Painéal Náisiúnta Athbhreithnithe
NATIONAL REVIEW PANEL

Review undertaken in respect of a death of a young person who was in the care of the Child and Family Agency

Karl

Executive Summary

August 2017

Introduction and background

This review concerns a young person here called Karl who took his own life at fifteen years of age. Karl liked farming and was described as active and busy when younger, but as he progressed through school, his behaviour became challenging. He was diagnosed with a learning difficulty and developmental disorder, which affected his coordination, his concentration and his emotional and social responses and inevitably, his educational progress. His parents, who were caring but had problems of their own, separated when Karl was young. He lived mainly with his mother but in his teenage years he frequently stayed with his father, who had always been involved in his parenting. As he entered his teens, Karl's behaviour was at times beyond his parents' control and he came to Garda attention on several occasions because of drinking and absconding from home. He also missed a lot of school.

Karl received services from the HSE/Tusla social work department (SWD), child and adolescent mental health services, the National Educational Psychology Service, the National Educational Welfare Board and Youthreach. His schools were also very supportive of him. Three social workers in total were involved with him, and a number of family welfare conferences were held to try and plan for his safety and welfare. Alternative care was briefly considered but his family rejected it in favour of community based services. Karl showed limited interest in the services offered. His family, while committed to his welfare, were not always easy to contact which meant that services sometimes found them difficult to engage.

Review findings

The review concluded that Karl's death was unexpected and did not identify any connection between the quality of service offered to the family and the tragedy that ensued. It also found that Karl faced a number of challenges given his special needs and problems in his family which contributed to his vulnerability and noted his reluctance to engage with the services offered to him particularly by the SWD and Youthreach.

Although the SWD responded quickly to reported concerns about Karl and a lot of information about his situation was known, a more comprehensive assessment of his needs and his parents' capacity to meet them could have been conducted by the SWD. In particular, more consideration could have been given to his special needs. This may have helped the SWD to address his problems more effectively as time progressed.

The review noted the limited nature of engagement between Karl, his family and the SWD, which prevented the development of a trusting and helpful relationship. The lack of contact stemmed from a combination of factors, including the high caseloads in the SWD and the unavailability of family members when attempts were made to contact them. A complaint made by Karl's mother to the SWD did not receive an adequate response.

The SWD missed opportunities to regularly review the outcome of decisions made, partly affected at one stage by the absence of a social work team leader. The review found that overoptimistic views were taken at family welfare conferences of the family's capacity and willingness to fulfil certain undertakings. It is not at all certain that a decision to place Karl in care would have resulted in a positive outcome but more detailed consideration could have been given to this option at an earlier point despite his family's reluctance to agree to it.

Key Learning Points

This report has attempted to reflect on the challenges faced by Karl, his family and the professionals who worked with them and has identified areas where lessons can be learnt. It has highlighted the importance of assessment, of engaging with young people and their families, the need for practitioners to get a 'sense' of a child or young person, the need to discern when compliance by parents is of a superficial nature, and the significance of parental alcohol misuse. It has elaborated on these factors as follows:

- The importance of adequate assessment is highlighted in research and in inquiries into child deaths (Broadhurst et al, 2010; Bunting and Reid 2005)[1]. Best practice demands the collection and analysis of information from a variety of sources and the recognition of the dynamic nature of young people's lives. In addition, it should consider any special needs such as dyslexia or a sensory disorder and take account of multiple adverse factors such as domestic violence and substance abuse that can impact on parenting capacity and negatively affect child development (Cleaver *et al*, 2011)[2]. Professionals need to apply

[1] Broadhurst, K., White, S., Sheila Fish, Munro, E., Fletcher, K. & Lincoln, H. (2010) *Ten pitfalls and how to avoid them - What research tells us* https://www.nspcc.org.uk/globalassets/documents/research-reports/10-pitfalls-initial-assessments-report.pdf
Bunting, L. & Reid, C. (2005) 'Reviewing Child Deaths – Learning from the American Experience' *Child Abuse Review* Volume 14, Issue 2, March/April, p.82–96.

[2] Cleaver, H., Unell, I. & Aldgate, J. (2011) *Children's needs – Parenting Capacity. The impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development*. London: The Stationery Office.

evidence informed practice that is relevant to the families that they are working with in order to ensure that their assessment is comprehensive

- Despite many attempts, Karl was reluctant to engage with the SWD and other services. In the later stages of the case, his behaviour appeared to deteriorate again and his parents were unable to exert the authoritative parenting that he required. Research has shown that social work services can fail to fully recognise the child protection *a*nd welfare needs of teenagers particularly when there is lack of engagement or through an optimistic view of their resilience. Research has highlighted the vulnerability of adolescents and the danger of making assumptions that young males in particular require less protection than younger children
- The designation of 'welfare' to the case implied that Karl was not at ongoing risk of significant harm (see HSE Child Protection and Welfare Practice Handbook (2011), para 3.1.4) when in fact he was a young person who, at 12 was violent and unable to control his temper and at 14 was absconding from home with whereabouts unknown and using alcohol and drugs. He was considered by his social worker as at risk in the community. It was evident that his parents were concerned about him, but also evident that neither of them was able to meet his very complex needs. As he was not considered at risk directly from his parents, he did not meet the criteria for child protection intervention. His status as 'welfare' was not altered even when the risks to which he was subject became very apparent, and his family support plan was maintained even when it later proved to be ineffective. As the recommendation below will endorse, the NRP have concerns about children in such circumstances who fall between categories. Their vulnerability is considerably greater than that implied by classifying cases as 'welfare' but their circumstances do not qualify for the robustness of a child protection response (child protection conferences and reviews, clarity of responsibility between professionals, accountability expected of parents).
- The HSE Child Protection and Welfare Practice Handbook (2011)[3] points out that practitioners must, as far as possible, try to get a 'sense' of the child. This can be difficult when young people are reluctant to engage and may result in them being resistant to services. The literature highlights the importance of workers taking the time to build trust and enable young people to become more involved at every stage of the process. Strengths focused and motivational interviewing may also be helpful. Research indicates that the

[3] HSE (2011) *Child Protection and Welfare Handbook*

current child protection discourse often poses obstacles to the development of constructive relationships and cautions social workers not to lose sight of their fundamental importance[45]

- Disguised compliance is often recognised in child protection work; this is where it appears that families are engaged with services but on closer examination are not always open and communicative with them. It is recommended that practitioners make efforts to understand why more openness is not forthcoming, and try to ensure that child protection concerns and any associated risks are clearly explained to parents, as well as the implications for the young person concerned if change cannot be achieved. It can often be helpful to explain concerns in writing
- The likelihood of change in certain behaviours such as alcohol use is very dependent on the motivation of service users. It can take time to assist parents to understand that a positive change in their child's behaviour can depend on a modification to parental behaviour. If parental motivation is absent or low, interventions need to be revised accordingly. The model of change outlined by Horwath and Morrison (2000)[5] provides a useful guide to practice in this area.

Recommendation

It is recommended that Tusla develop a protocol for cases where children are at ongoing risk of significant harm from their own behaviour. Such a protocol should provide for a robust response, including an interagency forum to develop a safety plan which will be regularly reviewed and updated and clarify inter-professional and interagency responsibilities.

Dr. Helen Buckley

Chair, National Review Panel

[4] Robb. L. (2014) *Resistance, a complex challenge for practice*, WithScotland.org

[5] Forrester, D., Westlake, D. & Glynn, G. (2012) Parental resistance and social worker skills: towards a theory of motivational social work. *Child and Family Social Work*. 17: 118-129.

[5] Horwath, J. & Morrison, M. (2000) 'Assessment of Parental Motivation to Change.' In J. Horwath (ed) *The Child's World: Assessing Children in Need and Their Families,* pp.77-90. London: Department of Health, NSPCC›'í5'^Ñ|óA~ë ð-5ì –åv‹ûJáÏ™