Review undertaken in respect of the death of Aoife, a young person in after care services.

August 2014

Executive Summary

Executive Summary

This was undertaken as a concise review. The methods used were interviews with social work staff and line managers, and a review of social work records. The review team acknowledges the grief and shock experienced by Aoife's family, as well as by all the professionals who worked with her, and extends its sympathy to all who knew her.

Background

Aoife, who has been described as a very caring, engaging and capable young woman; died by suicide shortly after her 19th birthday. At the time, she was receiving aftercare services from HSE Children and Family Services. As a young child, she had been referred to the local Social Work Department (SWD) because of concerns about parental neglect and erratic school attendance. Aoife's parents were separated; she lived with her mother and had regular contact with her father and with her grandmother. Aoife's mother, here called Rita, had been a problem drug user for a number of years and had also suffered very poor health. As her childhood progressed, Aoife became her mother's main carer. Her school attendance suffered as a result, and she did not receive appropriate parental supervision. Rita had resisted social work involvement apart from occasional practical assistance and the case was managed by the duty social work system; up the time Aoife was fifteen, 18 social workers and two social work students had been involved with the family. The SWD considered placing Aoife in care when she was in her early teens, but a relative moved into the family home and took over most of the responsibilities previously carried by Aoife.

Rita died when Aoife was 15, at which point she was received into the voluntary care of the HSE, with her father's consent. She remained living with her relative, with whom she had a close relationship, in a supported lodgings arrangement. She was allocated a social worker when she entered care, and though there were still changes of staff, she received an attentive service from that point onwards. Aoife's behaviour had been troubled during her earlier teenage years with mood swings and unpredictability, but appeared to settle down when she was around 17; she passed her Leaving Cert and embarked on a Post Leaving Cert course. She was assigned an aftercare worker when she reached 18 and had frequent and supportive contact with her. Her relationship with her relative carer became volatile over the next few months for various reasons, and she moved out of home with the support of her aftercare worker. Tragically, she took her own life shortly after her 19th birthday.

Findings

The review found that while Aoife received a good service over the four years prior to her death, a combination of events prevented her from having her needs met as a younger child. Opportunities for early intervention were missed. The family's resistance to social work involvement together with the fact that no one practitioner carried responsibility for the case meant that her situation as a young carer of a chronically ill parent was not assessed and nor were concerns about neglect adequately addressed. The rapid turnover of social workers did little to alleviate the family's suspicion of and reluctance to engage with the services.

The review has concluded that no action or inaction on the part of the HSE Children and Family Services contributed to Aoife's death. Once she entered the care system, she received a consistent social work service and there is evidence that reviews of her situation were regularly conducted. There were still changes of worker, but contact was maintained regularly. Aoife's needs were fully assessed by her aftercare worker, who exhibited a lot of concern for her in the days prior to her death and made sure she was in contact with appropriate services.

The review also notes the high level of commitment shown to her by her relative carer.

Key Learning from this review

- Aoife was the youngest in her family and became a young carer to her mother who suffered from poor health. Research has found that young carers can experience positive impacts such as earlier maturity, life skills and a close and loving relationship with their parents. However they can also experience stress, depression, restricted social and educational opportunities and impaired psycho-social development which affects their transition into adulthood (Deardon & Becker, 2000; Gilligan and Halpenny, 2004)[1]. Research on the perspectives of young carers was conducted by Thomas et al (2003)[2] and found that even though some of them were emotionally needy, they had no desire to be rescued from their caring roles. What these findings indicate is, essentially, that a number of complex factors

[1] Deardon, C & Becker, S. (2000) Young Carers: Needs, Rights and Assessments n J. Horwath (Ed) *The Child's World: Assessing Children in Need,* London: Jessica Kingsley; Halpenny, A.M Gilligan and Gilligan, R.. (2004) *Caring Before TheirTime? Rsearch and Policy Perspectives on Young Carers.* TCD, Children's Research Centre, https://www.tcd.ie/childrensresearchcentre/assets/pdf/Publications/caring_before_their_time.pdf

[2] Thomas, N., Stainton, T., Jackson, S., Cheung, W., Doubtfire, S and Webb, A. (2003) 'Your friends don't understand': Invisibility and unmet need in the lives of 'young carers'. *Child and Family Social Work,* pp. 35-46.

may combine to determine the ultimate impact of being a young carer. Thomas et al. recommend that social workers should weigh up the risks of intervention and non-intervention in such cases and should take a lead in the planning and provision of services for young carers and their families. The point here is that Aoife was never assessed in her role as a young carer, and consequently its impact on her could not be appropriately addressed.

- There is a large body of research on the impact on children of parental drug use as well as parental illness. It shows that children whose parents misuse drugs are at higher risk of a range of negative outcomes in all areas of health, safety and emotional and social development. Families where one or more parents abuse drugs are less cohesive, with higher levels of unresolved conflict and arguing. Cleaver et al (2011)[3] detail these impacts but also make the critical point that while a single issue may not detrimentally affect parenting capacity, the 'multiplicative' impact of combinations of factors may increase the risk of harm to children. To reiterate an earlier point, the impact on Aoife and her siblings of Rita's drug using behaviour and the added complication of her ill health was not specifically assessed. Opportunities for early intervention when she was a young child and later in her early teens were therefore missed.
- There is an emerging body of research on the effect of cumulative harm on children. The comment made when Aoife was young by the Vincent de Paul representative that '"While the family will always be chaotic, they are getting by" was quite telling, and was indicative of cumulative harm. Robyn Miller[4], the Principal Social Work Practitioner in the Department of Human Services in Queensland has defined cumulative harm as 'patterns of circumstances and events in a child's life which diminish a child's sense of safety, stability and wellbeing. She describes how the unremitting daily impact of 'layers of neglect' can be profound and exponential, covering multiple dimensions of the child's life. She recommends that workers should assess each notification as bringing new information, which needs to be carefully integrated into the history contained in previous reports. This case was held on duty for six years. While each concern received a response, there is no evidence that the cumulative

[3] Cleaver, H., Unell, I. and Aldgate, J. (2011) *Children's Needs – Parenting Capacity.* 2nd Edition, London: The Stationery Office.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf
[4] Miller, R. (2007) *Cumulative harm: a conceptual overview.* Best interests series: Every Child Every Chance, Department of Human Services, Melbourne, Victoria, Australia
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182095/DFE-00108-2011-Childrens_Needs_Parenting_Capacity.pdf

impact on Aoife of living with an ill and drug using parent, being a young carer and in her case, missing a great deal of school, was subject to an overview and a plan of action until her mother became extremely ill and died. The point here is that repeated referrals which appear to fall below the threshold for a child protection response need to be recognised as symptomatic of cumulative harm even if the family appears to 'get by'.

- There is evidence that this family, while not outwardly hostile, were resistant to social work intervention and hard to engage for many years. The resistance was manifested mainly in their unavailability to social workers calling. Research by Tuck (2013)[5] suggests that social workers, out of a concern to avoid labelling families and anxious to use a strengths approach sometimes fail to make a realistic view about parental deficits and can be misled by occasional episodes of disguised compliance on the part of parents. Tuck goes on to point out that family non engagement must be recognised as a significant obstacle to assessment and planning, and that practitioners should prepare for resistance by fully familiarising themselves with case histories, reflecting on the situation from the child's perspective, and examining parental motivation for avoidance. In this case, Rita was motivated by fear that she would lose her carer and Aoife had colluded with her. Motivational interviewing using the Wheel of Change (Buckley et al, 2006; Morrison 2009)[6] can be a useful strategy in a case like this. The HSE Child Protection & Welfare Handbook also provides useful guidance on dealing uncooperative behaviours. It is notable that the two social work students who were allocated the case appeared, from the record, to have a lot of contact with Aoife and Rita in the limited time they had available.

- Aoife was one of a number of young people who tragically took their own lives in recent years. Suicide prevention programmes are now provided to all HSE and Child & Family Agency staff, and can be availed of by everyone. In response to earlier National Review Panel reports, the CFA has now committed to paying particular attention to this area. Practitioners in this case, reflecting on what happened, suggested to the review team that as well as trying to prevent what is normally considered to be risk behaviour, i.e. alcohol and drugs, practitioners working with young people should also sit down with them and go

---

[5] Tuck, V. (2013) 'Resistant Parents and Child Protection: Knowledge Base, Pointers for Practice and Implications for Policy. *Child Abuse Review,* 22: pps 5 – 19.

[6] Buckley, H. , Horwath, J. & Whelan, S. (2006), *Framework for the Assessment of Vulnerable Children and their Families,* Children's Research Centre, Trinity College; Morrison T. 2009. Assessing parental motivation for change. In *The Child's World: The Comprehensive Guide to Assessing Children in Need* (2nd Edition), Horwath J (ed.). Jessica Kingsley: London.

through very basic facts, such as who their supports are, who they could contact if upset, and how they manage if they are lonely.

Recommendations

- The Child and Family Agency should implement one standard assessment framework that is sufficiently comprehensive to encompass the child's unique circumstances and do this in conjunction with primary care professionals and be reviewed regularly to ensure compliance with an agreed plan.
- In revising the Child Protection and Welfare Practice Handbook (HSE 2011) the Child and Family Agency might usefully incorporate guidance to the effect that repeated referrals that fall below the threshold for a child protection response need to be recognised as symptomatic of cumulative harm.

Dr. Helen Buckley
Chair, National Review Panel
21st August 2014