that service users knew of the criteria on which judgements were formed. However, where specialist assessment services were considered, there was greater clarity about the process and purpose. Although many service users were uncomfortable about the distressing nature of child sexual abuse assessment, there was general agreement about the professionalism of those services.
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The inconclusive nature of assessment outcomes was clearly a source of anguish for some, particularly where they considered the allegations of abuse to have been made falsely or maliciously. In common with earlier research, we found a high level of incongruity between service users’ concerns about their children and the concerns that they perceived to be held by the services. A number of people felt that they had been harshly and unfairly judged, some feeling that workers did not consider all the complexities and stresses in their lives, applying unrealistic standards of parenting and failing to understand the dynamics of living with a violent partner. Some felt that too much responsibility was being left to them, even when they were too weak or traumatised to take action. However, we also found examples where a helpful and empathetic approach on the part of practitioners made it easier for children and families to cope with what is inevitably a difficult experience.

In contrast to previous research, this study found that the children who were the subjects of concern were usually seen and engaged with by workers during assessment and investigation. There were some perceived gaps in this practice, but a notable finding was the unease expressed by some service users in relation to it; parents were not always comfortable about their children being seen on their own and worried about the distress caused by some of the assessment methods used, particularly in relation to child sexual abuse. Some adult service users complained of feeling left out while their children were receiving a service, and commented that they would prefer a more family-centred approach, although the data from young people did not necessarily replicate their view.

Child protection conferences

While there was a lot of evidence that parents were being routinely invited to child protection conferences, many of their accounts did not reflect genuine participation as much as considerable discomfort. This finding is consistent with international research findings, again highlighting that adhering to a principle without attending to all the complexities associated with the process is often inadequate.

Experiences of family welfare conferences were more positive, although there were only three examples to demonstrate this; however, service users expressed reservations about the outcomes reached in two of the cases, reflecting some research findings which caution against unquestioning acceptance of the model.

Child Protection Notification System

The study tried to ascertain how service users felt about the Child Protection Notification System. It was of note that, firstly, very few service users appeared to be conscious of its existence and, secondly, those who knew of it confused it with a ‘register’ and appeared to be very threatened by it, as well as uninformed and misguided about its purpose and function.

Child protection plans

While there was no evidence that service users actively participated in the development of formal child protection plans, most participants appeared to have a clear idea of tasks that they were expected to perform and the likely consequences for them if they did not comply. Some were obliged to comply with treatment programmes for alcohol or drug use; some were given protection plans of various types to prevent child sexual abuse or domestic violence, which sometimes meant moving out of home. Others were required to achieve targets and goals with regard to their parenting.

While service users were clear about the tasks, their acquiescence was, by all accounts, often grudgingly given in order to avoid the ultimate consequence of having their children placed in out-of-home care. We also found some instances where service users believed that their observance of conditions was not being monitored in the way they had anticipated.
Experiences of out-of-home care

Aspects of placement in out-of-home care were explored from the perspective of young people and parents. With a few exceptions, young people reported that they were aware of the reason for their placement in out-of-home care. Their accounts indicate the importance of open and honest communication to assist them in coming to terms with past trauma and to develop their sense of identity. Young people reported varying experiences of participation in care planning. There were some examples of good practice, but young people also reported feeling intimidated and alienated by this process and the importance of advocacy in enabling young people to participate was highlighted. Young people who were in the process of leaving care also raised concerns regarding the future service provision they would receive, indicating that leaving care provision still remains a pertinent issue.

Parents whose children had been placed in care reported a variety of experiences. The majority were satisfied with the placements and considered that establishing a rapport with their children’s carers was particularly important. In some instances, parents highlighted the need for continued monitoring and quality assurance of placements. Some parents indicated that they did not have a clear understanding of the legal and administrative processes involved in care proceedings and tended to perceive social work decisions as being unchallengeable. The reports of service users on this topic indicate a requirement for adequate information and support throughout this process, including the provision of advocacy supports to parents.

Perceptions of a quality service

An aspect of practice that was frequently raised by service users was the lack of respect that they experienced when their telephone calls and messages were not returned and when workers were difficult to access, especially at critical moments. Accessibility and reliability of staff were considered very important elements of a quality service. Where workers performed well in this regard, service users rated them very highly. The turnover of workers and the necessity to form new relationships was considered to be a major deficit in current service provision, often construed by the service users as indifference to their situations.

Qualities that promoted positive and respectful relationships between service users and workers were identified as trust, friendliness, empathy, open-mindedness, being believed and understood, and being encouraged - replicating findings from recent research which emphasise the effectiveness of the helping alliance in achieving good outcomes. Young people pointed to the importance of social workers having a sense of humour. Respect for their own privacy was also considered important by young people, slightly in contrast with the views of caregivers who felt that all information should be shared with them. There were many examples of good relationships based on the above components, but also some where interactions had been undermined by what service users perceived as bossiness, intrusiveness, indifference, unreliability and lack of respect.

User involvement

When we looked at service user involvement, we found it striking how many had sought their records under the Freedom of Information legislation, which gave a sense that service users need to rely on formal and somewhat cumbersome methods to gain access to information that is written about them. Also significant was the misperception held by service users about the power of social workers, as well as a general lack of information about how the child protection system operates.

A sizeable number of research participants said they would have no idea how to go about making complaints if they were dissatisfied with the service they received; only one had been given information and encouragement to do so. The lack of publicised information on this process was
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considered by some to be a deliberate ploy to discourage service users from availing of it. Some expressed apprehension that complaining might compromise their situation; others felt it would be a pointless exercise. While some had successfully had complaints upheld, others had received what they considered to be an indifferent or ambivalent response from the HSE.

Inclusiveness

We particularly sought to explore how far fathers are directly engaged with by workers and the degree of choice and involvement they experienced. While we found little evidence of fathers being ignored or excluded, as demonstrated in previous research, some fathers that we interviewed considered that they had been treated differently, by not having their concerns taken seriously or by not being fully informed about child protection interventions that were taking place. There was replication of earlier research findings that demonstrated high and somewhat unrealistic expectations held by workers in relation to non-abusing female parents and a tendency to mitigate violent behaviour committed by men in parental roles (Milner, 1996; Hooper, 1992). The sensitivities of both male and female caregivers in conflictual relationships, who felt that workers were inclined to believe the ‘other’ parent, were demonstrated in several cases. Similarly, the view was expressed by a number of service users that child protection concerns reported in the context of custody disputes were not taken seriously by the services.

Overall satisfaction with services

A number of service users spoke of the practical help and therapeutic input they had received from both the statutory and voluntary child protection services. While tangible interventions were generally rated highly, the quality of the relationship between themselves and workers was clearly of significance in the way in which the service was evaluated. Some service users voiced their dissatisfaction with unresponsiveness, delays and unreturned phone calls on the part of staff, which left them feeling abandoned and insulted; sometimes the friendly and empathetic manner of workers was the factor that most met their need for support. One of the unmet needs mentioned most frequently was supervised parental contact, when parents considered that their children were at risk from a separated and previously violent partner. They also emphasised the importance of worker skill and knowledge in various areas, particularly domestic violence, substance abuse and child sexual abuse (especially in the context of custody disputes). Service users were aware of some of the nuances, dynamics and complexities in these contexts, but considered that many of them were disregarded by or unknown to workers.

Arising from the research findings and reflecting the views of the service users interviewed, the following recommendations are made.

Recommendations for policy-makers

- The formalising and resourcing of differential responses to reports about children, discriminating between those where children are seriously at risk and those where children are vulnerable and families are likely to benefit from a more welfare-oriented therapeutic approach. The ‘differential response’ or ‘dual track’ approach operated in parts of the USA, Canada, Australia and New Zealand could provide a useful model for this initiative.
- Consideration should be given to establishing a specific service to deal with allegations made in the context of separation and custody disputes, which takes account of the strong likelihood that allegations are valid and that children are negatively affected in conflictual situations.
- The provision of services should be consistent across the country as far as possible, particularly in respect of the various mechanisms of child protection, such as the Child Protection Notification System and the conduct of child protection conferences.
Recommendations for senior managers

- Information about the child protection system should be disseminated to inform the public about specific services. Information of this type should clearly delineate the powers of the system in order to allay unwarranted fears. It should also present child and family services in a positive and beneficial light in an effort to dispel their current poor image. In addition, a convenient and accessible means to avail of services should be provided, such as a centralised toll-free telephone number.

- Specific measures should be taken to encourage workers to utilise current theories and research evidence regarding the more complex and dynamic aspects of social problems, such as drug and alcohol misuse, domestic violence, mental illness, disability and young persons' challenging behaviour. Such measures might take the form of providing resources that facilitate the incorporation of research into practice in a user-friendly format and building in a learning/information-gathering aspect to routine work, such as the encouragement of workshops, journal clubs, regular in-service training and participation in research.

- Policies regarding the recording, management and sharing of information should be established to ensure accuracy and avoid an over-reliance on public redress bodies to enable service users to see what is written about them.

- Consideration should be given to the implications of categorising assessment or investigation outcomes as ‘inconclusive’, given the enduring and negative connotations of this term for service users whose involvement in alleged child abuse has never been proven, particularly when the allegation arises out of a malicious or erroneous claim.

- Where children are placed in out-of-home care, a protocol should be established whereby specific information about their rights and those of their caregivers is provided, as well as information about Court and legal processes. This may be best achieved through an advocacy service.

Recommendations for front-line practitioners

- Practitioners should demonstrate sensitivity to the impact that involvement with the child protection service has on children and families, and endeavour to present the services in as positive and proactive a light as possible. Consideration should also be given to the impact on service users of being reported erroneously or maliciously, and the need for a conclusive resolution to the investigation.

- Practitioners should be cognisant of the importance of the relationship formed between themselves and service users, and its implications for an effective outcome. Respect for service users should be demonstrated by timely responses to requests for services, including returning phone calls promptly and keeping punctually to arrangements.

- Practitioners should endeavour to keep abreast of current knowledge about specific topics and apply it to their practice where relevant, for example, the impact of different types of drug use on parenting, the dynamics involved in domestic violence and sexual abuse, and evidence about the most effective interventions in different situations.

- Regular communication of information should underpin efforts to facilitate service user participation and involvement. Practitioners need to be sensitive to the difficulties experienced by service users in retaining information when they are under stress and the need to continually clarify aspects of their work and check the service users’ understanding of it. Where it is considered desirable to speak to or work with children or young people without their caregivers being present, the process should be carefully negotiated with all parties. Particular efforts need to be made to minimise the stress experienced by service users at child protection conferences.

- There is a need for sensitivity to the potential for discrimination against or assumptions about service users because of their gender.
Bibliography


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Appendix 1: Information Leaflets and Consent Forms

Information Leaflet for Parents/Families
This leaflet provides information on the evaluation and aims to answer any questions you may have.

The study is being carried out by researchers at the Children’s Research Centre, Trinity College Dublin. We are doing the study for the Office of the Minister for Children.

We have been asked to find out about the child protection services in Ireland from the point of view of children, young people and their families. We would like to know the answers to questions like: What did you think about the service you got? Did you feel you were listened to? Were you involved in decisions about your child’s safety and care? Did you know what was happening? Were you satisfied with the work of the social workers, Gardaí and other services involved? What could be done differently?

The information will be written up into a report to give to the Office of the Minister for Children (who is a member of the Government). The Minister may make changes for the better to the child protection services as a result of what young people and their parents/families tell the researchers. The information may also be presented at conferences or in reports for workers and for colleges. Real names or details that might identify you will not be used.

If you are happy to take part, you can either contact one of the researchers directly to set up an interview or ask the person who gave you this information sheet to contact the researchers for you. You will also need to sign a consent (permission) form.

We would also like to hear from children and young people who have been involved with the child protection services to find out about their views. If you think your child might like to meet with a researcher to do an interview (individual or with other young people), we can send you an information sheet to give them.

It is important for you to understand that you can decide not to answer any questions you don’t want to. You can also decide at any time to withdraw your consent to take part in the study and/or your consent for your child to take part.

If you would like more information, please contact someone from the research team and we will answer your questions.

Contact details for the research team:
Helen Buckley 01 8962065 hbuckley@tcd.ie
Clíona Murphy 01 896 3490 clmurph@tcd.ie

Thank you for taking the time to read this leaflet!
Information Leaflet for Young People

This leaflet provides information on the evaluation and aims to answer any questions you may have.

The study is being carried out by researchers at the Children’s Research Centre, Trinity College Dublin. We are doing the study for the Office of the Minister for Children (one of the parts of the Government that deals with children).

We have been asked to find out about the child protection services in Ireland from the point of view of children, young people and their families. Child protection services are where Gardaí and social workers prevent children from being harmed or put in any danger. We would like to know the answers to questions like: Did you know what was happening? Did people talk to you? Did you feel you were listened to? Did they do what you said? Were you happy with what everybody did? What could be done differently?

You can help by meeting with a researcher to talk on your own or with some other young people who have had social workers or Gardaí involved in making decisions about their safety and care.

The information will be written up into a report to give to the Office of the Minister for Children (who is a member of the Government). The Minister may make changes for the better to the child protection services as a result of what young people and their parents/families tell the researchers. The information may also be presented at conferences (a conference is like a big class or lecture) or in reports for workers and for colleges. Your name will not be written anywhere in these reports.

It is important for you to know that you can decide not to answer any questions you don’t want to. You can also decide at any time to change your mind about taking part.
Appendices

Consent Form for adults

I, ___________________________ (parent/family member name) agree to take part in the service users’ evaluation of the child protection services by meeting the researcher so they can interview me. The purpose of the evaluation has been explained to me and I understand the information contained in the information sheet.

(Where applicable) I also give my permission for:

My child to take part in an individual interview with the researcher

My child to take part in a group interview

Signed ______________________ (parent/carer name)       Date ______________

Consent Form for child/young person

I, ______________________ (child/young person name) agree to take part in the service users’ evaluation of the child protection services. The purpose of the study has been explained to me and I understand the information contained in the information sheet.

I agree to meet the researcher to do an interview

I agree to take part in a group interview

Signed ______________________ (child/young person name) Date __________
Appendix 2: Topic guides

The topic guide used with adults addressed the following areas:

- basic biographical information;
- knowledge of the services offered by the HSE;
- the response of the HSE to the referral made and initial contact;
- the congruence of understanding between the participant and the HSE regarding the presenting concern;
- the adherence of the staff involved to the principles of good practice outlined in Children First;
- the impact on the family of being assessed and investigated, and their involvement in case planning;
- the participant’s understanding of the expectations held of them by the HSE staff at each stage in the child protection process;
- the participant’s understanding and experience of the care system if relevant;
- where dissatisfied, the participant’s understanding of how to seek redress and/or make complaints, and their understanding of the process involved;
- the participant’s view of whether their needs were met and their overall satisfaction;
- the participant’s view on the inclusiveness of the process, especially with regard to fathers and children.

The topic guide used with young people covered the following areas:

- basic biographical information;
- prior knowledge of the child protection service and social workers;
- what it was like when the social worker first got in touch;
- understanding of concerns and purpose of contact with the social worker;
- whether the young person saw the social worker on their own and felt OK about speaking to them;
- clarity and sense of control over what was happening;
- perceptions of confidentiality and what that meant for them;
- understanding of terms used in child protection;
- participation in and experience of meetings;
- experience with Gardaí;
- accessibility and helpfulness of social workers;
- understanding of purpose and nature of interventions;
- experience of Court;
- experience of out-of-home care;
- knowledge about complaints procedures;
- overall satisfaction.
Appendix 3: Advisory Group

The research project was overseen by an advisory group, comprising professionals from relevant disciplines as well as the research team. The members of the group, other than the research team, were:

- Peter Kieran, Regional Director of Child Care Services, HSE South
- Deirdre McTeigue, Director, Irish Foster Care Association
- Anne Morrin, Principal Social Worker, HSE Dublin Mid-Leinster
- Trish O’Brien, Director, National Institute for Intellectual Disability, TCD
- Mary Tallon, Inspector, Health Information and Quality Authority
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