



*Painéal Náisiúnta Athbheithnithe*  
**NATIONAL REVIEW PANEL**

**Review undertaken of a death of a young person known to the child  
protection system: Frank**

**Executive Summary**

**July 2017**

## **Introduction**

The young person who is the subject of this review, here called, Frank, died by suicide when he was 17 years old. Frank was first referred to the Tusla SWD in his area when he was 16, and again seven months later. Both referrals concerned Frank's antisocial behaviour when intoxicated. He drank beer and spirits to excess and when drunk, his personality changed from that of a quiet young man who was presented well and was regarded as bright and intelligent, to being aggressive and uncontrollable. By 16, he had effectively dropped out of school and occasionally expressed suicidal ideation and low mood. He had also come to the attention of the Gardaí because of antisocial behaviour. Prior to and after his referral to the SWD, he was engaged with a range of services including JLO, youth diversion, home school liaison service and a local mental health service. Frank's parents both had histories of substance abuse in the past.

## **Services provided to Frank and his family**

Following the second referral made about Frank, a duty social worker undertook an initial assessment which involved interviews with a range of professionals and family members including Frank himself. He appeared to have some insight into what he needed to do, and initially agreed to take up the services offered to him. The case was classified as 'welfare'. Over the following months, a youth worker met with him regularly and Frank was offered appointments with the mental health service as he had expressed suicidal ideation. Frank's mother, who was very committed to his wellbeing, found it difficult to set boundaries for him and keep him safe. The possibility of respite care was discussed, with a view to keeping him from drinking excessively at weekends; however, due to unavailability, the placement did not go ahead. A number of professionals were involved with the family and a child welfare meeting was held, attended by a number of professionals as well as his mother. The meeting acknowledged that his education, alcohol misuse and mental health needed attention and that the family had wider welfare issues. A plan was developed and a project worker was allocated to Frank. In the meantime, Frank and his family decided that he should move to live with a relative some distance away. Initial reports indicated that he was doing well in this setting, but tragically he took his life some months later and his post mortem revealed toxic levels of alcohol in his blood. The project worker who had been allocated to Frank had not been able to meet him prior to his move to his relative's home.

## Findings

The review found that the response to reports about Frank were appropriate, has not identified any gaps in either the timing or availability of services at that time. It also found good levels of interagency cooperation in the provision of services. However, it has questioned the designation of 'welfare' in a case such as this and raises the question of how serious a child's situation must be before it is classified as 'child protection'. In this case, a 16 – 17 year old young person was drinking very problematically and using cannabis, and his mental health was affected by these activities. He had talked about taking his own life and his absence from school was a compounding negative factor. The review also found that the capacity of Frank's mother, who was his main carer and a recovering addict, to protect him was assumed rather than ascertained.

The classification of 'welfare', which suggests a relatively low risk, did not negatively impact on the family support plan but as the section on key learning will elaborate, it can have implications for the way a case is managed.

## Key Learning

This case provides an example of the risks posed to young people by excessive alcohol consumption and binge drinking. Young people who grow up in households where parents drink heavily learn from an early age to associate alcohol with socialising and are at risk of developing addictions (Hope 2011)<sup>1</sup>. Alcohol Action Ireland<sup>2</sup> provides statistical evidence of the increase in chronic diseases and alcoholic liver disease in younger age groups as a result of excessive drinking. Evidence is also provided of the impact of alcohol on the developing adolescent brain, where it can damage the area responsible for logic, reasoning, self-regulation and judgement as well as learning and memory. It is also noted that early alcohol use is associated with smoking and use of illegal drugs, risk taking behaviour, unsafe sex and suicide as well as undermining the development of coping strategies. Drinking heavily in mid-teens is a strong predictor of addiction problems later in life. All of this evidence indicates that problem drinking in a young person needs to be taken very seriously and considered as a significant risk factor.

This review raises a question about the implications of classifying a case as 'welfare'. It is not suggested that the interventions planned at the child welfare meeting would have been different or

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<sup>1</sup> [http://www.drugsandalcohol.ie/16250/1/NWAF\\_Realities\\_Report.pdf](http://www.drugsandalcohol.ie/16250/1/NWAF_Realities_Report.pdf)

<sup>2</sup> <http://alcoholireland.ie/policy/alcohol-children-and-young-people-do-we-need-be-concerned/>

more appropriate if the case had been classified differently. However, at the point where Frank moved to live with his relative, he would probably have been subject to more active follow up had the case been considered 'child protection' which would not have been inappropriate in light of the numerous risks that had been identified in his case.

**Dr. Helen Buckley**  
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