NATIONAL REVIEW PANEL REPORTS PUBLISHED MARCH 2015: THEMATIC OVERVIEW

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DEATHS BY YEAR

Year	Male	Female	Total
2010	15	7	22
2011	11	4	15
2012	11	12	23
2013	6	11	17
2014	18	8	26
Total	61	42	103

CAUSES OF DEATH 2014

Cause	2010	2011	2012	2013	2014	Total	%age
Natural Cause	6	8	7	7	8	36	34.95%
Suicide	4	3	9	4	8	28	27.18%
RTA	4	1	2	0	5	12	11.65%
Other accident	2	1	4	1	1	9	8.74%
Drug overdose	4	2	0	1	1	8	7.77%
Homicide	2	0	1	0	2	5	4.85%
Unknown	0	0	0	4	1	5	4.85%
Total	22	15	23	17	26	103	

UNKNOWN CAUSES

- PM reports not always available
- Inquests may be postponed for a number of reasons
- Indications are that the causes in these cases are related to drug use or sudden unexplained deaths in infancy

CARE STATUS

Year	In care at time of death	In aftercare at time of death	Knownto child protection services	Total
2010	2	4	16	22
2011	2	2	11	15
2012	3	2	18	23
2013	3	1	13	17
2014	3	4	19	26
Total	13	13	77	103

CAUSE OF DEATH OF CHILDREN /YOUNG PEOPLE IN CARE

Year	Natural	Homicide	Suicide	Drug overdose	Total
2010	1	1	0	0	2
2011	2	0	0	0	2
2012	2	0	1	0	3
2013	2	0	0	1	3
2014	0	0	3	0	3
Total	7	1	4	1	13

PROFILE OF CASES

child	age	Cause of death	Primary concern	allocation	Special issues
Cal	3	accident	neglect	Allocated to social worker and PHN	Parents very resistant
Christy	17	accident	neglect	2 allocated workers , closed in-between.	Singular focus on school
Lucy	9 mths	Unknown presumed SUDI	neglect	Managed mainly by family support service	Intellectual disability required more consideration
Donal	17	accident	Behaviour / conduct disorder	Numerous duty social workers and 4 allocated social workers	Inappropriate mental health provision

PROFILE OF CASES

Name	Age	Cause	Primary concern	Allocation	Special issues
Zoe	18	suicide	Neglect and risky behaviour	8 social workers over 10 years. Closed.	Young carer, inappropriate placement
Karen	14	suicide	behaviour	4 social workers in five months, mainly duty team	Lack of child focus, numerous social workers
Aoife	19	suicide	neglect	18 social workers over 10 years	Young carer, numerous social workers
Jennifer	17	suicide	Parental conflict, mental health	Open and closed over the years but allocated 1 worker for over a year prior to her	Difficult to access mental health, un-resolved child sexual abuse

CONTEXTS & MAIN THEMES

- Majority of primary concerns were neglect and its consequences,
- Parental alcohol, drug use and domestic violence in just over half of the cases, but other issues as well, i.e. children as carers, parent child conflict, parental intellectual disability and parental mental health or personality disorder, young person's challenging behaviour
- Strong theme of difficult access to appropriate psychology and mental health services for suicidal young people
- Child welfare designation had serious implications including precluding child protection conference
- Information held by some services not shared

ALLOCATION AND WAITING LISTS

- Allocation of cases was a problem. Some held on duty because of local area pressures, some left unallocated for periods when workers left.
- Large numbers of social workers involved, one child had 18 social workers in 10 years, another had 8 over 10 years, another had 4 in 5 months
- Very good support for young parents
- Good aftercare where relevant
- Case closure held up in two instances with negative consequences

RELATIONSHIP WITH WORKERS

- Some very good examples of where parents were reluctant to engage but workers persisted and were firm but warm in their dealings and managed frequent and effective contact
- Some very good examples of positive relationships between social workers and young people, particularly in some difficult aftercare situations
- Some families found it more difficult to engage because of the number of changes of worker and were angry about this
- In some cases, the child who died had not been the focus of any attention but had been in the background
- Families did not always feel their concerns were heard; in two cases families predicted the outcome but felt they could get nobody to respond to them. In one case a mother phoned or visited the SWD 10 times seeking help before the case was allocated.

DESIGNATION OF 'WELFARE'

- Designation of 'child welfare' seemed misplaced in some cases where children were at risk
- It also seemed to determine how the case was managed
- In one case, a family support service had to make many requests for a case to be allocated as serious risks were emerging
- This is likely to have even more serious consequences within the new reforms and signals the need for flexibility about mutual referrals and potential reclassification

ASSESSMENT

- Initial assessment using standard form tended to be superficial and gave very limited picture or sense of how work should progress
- Some assessments overlooked important points, such as the parent's learning disability or alcohol use and their impacts, or change in family circumstances, sometimes excluded non resident fathers, lacking an ecological approach at times
- Child focus usually good but some exceptions where social worker did not see child or young person on their own
- Assessments not always revised when pertinent to do so

RISK ASSESSMENT

- Risk not always recognised – sometimes because full information not shared but other times because it was not considered as a possibility
- Sometimes focus can be on parent's capacity to perform parenting tasks rather than on concerning aspects of parental behaviour
- Should always consider risk to the child as an integrated part of assessment

QUALITY OF PRACTICE

- In a small number of cases, plans proceeded even when progress was not observable
- Most children and young people were offered a lot of support services and in some cases an impressive degree of flexibility was shown by health services
- PHN service very significant where relevant,

INTERAGENCY WORKING

- Still a large degree of separation between adult and child services with adult mental health remaining very adult focused

- Lack of motivation or interest in coordinating work, not reflective of holistic approach proposed in Children First

MENTAL HEALTH SERVICES

- Community psychology provides very good service but is not a substitute for a multi disciplinary mental health service
- Long, up to two years, waiting lists for psychology, with time limited treatment
- CAMHS remit is confined to serious mental illness which is not always manifest with suicidal young people
- Referral pathways to CAMHS not always mutually agreed
- Crisis services not available at short notice

KEY LEARNING POINTS

- The importance of knowing the right type of assessment that is required
- Understanding the impact of issues such as learning disability, being a young carer,
- Need to re-visit plans and decisions if no progress is being made
- Understanding the impact on families of dealing with multiple workers
- Recognise the implications of classifying cases as child welfare rather than child protection