Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

REVIEW OF ADEQUACY
FOR HSE CHILDREN AND FAMILY SERVICES
2011

TABLE OF CONTENTS

FOREWORD

Section 8 of the Child Care Act, 1991 sets out the requirement to review the adequacy of statutory child care and family support services. This is an important process as it provides an annual opportunity for the public to get an understanding of the wide range of services that are provided and also, most importantly, to question the quality and effectiveness of these services.

Various National Reports (Ryan, Commission, Review of Children First 2008, Ombudsman for Children Report 2010, HSE Report on Children and Family Services 2010) have highlighted the urgent need for review of the management and business of child and family services. Given the scale of this programme of work and the impact on existing services the transformation of child and family services has required considerable time, effort, perseverance and collaboration

On January 10th 2011, at the direct request of government, the HSE appointed Ireland's first National Director for Children & Family Services. In 2011, I assumed full accountability for all aspects of children and family services.

2011 also saw the introduction of a number of significant changes in respect of children and family services in Ireland. Key milestones included the appointment of a Minister for Children and Youth affairs with full status at Cabinet, together with the establishment of a new Department of Children and Youth Affairs. There now falls under the Department's remit a range of agencies including both the HSE Children and Family Services; the Irish Youth Justice Service; the Family Support Agency and the National Education and Welfare Board.

The Minister for Children & Youth Affairs established a Task Force in September to advise her Department in regard to the necessary transition programme to establish a Child & Family Support Agency.

The key priority has been on the improvement and development of services and to oversee the establishment of a Reform Programme for Children and Family Services focused on the full integration of children's policies and services under the Department of Children and Youth Affairs followed in due course by the establishment of a new standalone Child and Family Support Agency.

This Reform Programme contains a number of critical elements:-

The establishment of the new Agency;

The transition of existing HSE and FSA services into the new Agency;

The implementation of the HSE Child and Family Change Programme incorporating seven strands of activity vis:

-To drive a coherent approach to quality and risk, with clear lines of accountability that will enable the necessary focus to ensure and provide assurance that quality and standards are integral to all elements of service delivery.

-To put in place a resource allocation methodology within Children and Family Services that uses objective measures such as demographics, deprivation, socio-economic measures etc so that resources are wisely used and ensures greater equity and efficiency in the allocation process.

-To set out a clear service delivery model(s) and supporting frameworks/policies/procedures to enable practitioners to provide services in a consistent way across the various levels of need.

-To ensure staff within Child and Family Services develop their clinical, interdisciplinary and where appropriate management skills to ensure the highest professional standards and provision of high quality services.

-To strengthen Child and Family Services by developing/enhancing services in line with key recommendations from National Review reports e.g. Ryan Commission, Ferns and other serious

incident reports e.g. Roscommon etc.
-To put in place appropriate governance and partnership arrangements to reflect the complexity of overlapping responsibilities, both internally and externally, to ensure that children are at the centre of overall service delivery.
-To develop an agenda around the 'Voice of the Child' in conjunction with key stakeholders.
There will be consideration of further rationalisation of services under the new agency

The wider HSE reform programme is a critical backdrop to these developments. Regardless of the final formulation of structural arrangements for the HSE, the development of new Agency will require the consideration of measures to integrate care pathways for children and their families; and support inter and intra professional practice development in respect of existing Children & Family Services, Mental Health & Disability Services, Primary Care and Public Health.

The Reform Programme has agreed 5 key outcomes:
To protect and safeguard children by promoting whole child, whole system approach to meeting their needs;
To support children to make good, well informed decisions about their health;
To set high achievement standards for all;
To promote a recognition of the role and contribution of children in the community;
To work with others to protect children from poverty and equip them for life as economically independent adults.

Considerable progress was made during 2011 in implementing the Reform Programme. In particular I would like to highlight the re-editing and reissuing of *Children First: National Guidance for the Protection and Welfare of Children* (2011) following detailed discussions with trade unions and the voluntary and community sector to ensure full support and consistent application. In order to further strengthen our capacity to safeguard the commissioning, production and publication of a child protection handbook entitled *Child Protection and Welfare: Practice Handbook* reinforced consistency, summarising key learning from internal inquiries and international best practice to inform the actions and practice of front line practitioners.

In regard to the reorganisation and improvement of our capacity to deliver consistent and safe services, standard procedures for referral and assessment of cases were implemented in all 32 HSE Local Health Offices/17 HSE Areas during 2011.
In addition, the recruitment, selection and appointment of Regional Directors and Area Managers for Children and Family Services has led to the establishment of a direct line of professional accountability from national director to regional directors to area mangers in each of the 17 HSE Areas.

Reform will provide challenges for us all, both internally and for partners in community and voluntary agencies. Review and analysis of practice is a contentious activity. We all want to live in a society in which children are safe and secure and are supported to develop to their full potential. To achieve this all sectors must work in partnership, statutory, community and voluntary, and be prepared to make the sometimes difficult decisions which are required when the needs of children are the priority.

I would like to express my appreciation for the effort and motivation which staff have demonstrated in facing the challenges of this process of change. My appreciation also extends to partners in the community and voluntary sectors who have cooperated with and supported this major initiative.

Gordon Jeyes
National Director

EXECUTIVE SUMMARY

Section 8 of the *Child Care Act, 1991* states that the Health Service Executive (HSE) should prepare an annual report on the adequacy of child care and family support services, making this available to the Minister and other stakeholder bodies. The determination of adequacy is an ongoing process of review and reflection in order to improve the planning, development and delivery of effective services.

Chapter 3 of this Review describes the organisational changes that have occurred to HSE Children and Family Services since the inception of the HSE in 2005. The legacy structure from the previous Health Boards meant that there were weak national governance structures with the absence of a 'clear line of sight' from senior management to front-line delivery, a tendency for child protection and welfare services to be overshadowed by larger medically-dominated departments within the HSE, and lack of standardisation in business processes. In 2011 Children and Family Services became a separate Directorate within the HSE and the Programme for Government (Government of Ireland, 2011) that resulted from the General Election in February 2011 put in place plans to separate out much of the Directorate's functions and resources in the future into a new Child and Family Support Agency.

These structural changes are taking place against a backdrop of financial constraint. Children and Family Services have had to undertake cost containment measures in the context of a root and branch review of service provision, in order to ensure better value for money from resources.

Over the past few years in Ireland there has been increasing awareness of deficits in the care being provided to vulnerable children and their families by the State. This has been highlighted in a number of critical reports. A key focus for HSE Children and Family Services in 2011 was to consolidate responses to these reviews into a single coherent Change Programme containing eight Themes:

- **The New Agency:** In March 2011 it was announced in the Programme for Government that a new Child and Family Support Agency would be set up and that the current Child Welfare and Protection Services in the HSE would transfer to the new Agency.
- **Policy/procedures/practice:** To set out a clear service delivery model(s) and supporting frameworks/policies/procedures to enable practitioners to provide services in a consistent way across the various levels of need.
- **Service enhancement:** Strengthen Children and Family Services by developing/enhancing services in line with key recommendations from National Review reports e.g. Ryan (Commission of the Inquiry into Child Abuse, 2009), Ferns (Murphy *et al.,* 2005) and other serious incident reports such as Roscommon (Roscommon Child Care Inquiry Team, 2010).
- **Resource allocation:** To put in place a resource allocation methodology within Children and Family Services that uses objective measures such as demographics, deprivation, socio-economic measures etc. so that resources are wisely used and ensures greater equity and efficiency in the allocation process.
- **Quality and performance management:** To drive a coherent approach to quality and risk, with clear lines of accountability that will enable the necessary focus to ensure and provide assurance that quality and standards are integral to all elements of service delivery.
- **Workforce development:** Ensure staff within Children and Family Services develop their clinical, interdisciplinary and, where appropriate, management skills to ensure the highest professional standards and provision of high quality services.
- **Governance/partnership:** Put in place appropriate governance and partnership arrangements to reflect the complexity of overlapping responsibilities, both internally and externally, to ensure

that children are at the centre of overall service delivery.

- **Cultural context:** Develop an agenda around the 'Voice of the Child' in conjunction with key stakeholders.

Given the scale of the Change Programme and impact on existing services, this transformation is expected to take considerable time, effort, perseverance and collaboration, continuing for the next few years. Chapters 15 describes progress against the Change Programme in 2012. Significant progress was made but much remains to be done.

Chapters 5-12 provide data on key activities for Children and Family Services in 2011. During 2011 there was rising pressure on services, with an increase in the number of child protection reports and in the number of children in care. Children and Family Services tend to experience an increase in demand during economic slowdowns and this, coupled with a projected rising 0-17 population, contributes to an environment in which the pressure is likely to continue in the future. Part of the emphasis within the Change Programme is to refocus services through the planned Service Delivery Framework to increase collaborative interagency early intervention and enable child protection and welfare services to focus more on children and families in greatest need of support.

There are nevertheless several positive messages: the proportion of children in care compared to 0—17 populations remains lower in Ireland than in comparative jurisdictions and the stability of placements for children in care is also better than comparators. The number of children admitted to care has fallen for three years in a row and targets for the proportion of children placed in foster care and relative care (rather than residential care) have been achieved. In addition, there has been a substantial rise over the last three years in the number of young people receiving aftercare support and out of hours provision has been improved.

There remain variations between individual Local Health Offices (LHOs) in the balance of child protection and welfare cases and the number of children in care. Variations in practice in the past has been part of the explanation for this, meaning that data showing these variations needs to be treated with caution. The development of national Standardised Business Processes and a Resource Allocation Model will enhance comparability in the future.

The 100% targets have not been achieved for key performance indicators on: allocated social workers for children in care (92.6%); written care plans for children in care (90.4%); statutory care plan reviews (73.3%); and approved foster carers who have an allocated social worker (88.3%). Again, financial constraints have made it difficult to have sufficient social workers in place to achieve the 100% target. This nevertheless remains a target for the future. It also must be accepted that the day-to-day exigencies of human resources dictate that there will always be less than 100% staffing levels due to staff turnover and absences.

The risks to the establishment of effective services for children and families include the hidden costs of disaggregating from a larger organisation, the increased demands as a consequence of population increase, more consistent application of Children First and, in due course, legislation. In addition, there is a need to address systemic overspends in Children and Family Services. Children and Family Services have experienced a rise in referrals received of more than 50% since 2006 (n=31,626/21,040) and an increase in children in care over the same period of 17.4% (n=6,160/5,247), while the 0-17 population has also grown in the same period by 10.5% (n=1,148,700/1,039,500) and the number of births by 14.1% (n=74,650/65,425). As for many other areas in the public sector at this time, the budget allocation does not reflect this increased demand and the reality is that resource base will be under significant pressure in the years to come.

1 INTRODUCTION

Section 8 of the *Child Care Act, 1991* states that the Health Service Executive (HSE) should prepare an annual report on the adequacy of child care and family support services, making this available to the Minister and other stakeholder bodies. Up until 2005, individual Health Boards produced their own local reviews of adequacy but since 2005, when the Boards were replaced by the national Health Service Executive, there has been a single annual document covering the whole of HSE Children and Family Services.
The determination of adequacy is an ongoing process of review and reflection in order to improve the planning, development and delivery of effective services. There is a range of methods by which this is achieved, such as:

- internal and external review of policies, services and processes;
- findings from inquiries;
- findings from inspections;
- research commissioned by HSE Children and Family Services;
- feedback from service users and stakeholders;
- academic research;
- comparability with international best practice.

The Review of Adequacy is not an end in itself nor a once-a-year process. It is critical to ensuring that HSE Children and Family Services is a 'learning organisation' underpinned by a robust evidence-base. The processes employed ensure that staff are involved in research, design and delivery, either through consultation on specific themes/topics or via involvement in task forces or working groups. Service user involvement in these processes, however, is less strong: while children and families are routinely involved in the creation of plans to meet their specific needs, improvements will need to be made in the future in engaging children and families to influence the design and implementation of services.

2 IMPACT OF FINANCIAL CONSTRAINTS

2.1 Financial Savings

Challenging service level targets were set for the HSE in 2011, notwithstanding the impact of the recruitment moratorium on the ability to maintain services. In order to do this in a sustainable way, there was a need to change, reconfigure and develop many services in order to meet best practice both nationally and internationally.

The *Public Service Agreement* (PSA) provided the framework for delivering significant change across the health and social services sector during the course of 2011. It provided a unique opportunity to further transform and modernise the health and social services by facilitating a reduction in staff numbers, increasing efficiency and productivity, reducing cost and improving quality.

The HSE targeted savings of €242m in pay and pay related headings in 2011. This included €90m as a result of the moratorium on recruitment which required a reduction in 1,530 WTEs during 2011, as well as €152m for exit schemes, based on an estimated 2,250 staff leaving. The opening employment ceiling for 2011 was 109,372 reducing to 104,810 by the end of 2011. Children and Family Services faced an overall budgetary reduction of 5%.

2.2 Review of Private Sector Costs

In 2011 HSE Children and Family Services undertook the first national review of private sector residential costs. There is significant expenditure on private residential provision for children in care. The review gathered information on the usage and cost of this provision and found substantial variations in price. As a result of this review, HSE Children and Family Services put in place processes to control and reduce placement costs.

A similar process of review of private sector providers of foster care services also commenced in 2011 to be completed in 2012.

HSE Children and Family Services intend to develop national standardised procurement processes in the future.

3 ORGANISATIONAL STRUCTURE IN 2011

Children and Family Services form a part of the national Health Service Executive (HSE) structure. Services aim to promote and protect the health and well-being of children and families, particularly for those children who are at risk of abuse and neglect. The HSE has a responsibility under the *Child Care Act, 1991* and other legislation to promote the welfare of children who are not receiving adequate care and protection. Child protection and welfare services are also provided in accordance with the *Children Act, 2001* and the *UN Convention on the Rights of the Child, 1989, ratified in 1992*.

HSE Children and Family Services provide a wide range of services including early years, family support, child protection, alternative care, services for homeless youth, search and reunion (post adoption) services, registration and inspection of children's residential centres in the voluntary sector and monitoring of children's residential centres in the voluntary and statutory sectors. These services are provided directly by the HSE, or indirectly on the HSE's behalf under Section 38 of the *Health Act, 2004*, or by agencies grant-aided to provide similar or ancillary services under Section 39 of the *Health Act, 2004*.

3.1 Developments in the Organisational Structure Since the General Election 2011

The Programme for Government (Government of Ireland, 2011) that resulted from the General Election in February 2011 set out fundamental changes to how children and family services will be delivered in order to develop a service that is fit for purpose and focussed on outcomes for children. This was to be achieved by:

- **The establishment of a Ministry and Department of Children and Youth Affairs.** The Department of Children and Youth Affairs (DCYA) was established in June 2011 following a Government decision to consolidate a range of functions which were previously responsibilities of the Minister for Health, the Minister for Education and Skills, the Minister for Justice and Law Reform and the Minister for Community, Rural and Gaeltacht Affairs. The Department brings together a number of areas of policy and provision for children and young people including the Office of the Minister for Children and Youth Affairs (OMCYA), the National Educational Welfare Board (NEWB), the Family Support Agency (FSA) and from January 2012 the detention schools operated by the Irish Youth Justice Service (IYJS), and the Adoption Authority of Ireland (an independent quasi-judicial authority appointed by the Government that regulates adoption in Ireland).
- **The establishment of a new Agency for Children Services and the transfer of responsibility for services delivered currently by the HSE.** The Programme for Government plans to have a new Children and Family Support Agency in place from January 2013, incorporating child protection and welfare services. Prior to this, in early 2011, the HSE had reconfigured Children's Services into a stand-alone Directorate with single line of accountability up to the National Director of Children and Family Services.
- **The delivery of a Change Programme to standardise and integrate services and re-focus on outcomes.** In early 2011 HSE Children and Family Services began the process of development of a major Change Programme in an internal document entitled From Vision into Practice. Given the scale of the Change Programme and impact on existing services, the transformation was expected to take considerable time, effort, perseverance and collaboration.

4 INDICATORS OF NEED

HSE Children and Family Services are in the process of developing a resource allocation model that will utilise objective measures of needs including demographics, deprivation, socio-economic measures and other factors. This chapter shows some information on indicators of need, pending completion of the resource allocation model.

4.1 Children's Population

The Central Statistics Office reported that the 0-17 population at the time of the Census in April 2011 was 1,148,687, a rise of 10.5% compared to Census 2006 (1,036,034) (CSO 2012a).

Data from the Census 2011 has been apportioned according to single year of age (CSO 2012a), with estimates also provided for previous years (CSO 2011a). The 0-4 age group has increased the most significantly (table 1) and is the largest of the four age groups shown, while the 15-17 age group declined until 2010 but has since increased.

Table 1: Population estimates x Age group (000s), April 2011

Year / Age Group	2006	2007	2008	2009	2010	2011	% Change since 2006
0-4	302.3	312.3	327.9	341.6	353.8	356.3	+17.9%
5-9	288.5	295.9	303.4	308.0	311.6	320.8	+11.2%
10-14	274.2	275.6	281.0	288.1	293.6	302.5	+10.3%
15-17[1]	174.5	171.6	170.3	167.2	164.0	169.1	-3.1%
Total	**1039.5**	**1055.4**	**1082.6**	**1104.9**	**1123.0**	**1148.7**	**+10.5%**

As Census 2011 provides data by single year of age, it is possible to project forward three years to 2014 by clustering the data into three-year age bands, with an assumption that there is no change from immigration/emigration, birth rates or infant mortality. In other words, in three years' time the Under 0-2 age group will become the 3-5 age group, the 3-5 will become the 6-8 and so on. As table 2 shows, because the age profile in 2011 was weighted towards younger age groups, the 0-2 population would have to decline by around 22% for the overall 0-17 population to be similar in 2014 to that of 2011. More likely scenarios show a rise of the 0-17 population of between 3% and 6%.

[11] Note that the CSO reported its estimates in five-year age bands: the estimated figure here for the 15-17 group derives from multiplying the CSOs 15-19 figures by three-fifths. This calculation produces a slightly higher figure for the 0-17 population in 2006 than reported census figures but is only marginally different. The 2011 figure is the actual figure for 15-17 year olds.

Table 2: Possible population projections for 0-17 age-group 2011-14

	2011	2014 -22% 0-2s	2014 -3% 0-2s	2014 Same for 0-2s	2014 +1% 0-2s	2014 +3% 0-2s	2014 +6% 0-2s
Under 0-2	217.6	169.7	211.1	217.6	219.8	224.1	230.7
3-5	203.6	217.6	217.6	217.6	217.6	217.6	217.6
6-8	193.2	203.6	203.6	203.6	203.6	203.6	203.6
9-11	184.9	193.2	193.2	193.2	193.2	193.2	193.2
12-14	180.2	184.9	184.9	184.9	184.9	184.9	184.9
15-17	169.1	180.2	180.2	180.2	180.2	180.2	180.2
Total	**1148.7**	**1149.3**	**1190.7**	**1197.2**	**1199.4**	**1203.7**	**1210.3**
Rise		0.1%	3.7%	4.2%	4.4%	4.8%	5.4%

The number of births in 2006 was 65,425 and in 2011 it was 74,650, an increase of 14.1%[2].

Data from Census 2011 is also available by LHO[3]. Table 3 shows the resultant populations, by Region and LHO.

Table 3: Population aged 0-17 (2011 Census) x Region and LHO

Region	0-17 population (2006 Census)	0-17 population (2011 Census)	% of 0-17 population in 2011
Dublin Mid-Leinster	290,493	324,955	28.3%
Dublin North East	225,749	258,569	22.5%
South	267,849	292,796	25.5%
West	251,943	272,367	23.7%
National	**1,036,034**	**1,148,687**	**100.0%**

LHO	0-17 population (2006 Census)	0-17 population (2011 Census)	% of 0-17 population in 2011
Carlow/Kilkenny	30,917	33,790	2.9%
Cavan/Monaghan	31,289	35,955	3.1%
Clare	28,565	30,666	2.7%
Donegal	40,288	43,732	3.8%
Dublin North Central	22,884	23,524	2.0%
Dublin North West	42,704	49,142	4.3%
Dublin South City	22,239	22,850	2.0%
Dublin South East	20,440	22,672	2.0%
Dublin South West	35,211	38,227	3.3%
Dublin West	34,408	39,029	3.4%
Dun Laoghaire	28,197	28,558	2.5%
Galway	55,306	61,194	5.3%
Kerry	33,036	34,940	3.0%
Kildare/West Wicklow	54,930	64,573	5.6%
Laois/Offaly	37,182	44,081	3.8%
Limerick	35,806	36,813	3.2%

[2] www.cso.ie/en/statistics/birthsdeathsandmarriages/numberofbirthsdeathsandmarriages/
[3] Data from HSE Health Information Unit

LHO	0-17 population (2006 Census)	0-17 population (2011 Census)	% of 0-17 population in 2011
Longford/Westmeath	30,054	33,645	2.9%
Louth	29,233	33,292	2.9%
Mayo	30,969	32,514	2.8%
Meath	44,621	53,400	4.6%
North Cork	19,678	22,887	2.0%
North Dublin	55,018	63,256	5.5%
North Lee	41,427	46,453	4.0%
Roscommon	14,503	16,076	1.4%
Sligo/Leitrim/W Cavan	22,036	23,862	2.1%
South Lee	41,605	44,904	3.9%
Tipperary North	24,470	27,510	2.4%
Tipperary South	22,555	24,010	2.1%
Waterford	30,249	32,766	2.9%
West Cork	13,531	14,204	1.2%
Wexford	34,851	38,842	3.4%
Wicklow	27,832	31,320	2.7%
National	**1,036,034**	**1,148,687**	**100.0%**

With regards to immigration (all age groups), immigration sharply declined between 2006 and 2010 but it rose by around 38% (n=42,300/30,800) between 2010 and 2011 (CSO 2011a).

Table 4: Estimated immigration x Nationality, all age groups (000s), April 2011

Year / Nationality	2006	2010	2011
Irish	18.9	13.3	17.1
UK	9.9	2.4	2.6
Rest of EU15 (EU before enlargement in 2004)	12.7	4.3	5.8
EU12 (accession countries on enlargement)	49.9	5.8	9.0
USA	1.7	0.3	0.3
Rest of world	14.7	4.6	7.6
Total	**107.8**	**30.8**	**42.3**

4.2 Other Demographic Factors

4.2.1 Poverty

People defined as being 'at risk of poverty' have an income below 60% of median disposable income. In 2010, some 19.5% of children aged 0-17 were 'at risk of poverty', an increase from the 2009 figure (18.6%) and higher than the figure for the national population covering all age groups (15.8%) (CSO 2012b). The at risk of poverty rate for households composed of one adult with children remained high at 20.5%. However, this represented a significant decrease when compared with the 2009 rate of 35.5%. Households consisting of two adults with up to three children recorded an increase in their at risk of poverty rate from 11.4% in 2009 to 17.2% in 2010. Similarly other households with children had an increase in their at risk of poverty rate from 16.1% in 2009 to 21.2% in 2010.

The 'consistent poverty rate' is the proportion of people who are 'at risk of poverty' who are also

identified as living in a household experiencing at least two forms of enforced deprivation from eleven basic deprivation items. The 'consistent poverty rate' for children aged 0-17 was 8.1%, a fall from the 8.7% of 2009 but a rise from the 6.3% for 2008 and higher than the national average (for all age groups) of 6.2%.

4.2.2 Ethnicity

Data on ethnicity in the 2011 census is shown in table 5, with 84.4% of the population aged 0-19 being White Irish. Around 14.0% (n=274,838) of the 0-19 population was of a different ethnicity to White Irish, with the ethnicity of 21,069 not being stated. Compared to the census in 2006 (CSO 2007), all ethnic groups had risen in number but the White Irish population had risen more slowly, leading to a fall proportionally from 88.4% in 2006 to 84.4% in 2011.

Table 5: Population aged 0-19 x Ethnicity[4] (Census 2011_

Age group 2011 Ethnicity	0-4	5-9	10-14	15-19	Total 2011	% 2011	Total 2006	% 2006
White Irish	288,199	264,915	259,228	244,136	**1,056,478**	84.4%	1,014,276	88.4%
White Irish Traveller	4,676	3,905	3,554	3,279	**15,414**	1.2%	11,800	1.0%
Any other white background	28,308	20,933	18,772	17,123	**85,136**	6.8%	47,131	4.1%
Black or Black Irish - African	8,442	11,233	5,983	3,470	**29,128**	2.3%	20,273	1.8%
Black or Black Irish - any other black background	997	1,103	584	348	**3,032**	0.2%		
Asian or Asian Irish - Chinese	1,095	1,181	720	720	**3,716**	0.3%	27,119	2.4%
Asian or Asian Irish - any other Asian background	8,865	6,165	4,285	3,114	**22,429**	1.8%		
Other including mixed	5,710	4,369	3,273	2,631	**15,983**	1.3%		
Not stated	8,310	5,313	3,874	3,572	**21,069**	1.7%	27,018	2.4%
Total	**354,602**	**319,117**	**300,273**	**278,393**	**1,252,385**	**100%**	**1,147,617**	**100%**
%	28.3%	25.5%	24.0%	22.2%				

5 SUMMARY OF DATA

The 0-17 population rose by 10.5% between 2006 and 2011 from 1,039,500 to 1,148,700

Reports to HSE Children and Family Services rose between 2007 and 2011 by 36.5% from 23,168 to 31,626 per year (figure 3), with the number of welfare reports rising by 24.3% (from 12,715 to 15,808) and the number of child protection reports rising by 51.3% (10,453 to 15,818). Child protection reports exceeded welfare reports for the first time in 2011.

There were 137.7 child protection reports per 10,000 population aged 0-17 in 2011 a rise on the estimated 114.2 per 10,000 population aged 0-17 in 2010.

Notifications to the National Review Panel for serious incidents fell from 30 in 2010 to 12 in 2011

Some 242 Family Welfare Conferences were convened in 2011 for 435 children, with the outcome for

[4] Interactive tables at http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=CD701&PLanguage=0 accessed on 23/10/12

59% (n=256) being that they remained at home (with either a formal or informal plan) and 22% (n=67) returned to relative care.

Admissions to care per year between 2006 and 2011 rose from 1,845 to 2,248, but fell by 5.9% since 2009. Around 62% of children were admitted to care on a voluntary basis.

The number of children in care rose by 17.4% between 2006 and 2010 (from 5,247 to 6,160). The rate of 53.6 children in care per 10,000 population aged 0-17 was lower than comparator.

The percentage of children in mainstream foster care (61.3%) and relative foster care (29.0%) were in line with national targets (mainstream foster care target 60%; relative foster care target 30%) while the percentage in residential care was slightly above (7.2% compared to a national target of 7%).

There were 77 applications to Special Care, of which 39 led to an admission, and 86 applications to national High Support, of which 21 were admitted.

The percentage of children aged 12 or under in residential care rose from 8.9% (n=39) in 2010 to 9.8% (n=43) in 2011. This was lower than the 12.9% in 2009.

Some 150 children in care had experienced three or more placements within 12 months, representing 2.4% of the number of children in care. This percentage is lower than in comparator jurisdictions.

Between 2006 and 2010, the number of children in residential care who had been in care for more than five years halved from 60 to 29.

In 2010 27 children were placed abroad. This is a rising trend (2009: 13; 2010: 22) with the majority of placements being in the UK.

Around 36.7% of children admitted to care during 2011 were also discharged within the year.

Around 43% more young people were in receipt of aftercare services in 2011 than in 2009 (1,213 compared to 847)

Some 92.6% of children in care had an allocated social worker compared to 83% in 2009, meaning that 454 had no allocated social worker.

Around 90.4% had a written care plan compared to 84.7% in 2009, with 593 not having a written care plan.

Some 73.3% of children in care who were due a statutory review of their care plan had that review take place on time, with 551 not having the scheduled review take place in time.

Around 88.3% of approved foster carers had an allocated social worker compared to 78.6% in 2009.

There were 3,783 foster carers in December 2011 and 161 children's residential centres across HSE, voluntary and private sector providers. There were also 147 supported lodgings providers.

There were 131 children placed in youth homeless centres/units for more than four consecutive nights (or more than ten separate nights over the year). Nine of these children were also in the care of the HSE, representing 0.15% of the 6,160 children in care.

The number of Separated Children Seeking Asylum (n=99) was much lower than pre-2009 levels.

The number of Intercountry Adoptions continued to decline, falling from 396 in 2009 to 215 in 2010.

6 FAMILY SUPPORT SERVICES

6.1 Introduction to Family Support Services

The HSE has a statutory responsibility to provide Family Support Services to the families of children who may be at risk of abuse or neglect. HSE Children and Family Services is committed to the development of family support services which are located within the overarching framework of comprehensive child care services. Requests for HSE Family Support Services are received from a wide range of agencies outside the HSE (e.g. school, probation, An Garda Síochána) and inter-departmentally within the HSE. Families can also self-refer directly to all HSE community-based Family Support Services.

The *Child Care Act, 1991* led to a number of new initiatives in the late 1990s and early 2000s across child protection and family support services. Key publications on child care policy and practice with a strong focus on the importance of supporting families and investing in preventative services were published including:

- *Final Report to the Minister for Social, Community and Family Affairs: Strengthening Families for Life.* (Commission on the Family 1998);
- *Children First, National Guidelines for the Protection and Welfare of Children* (DoHC 1999a);
- *The National Children's Strategy* (DoHC 2001a);
- *Best Health for Children: Developing a partnership with Families* (Denyer et al. 1999) and *Best Health Revisited* (National Core Child Health Programme Review Group 2005);
- *Children First, National Guidance for the Protection and Welfare of Children* (DCYA 2011a).

National policies and guidelines, which inform the provision of Family Support Services, include:

- The Springboard Initiative 1998;
- The Revitalising Areas by Planning, Investment and Development (RAPID) Programme 2001;
- The CLÁR programme, 2001, aimed at addressing depopulation and deficits in infrastructure and services in rural areas;
- *Quality and Fairness, A Health System for You* (DoHC 2001b);
- *Building an Inclusive Society* (Office for Social Inclusion 2002);
- *National Action Plan Against Poverty and Social Exclusion 2003-05* (Office for Social Inclusion 2003);
- *Agenda for Children's Services* (OMCYA 2007);
- National Childcare Investment Programme 2006-2010.

6.2 Child Welfare Reports

Social work services received 31,626 reports in 2011, with an almost even split between welfare reports (n=15,808) and child protection reports (n=15,818) (table 6).

Table 6: Reports to Social Work Departments x Report type x HSE Region (2011)

Region / Report type	Number of welfare reports	Number of protection reports	Total	% welfare
Dublin Mid-Leinster	3,137	4,100	7,237	43.3%
Dublin North East	3,336	4,017	7,353	45.4%
South	4,347	4,558	8,905	48.8%
West	4,988	3,143	8,131	61.3%
National	**15,808**	**15,818**	**31,626**	**50.0%**

The figures for 2006-2010 (figure 1) show a year-on-year rise in Reports received by social work departments for both child protection and welfare reports. In 2011 the number of welfare reports reduced compared to 2010 but were still substantially higher than in the period 2006-2009, while the number of child protection reports rose substantially. This continues to place a substantial demand on limited social work resources. This trend is likely to continue in the future unless more resources are provided for early intervention, to help families before concerns escalate. Since 2006, the number of Reports overall has risen by 50.3% (n=31,626/21,040). Child protection Reports have risen by 67.1% (n=15,818/9,461) while welfare Reports have risen by 36.5% (n=15,808/11,579).

Figure 1: Number of child protection and welfare reports to HSE 2006-2011

The number of welfare and child protection reports per LHO, and the balance between the two types of reports, is shown in table 7. As in previous year, many LHOs in HSE West consistently have a higher proportion of welfare reports than other Regions. A critique of the *HSE Social Work and Family Support Survey 2008* that was commissioned by HSE Children and Family Services from Dr Helen Buckley of Trinity College Dublin (Buckley 2009) noted that variations are related not simply to disadvantage in an area but also to other factors such as:

- the accessibility of social work services;
- how well publicised they are;
- how established they are;
- the availability of duty social workers;
- the quality of interagency relationships and the reputation of the child protection services in the locality (which impacts on the willingness of reporters to make contact);
- the attractiveness of child protection social work services to service users, some of whom may prefer to engage with voluntary or community organisations;
- the range of other community based/NGO Children and Family Services available in an area that deal with the consequences of disadvantage (which might mean that families have other optional ways of getting services and reporters have a choice of services to which they may link people).

Table 7: Reports to Social Work Departments x Report type x LHO (2011)

Report type / LHO	Number of welfare reports	Number of protection reports	Total	% welfare
Carlow/Kilkenny	521	483	1,004	51.9%
Cavan/Monaghan	752	935	1,687	44.6%
Clare	584	349	933	62.6%
Donegal	682	454	1,136	60.0%
Dublin North Central	229	381	610	37.5%
Dublin North West	536	498	1,034	51.8%
Dublin South City	103	309	412	25.0%
Dublin South East	50	133	183	27.3%
Dublin South West	440	476	916	48.0%
Dublin West	279	504	783	35.6%
Dun Laoghaire	143	167	310	46.1%
Galway	911	448	1,359	67.0%
Kerry	364	259	623	58.4%
Kildare/W Wicklow	348	338	686	50.7%
Laois/Offaly	883	612	1,495	59.1%
Limerick	927	420	1,347	68.8%
Longford/Westmeath	647	1,303	1,950	33.2%
Louth	591	852	1,443	41.0%
Mayo	320	240	560	57.1%
Meath	622	940	1,562	39.8%
North Cork	227	470	697	32.6%
North Dublin	606	411	1,017	59.6%
North Lee	704	617	1,321	53.3%
Roscommon	399	654	1,053	37.9%

LHO / Report type	Number of welfare reports	Number of protection reports	Total	% welfare
Sligo/Leitrim/W Cavan	674	239	913	73.8%
South Lee	265	417	682	38.9%
Tipperary North	491	339	830	59.2%
Tipperary South	536	499	1,035	51.8%
Waterford	660	699	1,359	48.6%
West Cork	248	209	457	54.3%
Wexford	822	905	1,727	47.6%
Wicklow	244	258	502	48.6%
National	**15,808**	**15,818**	**31,626**	**50.0%**

The critique of the *HSE Social Work and Family Support Survey 2008* also noted:

- 'The decision to classify cases as abuse or welfare is a complex one.' An increase in the number of reports classified as welfare might indicate a re-focusing away from investigation/blame towards strengths/support based approaches. Inconsistency might reflect a tendency to classify reports in terms of eligibility for services (and capacity of services to respond) so that 'classifying a case as welfare could be another way of signifying low priority status.'
- The boundary between 'neglect' and 'welfare' is quite permeable with a discernible, but not altogether consistent, pattern whereby if the number of welfare cases is high, the number categorised as neglect is low and vice versa. 'The reality is that abuse cases and welfare cases often need and receive precisely the same type of intervention, the difference being that in the former case, intervention may have to be coercive because it needs to take place even if caretakers are not immediately willing to engage. However, good practice in both categories should be based on the same principles ie focus on strengths, negotiation of agreement on the child's needs for safety and welfare and the best means of attaining them, respect, empathy and child centeredness and based on evidence of the most appropriate way forward.'
- Classifying a report by 'type' of abuse ie physical abuse, sexual abuse, does not give any indication of the range or nature of services required to address it, other than assessment services.

Until Standardised Business Processes are fully implemented, there will continue to be variances as the result of variations in the processes employed in different LHOs. The comparative data above should, therefore, be treated with caution.

6.3 Primary Reason for Welfare Concerns

HSE Children and Family Services have revised the categories used for welfare concerns as part of the development of Standardised Business Processes and the NCCIS. The options available for selection under the new processes are expanded compared to the previous data set. Guidance was provided to LHOs on how to record the new data items and translate them into the existing data set (see table 8) while implementing the revised business processes: the intention was to be able to compile and report on primary reason for welfare concerns using the categories used in previous years, no matter what stage each LHO was at in terms of implementing the SBPs. However, in the context of a national roll out of Standardised Business Processes in 2011 there has been a patchy return of data on primary reason for welfare concern in the annual Child Care Dataset data collection. The 2012 data return will

include a complete set of data from all areas.

Table 8: Changes to categories of welfare concern

New Data Items	Existing Data Set
Child Problems:	
1. Emotional problems, 2. Behavioural problems	Child with emotional /behavioural problems
3. Abusing drugs/alcohol	Child abusing drugs / alcohol
4. Involved in crime	Involved in crime
5. Pregnant	Child Pregnancy
6. Physical disabilities,	Physical Illness / disability in child
7. Mental health need 8. Intellectual disabilities	Mental health problem/intellectual disability in child
9. Whose adoption placement has broken down 10. A carer 11. Educational problems / out of school 12. Homeless (Youth) 13. Separated, seeking asylum 14. Complex health needs 15. Specific learning disabilities 16. Severe sensory disability 17. Communication problems	Other - Please specify
Family Problems:	
18. who lack parenting skills	Parent unable to cope
19. who misuse drugs or alcohol	Family member abusing drugs / alcohol
20. With someone involved in crime	Family member involved in crime
21. Where domestic violence is a factor	Domestic violence
22. with disabilities/health problems 23. Siblings have disabilities/chronic health problems	Physical illness / disability in other family member
24. with mental health problems 25. with learning disability	Mental health problem/intellectual disability in other family member
26. With financial difficulties 27. Parents who are homeless 28. whose accommodation is unstable or unsuitable	Family difficulty re housing / finance
29. Living with a known abuser 30. Who are deceased 31. members have history of causing serious harm to others	Parent separation /absence/ other disharmony in home
32. who've decided to place the child for adoption 33. who are adolescents 34. Socially isolated family	Other - Please specify

6.4 Family Welfare Conferences

A Family Welfare Conference (FWC) is a family-led decision-making meeting involving family members and professionals which is convened when decisions need to be made about the welfare, care or protection of a child/young person. The purpose of the meeting is to develop a safe plan to meet the needs of the child or young person. The Family Welfare Conferencing service was established under the *Children Act, 2001*. Part 2 (Sections 7-15) Part 3 (Section 16 (IVA Section 23) and Part 8 (Section 77) of the Act set out, on a statutory basis, the role, purpose and format to be adopted by the HSE in convening and operating a Family Welfare Conference.

A Family Welfare Conference is convened when:

- the HSE is directed to do so by order of the court;
- the HSE is of the view that a child requires a Special Care Order or protection which he/she is unlikely to receive unless a Special Care Order is made (see section 8.4.8 for a definition of Special Care);
- the HSE is concerned for the welfare/care/protection of a child/young person and wishes the family to devise a safe family plan to address their concerns.

Family Welfare Conference Services offer families and professionals the opportunity to meet together in an equitable manner, sharing responsibility in planning and decision-making in the best interest of the welfare and protection of children and in support of families in need. Family Welfare Conferences might be used at any time but are specifically required to be considered as part of the Special Care application process.

Family Welfare Conference Services are structured primarily on legacy health board boundaries. For example, services in greater Dublin are provided across the area of the former Eastern Regional Health Authority. Some services are provided directly by the HSE and some are sub-contracted (eg Barnardos provide the service under an SLA on the HSE's behalf in areas such as Cavan/Monaghan, Meath, Tipperary South, Waterford and Wexford).

Prior to 2009, all FWC managers met several times a year in order to develop and co-ordinate policy and practice but these meetings have been curtailed because of financial constraints. This was an issue of concern to many FWC Service managers and co-ordinators and a representative group of FWC managers nationally met on a number of occasions in 2011 to discuss and develop FWC services. Arising from these developments, future plans include implementation of a national Standard Business Process which will assist in promoting consistency.

HSE policy and practice on FWCs adheres to the internationally established best practice 'Family Group Conference' model. The model facilitates and empowers extended family networks to come together to devise safe family plans that seek to address concerns. The conference itself is the culmination of a process of effective, meaningful consultation and preparation of all family participants and is a complex and often time-consuming process in order to achieve the most from bringing extended family members together in difficult, stressful circumstances to address a significant concern. Processes followed include:

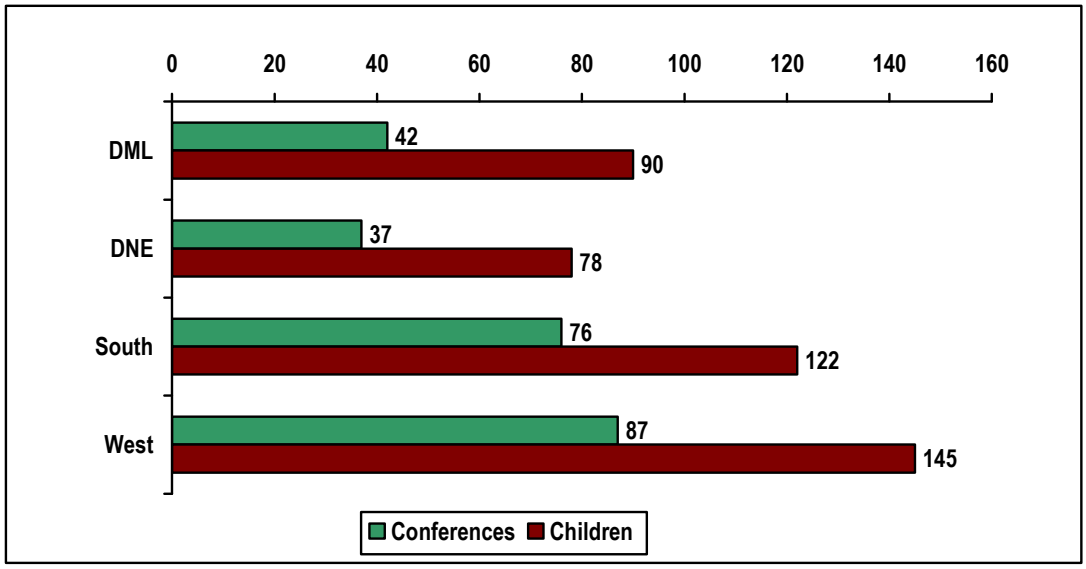
- A referral meeting to establish the purpose of the FWC.
- Preparation of the participants in the process and in the conference. This requires significant input and time in terms of developing meaningful relationships and trust with immediate and

extended family members so that there is unambiguous understanding and acceptance of what is required of each of them, coupled with a motivation to actually wish to change the circumstances the family find themselves in.

- Convening of a family meeting. A Family Plan is devised and agreed. It is then presented to the referrers for approval and the family, in conjunction with the referrer, implement the terms of the Family Plan. A review conference is usually scheduled within a three month timeframe to review what is working and what is not working in the Family Plan and make any changes necessary.

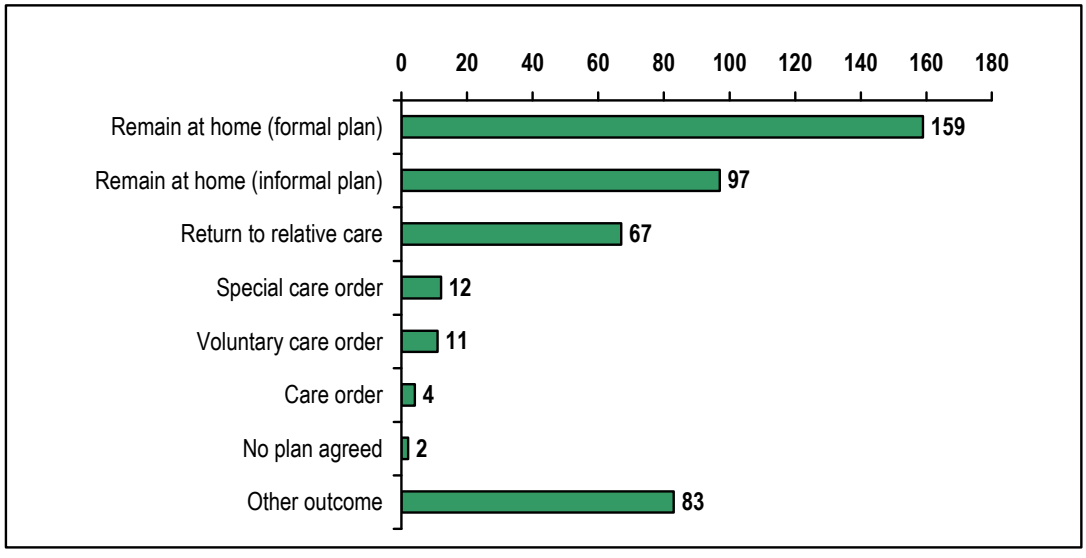
In 2011 242 Family Welfare Conferences were convened, involving 435 children (figure 2).

Figure 2: Family Welfare Conferences convened 2011



For 59% of the conferences, the outcome was that the child remained at home, either with a formal plan (n=159) or an informal plan (n=97) (figure 3). The outcome for 22% (n=67) was a return to relative care.

Figure 3: Outcomes of Family Welfare Conferences 2011



6.5 Teen Parent Support Programme

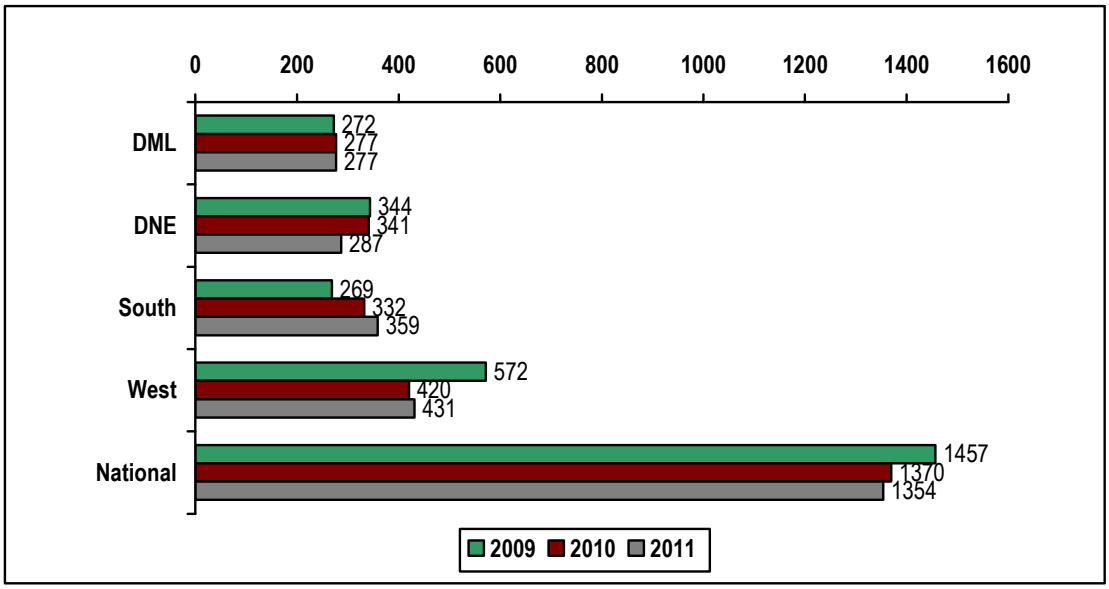
The Teen Parent Support Programme (TPSP) supports young people who become parents when they are aged 19 years or under and generally supports them until their child is two years of age. Support is offered on topics such as health, relationships, parenting, childcare, accommodation, social welfare entitlements, education, training and any other areas about which the young person is concerned. In 2011, there were 1,720 births registered to mothers aged under 20 (2010 n=2,059) (CSO 2012c). CSO data showed that around 28% of teen mothers were living at the same address as the father of their child when the birth was registered (33% for 18/19 year olds).

In 2010 the TPSP received €1.62m in HSE funding. There were 11 TPSPs throughout the country each based in an employing organisation from either the statutory or voluntary sector. Nationally, the TPSP structure consisted of a National Co-ordinator who is based in Treoir and a National Advisory Committee which provided a forum for information sharing and interagency collaboration. The 11 TPSPs were as follows:

- Four in Dublin (Ballyfermot, Bluebell, Inchicore; Dublin 5, 13, 17 and parts of Dublin 3 and 9; Drimnagh, Crumlin, Dublin 24, parts of Dublin 8; Finglas);
- Carlow/Kilkenny;
- Cork;
- Donegal;
- Galway;
- Limerick;
- Louth;
- North Wexford.

A total of 1,354 cases were supported by TPSP in 2011, similar to the 2010 figure (figure 4). The decline from 2009 came through a change in case closure practice, as three original TPSPs had previously kept cases open until the youngest child was at least two years of age, regardless of the level of activity.

Figure 4: Cases supported by the Teen Parent Support Programme 2009-2011



During 2011, there were 455 new service users (385 mothers, 45 fathers who engaged separately from the mother of their child, 18 grandmothers and seven others). In December 2011 30 of these new referrals were on a waiting list, leaving 425 who were receiving support (356 mothers, 44 fathers and 25 others). For 73% (n=261) of the mothers receiving support, they came to the service at the antenatal stage for their first child, for 22% (n=83) they were postnatal for their first child, eight were repeat pregnancies and there were four others (such as miscarriages). Around 52% of the mothers (n=170) were not in education/training and around 5% (n=22) of the fathers. Some 67% of the mothers were either in their family home (n=224), their own home (n=11) or private rented accommodation (n=53), with 12 in care and 35 in temporary accommodation. The accommodation status of 21 was unknown when the data was collected. Some 82% (n=293) of the mothers were White Irish, 5% (n=17) were White Irish Travellers, 2% (n=8) were African and 6% (n=22) were Eastern European.

During 2011 404 service users ceased contact with the service (357 mothers, 28 fathers, 15 grandmothers and four others). For the mothers who ceased contact with the TPSP in 2011, the reasons were:

- needs met (32%, n=114);
- child older than two years of age (11%, n=40);
- referred to other support (4%, n=16);
- moved out of area (12%, n=43);
- parent ceased contact (18%, n=65);
- did not avail of service (19%, n=69);
- other (3%, n=10).

6.6 Resource Allocation Model

Action 44 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: *'The HSE will direct resources equitably on the basis of need and level of deprivation, irrespective of geographical area or organisation. It will report progress on this action to the [DCYA] annually.'* In 2011, HSE Children and Family Services had an allocated budget of €547m (HSE 2012), a fall from the year before (HSE 2011c). Historically, there has not been a coherent framework for resource allocation within child care services, either for resourcing internal HSE Children and Family Services or funding community/voluntary agencies. In December 2011, HSE Children and Family Services initiated a project to develop an appropriate resource allocation model/process that will support the aim of providing consistent national, regional and local child centred care and which maximises the use of resources by delivering the right care/support/intervention in the right setting regardless of geographical location. The model will utilise objective measures of needs including demographics, deprivation, socio-economic measures and other factors. Account will also be taken of cross boundary flows of clients between geographical areas. The aim is to produce an initial model by mid-2012.

6.7 Commissioning Strategy

There is a need to develop a commissioning strategy for Family Support services, based on the emerging National Service Delivery Framework (section 15.5), information on 'What Works' (evidence-based practice) and local needs analysis. There is a need to further develop the continuum of service provision to children and families in each locality through more integrated partnership arrangements

between statutory and voluntary/community sector providers

Data on funding and services from non-statutory agencies is held on a National Service Level Agreement (SLA) Repository. The primary purpose of the database is to monitor compliance with SLAs and grant-aid processes but it also holds information on service provision that is useful in mapping family support services. The data on the National SLA Repository is being used to assist Children and Family Services to understand current commissioning patterns as a basis for developing a commissioning strategy for Family Support Services.

In August 2011, there were 765 SLAs on the National SLA Repository that were within the children and family care group category (see table 9). There were also SLAs within other care group categories (inclusion, disability, mental health) that were identified as having an element of their service delivery oriented towards children and families.

Table 9: Number of Service Level Agreements (SLAs) on the National SLA Repository within the children and family care group category x Region

Region	Number of SLAs on National SLA Repository within the Children and Family Care Group category
Dublin Mid-Leinster	133
Dublin North East	110
South	357
West	165
National	**765**

The intention is to undertake a survey of funded organisations within the children and family care group category in 2012. This survey will aim to establish the level and type of Family Support and Supporting Parents service being delivered to children and their families by HSE funded external agencies. There is also an aspiration to apply the same survey to funded organisations in other care groups where some element of their worked is directed towards supporting children and families.

6.8 Children's Services Committees

Action 56 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: *'The HSE and local authorities will continue to establish and implement Children's Services Committees in each county nationwide.' Towards 2016* (Department of the Taoiseach 2006) expected that these committees would be chaired by the HSE 'who are best placed to drive this initiative to achieve coordinated and integrated services.' The CSCs offer a common strategic platform for the development of priority actions in relation to youth services and child care services across the family support continuum.

CSCs have been piloted in four areas since 2007 (Dublin City, South Dublin, Donegal and Limerick City) with six other committees (Carlow, Fingal, Kerry, Kildare, Longford/Westmeath, and Louth) operational from 2010. In December 2010, invitations were sent to other potential CSC sites with five given approval to establish a CSC in their area (Meath, Sligo/Leitrim/West Cavan, South Tipperary, Waterford and Wicklow).

In 2011, many of the existing CSCs published a Children and Young People's Plan for 2011-2014, including Carlow, Dublin City, Fingal, Kerry, Kildare, Limerick City, Longford/Westmeath and South Dublin. An analysis of the plans identified that they exhibited:

- strong Health Service and Local Authority leadership;
- the right people at the right level across organisations participating actively;
- good data analysis and priority setting;
- action-orientation;
- active participation of voluntary/community partners.

6.9 Engagement of Children and Families

In the report of the *Commission of the Inquiry into Child Abuse* (2009), Justice Ryan recommended that 'children in care should be able to communicate without fear.' The Government's Implementation Plan (OMCYA 2009b) committed the OMCYA to conducting a consultation process with children in the care of the State and to publishing the findings. In 2011 DCYA published *Listen to Our Voices: Hearing Children and Young People in the Care of the State* (DCYA 2011b). A total of 211 children and young people who lived in the care of the State participated in the nationwide consultations between January and July 2010. The report stated that 'there was a remarkable consistency in the common themes and issues identified during the consultations as important to the participants.' Among these themes and issues were:

- the complexity and importance of regular access to birth parents and siblings;
- being treated as 'one of the family' in foster care;
- the importance of assessment and vetting of foster families, as well as their compulsory training;
- the lack of information available to young people in care, particularly on aftercare services, which are not consistent in all locations;
- the impact of disruption and multiplicity of placements experienced by young people;
- the importance of having even one person or agency who will listen and 'be there' to support a young person in care;
- issues about confidentiality, privacy, constant record-keeping and the difficulties in gaining consent for relatively normal activities.

Having identified their key concerns and issues, the young participants made recommendations on how to improve the lives of children in the care of the State and how to ensure that their voices are heard. These included:

- a review of social work services, which would ideally lead to social workers having more manageable caseloads and more time to better engage with the young people on that caseload;
- a re-examination of care plan reviews, which would result in a system that would better allow young people to express themselves in a less intimidating environment and have an input on decisions impacting their lives in care;
- improved assessment and vetting of foster families;
- compulsory training for foster families;
- increased information on a variety of issues, such as the care system itself, organisations that support young people in care and aftercare services;
- availability of counselling.

HSE Children and Family Services are fully engaged with DCYA in the process of developing an implementation plan to address the issues arising from this report.

The HSE Children and Family Services Family Support Action Plan includes as commitment to develop a **supporting parents strategy**. This will articulate clearly a commitment to providing services which:

- meet parents' needs;
- empower parents to influence and shape those services;
- have staff who are skilled at working with and communicating with parents;
- are accessible to all parents, especially those who need them most.

Future plans also include the development of a **corporate parenting strategy** and a **strategy for engaging children in the care system**, alongside the development of an Alternative Care Practice Handbook.

7 CHILD PROTECTION SERVICES

7.1 Introduction to Child Protection Services

Child protection and welfare services are provided by the HSE through a range of professional disciplines and interventions, in accordance with legislative obligations, policy documents and national and HSE guidance. Section 3 of the *Children Act, 2001* places a statutory duty on the HSE to identify children who are not receiving adequate care and protection, and to then provide appropriate family support and child care services, which is understood to include child protection services if required.

Set out below are the key legislative provisions for Child Protection Services. Other related provisions are covered in the Alternative Care and Family Support Sections of this report.

- Data Protection Act, 1988 & Amendment Act 2003;
- Child Abduction and Enforcement of Custody Orders Act, 1991;
- Child Care Act, 1991;
- Family Law Act ,1995;
- Domestic Violence Act, 1996;
- The Refugee Act, 1996;
- Freedom of Information Act, 1997 & Amendment Act 2003;
- The Non-Fatal Offences Against the Person Act, 1997;
- The Education Act, 1998;
- The Protection for Persons Reporting Child Abuse Act, 1998;
- Protection of Children (Hague Convention) Act, 2000;
- Children Act, 2001;
- Mental Health Act, 2001;
- Ombudsman for Children Act, 2002;
- Disability Act, 2006.

Underpinning the legislative framework are the Irish Constitution and the United Nations Convention on the Rights of the Child (ratified by Ireland in 1992). The *Ombudsman for Children Act, 2002* applies in relation to complaints being referred to the Ombudsman for Children. The *Children Act, 2001* provides a framework for the development of the juvenile justice system and makes provision for addressing the needs of out-of-control or non-offending children who may come before the courts. The Act provides for two distinct pathways for these children, one of which is a welfare route through the HSE.

There has been a range of change protection inquiries over the last few years and their findings and recommendations have been addressed under the Change Programme. These inquiries have included:

- *The Ferns Report*, *presented by the Ferns Inquiry to the Minister for Health and Children* (Murphy et al., 2005);
- The *Monageer Inquiry* (DoHC 2008);
- The *Report of the Commission to Inquire into Child Abuse*, commonly referred to as the Ryan Report (Commission of the Inquiry into Child Abuse 2009);
- The *Commission of Investigation Report into the Catholic Archdiocese of Dublin*, commonly referred to as the Murphy Report (Commission of Investigation 2009).

7.2 National Audit of Child Neglect

The *Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive* (Roscommon Child Care Inquiry Team 2010) made several recommendations which have been addressed via the Change Programme and at local and Regional level. One of those recommendations was: **'***The HSE should develop and implement a national policy of audit and review of neglect cases. An audit of current practice of chronic neglect cases should be undertaken in County Roscommon in the first instance. Experienced senior practitioners from another HSE area, undertaking practice audits within an agreed national audit of practice framework, could identify cases where drift rather than active planning and management had occurred and recommend any appropriate changes. It would identify best practice models for dealing with these cases and develop national standards to guide practice in these cases.'*

In 2011, the HSE piloted an audit of neglect cases, focussing on Roscommon as per the above recommendation along with two areas also subject to recent national inquiries, Dublin South East and Waterford. A summary report of findings will be published in 2012 with a roll-out of the Management Audit Procedures taking place after that. The procedure is based on the principles that:

- managers at all levels should review the management of risk in cases;
- the process should support safe and effective casework;
- the time taken on the tasks of audit should be the minimum necessary to gain an accurate view of the quality of work.

The intention is that the audit will inform the development of action plans to address any shortfalls in practice that are identified.

7.3 National Review Panel

In 2009 the publication of the *Ryan Report* (Commission of the Inquiry into Child Abuse 2009) and the *Murphy Report* (Commission of Investigation 2009) created public and political concern about the treatment of vulnerable children and the need for transparency and accountability. At that time there was no national standardised way of reviewing serious incidents, including the deaths of children in care. In January 2010 HIQA published *Guidance for the HSE for the Review of Serious Incidents including Deaths of Children In Care* (HIQA 2010b) and in June 2010 a National Review Panel (NRP) was established. As per HIQA Guidance, the panel had an independent chair and deputy chair and professionals from a wide range of disciplines appointed for their professional expertise.

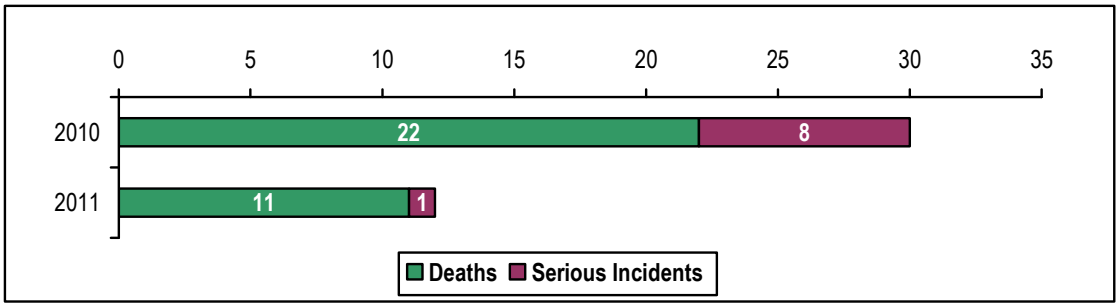
A priority system was agreed with HIQA to determine the speed of response required (National Review Panel 2011). In addition it was agreed with HIQA that different levels of review would be undertaken:

- **Major review:** where contact with HSE Services prior to the incident has been long in duration (five years and longer) and intense in nature, where the case has been complex (eg multiple placements), and where a child protection issue is likely to be of public concern.
- **Comprehensive review:** where involvement of HSE Services has been over a medium to long period of time (up to five years) and/or where involvement of services has been reasonably intense over a shorter period.
- **Concise review:** Where the involvement of HSE Services is either of a short duration or of low intensity over a longer period.

- **Desktop review:** Where involvement of HSE Services has been brief, the facts of the case including the circumstances leading up to the death or serious incident are clearly recorded, and there is no evidence that the outcome was affected by the availability or quality of a service. This would include cases of death by natural causes where no suspicions of child abuse are apparent.
- **Internal review:** Where the notification refers to a serious incident that has more local than national implications eg where a child is regularly absconding from a placement.

In the nine month period between March 10th 2010 (when the HIQA guidance went live) and the end of 2010, 30 cases were notified to the NRP by HSE Children and Family Services, 22 of which related to child deaths and eight to serious incidents. For the whole of 2011, these figures dropped to 12 notifications in total, relating to 11 child deaths and one serious incident (see figure 5).

Figure 5: Notifications to the National Review Panel (Mar 2010 – Dec 2011)



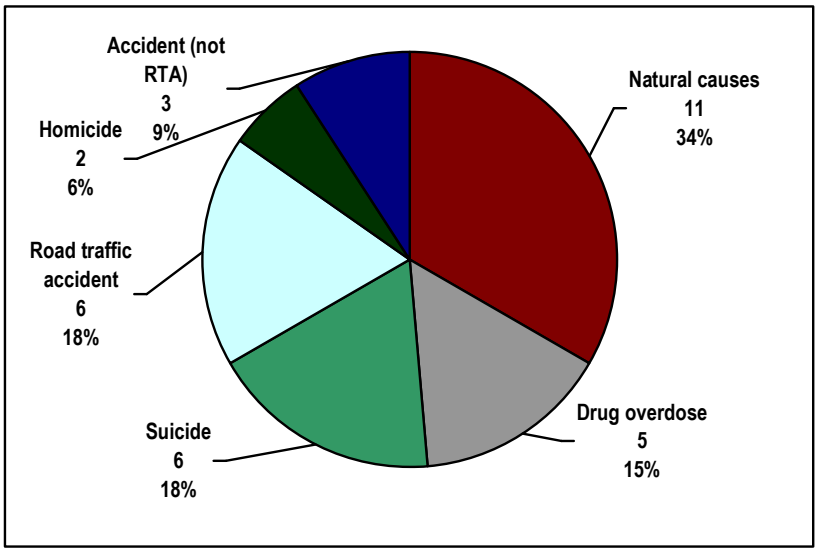
Since notification to the NRP began, 50% of the notifications (n=21/42) have been for cases open to child protection services. In 2011 this proportion rose to 67% (n=8/12) but figures for all categories of notification dropped markedly (table 10).

Table 10: Category of cases notified to the National Review Panel (Mar 2010-Dec 2011)

Category of case notified	2010	2011	No.	%
Cases open to the child protection service	13	8	21	50%
In care at the time of the incident	7	2	9	21%
In care immediately prior to 18th birthday and still under 21 years of age	7	0	7	17%
In aftercare at the time of the incident	3	2	5	12%
Total	**30**	**12**	**42**	**100%**

Causes of death between March 2010 and December 2011 are summarised in figure 6.

Figure 6: Causes of death for cases notified to the National Review Panel (Mar 2010-Dec 2011)



In addition to the National Review Panel, a need was identified to establish a Serious Incident Management Team to receive notification of all risks, to oversee local responses, to refer on to HIQA and the National Review Panel as appropriate and to take direct control of risk management if this is considered necessary. This Team would be established in early 2012.

7.4 Child Protection Data

7.4.1 Rates of Child Protection Reports per Local Population

A Report to a social work department includes all information received where there are concerns about the safety or wellbeing of a child. These might come from professionals in other agencies, the public, or a request for help and support directly from the family. The HSE is obliged to treat seriously all child welfare and protections concerns, whatever their source, and consider carefully and fairly the nature of the information reported. A balance needs to be struck between protecting the child and avoiding unnecessary and distressing intervention.

Table 11 shows the rate of child protection reports per 10,000 population for the four HSE regions and table 12 shows it for the 32 LHOs. Note that the distribution of 0-17 populations is as per table 3. Clearly this does not take into account underlying socio-economic factors but it at least provides some degree of comparability. It should be noted that a range of factors influence the number of Reports received, in addition to levels of disadvantage. The data here should therefore be treated with some caution.

Table 11: Child protection reports (2011) x Children's population (Census 2011) x Region

Region	Population (2011)	Child Protection Reports (2011)	Rate per 10,000 population
Dublin Mid-Leinster	324,955	4,100	126.2
Dublin North East	258,569	4,017	155.4
South	292,796	4,558	155.7
West	272,367	3,143	115.4
National	**1,148,687**	**15,818**	**137.7**

Table 12: Child protection reports (2011) x Children's population (Census 2011) x LHO

LHO	Population (2011)	Child Protection Reports (2011)	Rate per 10,000 population
Roscommon	16,076	654	406.8
Longford/Westmeath	33,645	1303	387.3
Cavan/Monaghan	35,955	935	260.0
Louth	33,292	852	255.9
Wexford	38,842	905	233.0
Waterford	32,766	699	213.3
Tipperary South	24,010	499	207.8
North Cork	22,887	470	205.4
Meath	53,400	940	176.0
Dublin North Central	23,524	381	162.0
West Cork	14,204	209	147.1
Carlow/Kilkenny	33,790	483	142.9
Laois/Offaly	44,081	612	138.8
National	**1,148,687**	**15,818**	**137.7**
Dublin South City	22,850	309	135.2
North Lee	46,453	617	132.8
Dublin West	39,029	504	129.1
Dublin South West	38,227	476	124.5
Tipperary North	27,510	339	123.2
Limerick	36,813	420	114.1
Clare	30,666	349	113.8
Donegal	43,732	454	103.8
Dublin North West	49,142	498	101.3
Sligo/Leitrim/W Cavan	23,862	239	100.2
South Lee	44,904	417	92.9
Wicklow	31,320	258	82.4
Kerry	34,940	259	74.1
Mayo	32,514	240	73.8
Galway	61,194	448	73.2
North Dublin	63,256	411	65.0
Dublin South East	22,672	133	58.7
Dun Laoghaire	28,558	167	58.5
Kildare/West Wicklow	64,573	338	52.3

7.4.2 Initial Assessments

Data provided on Initial Assessments in Reviews of Adequacy up to 2009 was unreliable because of different interpretation around the country of what an 'Initial Assessment' was and when it should be triggered. This is being addressed by the implementation of Standardised Business Processes for referrals and Initial Assessments. Under the Standardised Business Process:

- A screening process will take place that will identify which Reports do not belong within the remit of HSE Children and Family Services and divert these away to more appropriate agencies.
- For other Reports, preliminary enquiries will be made to confirm key information (eg verify reporter's contact details, child's address, nature of the concern, checks whether already known to the department). A preliminary enquiry is not an assessment. The aim of this process is to support and help the social worker to make a decision on the actions to take in response to information reported to determine the best outcome for the child who is the subject of the Report. Normally that decision or action will be an assessment or assessment plus action. The screening and preliminary enquiry process should take no more than 24 hours.
- The Initial Assessment is defined as a time-limited process to allow sufficient information to be gathered on the needs and risks within a case so that informed decisions, recommendations and actions can be taken. They are expected to be carried out within a specific time frame (up to 20 working days although they may be completed much sooner), using standardised procedures and approved templates and forms. The Initial Assessment is normally centred on interviews and home or site visits, sometimes defined as direct work. Objectives of the Initial Assessment are to determine whether a further or more comprehensive assessment may be required and to enable if necessary a plan to be put in plan for continued intervention or support.

The expectation is that implementation of the Standardised Business Processes for Reports and Initial Assessments will lead to substantial increase in the number of Reports that have an associated Initial Assessment in the future. This is not to say that children without an Initial Assessment currently are not having their needs assessed and receiving the support that they need: the opposite is likely to be true, the difference is that the *formal* process of applying a national standardised approach may not be happening. Changing this is seen both as good practice and an effective method to promote the consistency that has been found to be lacking in the various reviews of the implementation of *Children First*.

7.4.3 Balance between Child Protection and Welfare Reports

Table 13 shows the change in the number of child protection and welfare reports between 2007 and 2011. In 2011, while the number of Welfare cases dropped by 3.9% (n=644/16,542), there were increases in all child protection categories, with reports for Emotional Abuse rising by 60% from 2,500 in 2010 to 4,011, a total rise of 1,501.

Table 13: Child welfare and protection reports received x Category of Report 2007-2011

Year / Report type	2007	2008	2009	2010	2011	Change from 2010	
Welfare	12,715	12,932	14,875	16,452	15,808	-644	-3.9%
Physical abuse	2,152	2,399	2,617	2,608	3,033	425	16.3%
Sexual abuse	2,306	2,379	2,594	2,962	3,326	364	12.3%
Emotional abuse	1,981	2,192	2,125	2,500	4,001	1,501	60.0%
Neglect	4,114	4,766	4,677	4,755	5,458	703	14.8%
National	**23,268**	**24,668**	**26,888**	**29,277**	**31,626**	**2,349**	**8.0%**

However, there were differences in the distribution of Report types between Regions (figure 7). As with previous years, the West had the highest percentage of its Reports as Welfare cases and a lower percentage of its Reports as Neglect, although this is not as marked as in 2010 (in 2010 74.7% of report in the West were for Welfare compared to 61.3% in 2011), possibly indicating the impact of Standardised Business Processes although it is too soon to be confident about this. The category of Report that has risen most, Emotional Abuse, occupied a similar proportion of Reports across all Regions.

Figure 7: Distribution of report types x Region (Dec 31 2011)

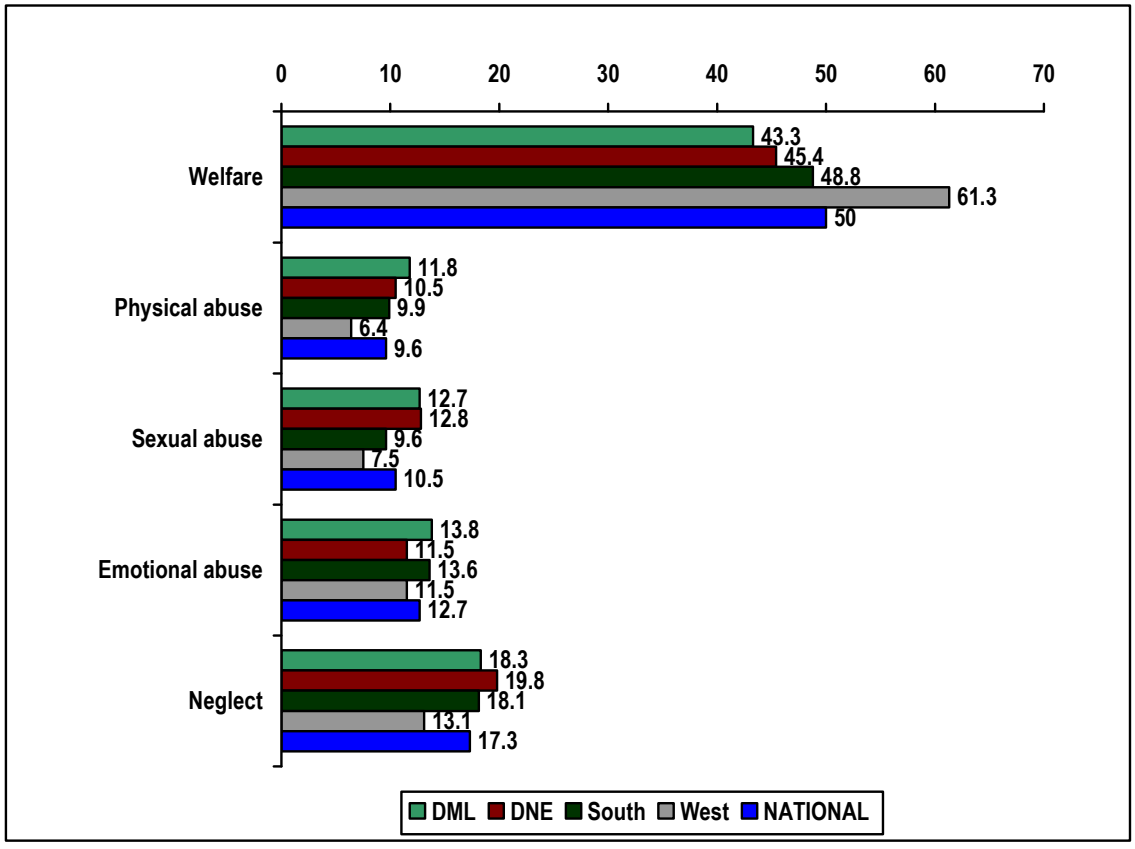


Table 14: Distribution of report types by LHO – Dublin Mid-Leinster (Dec 31 2011)

DML	% Welfare	% Physical abuse	% Sexual abuse	% Emotional abuse	% Neglect	Total
Dublin South City	25.0%	12.1%	25.5%	8.5%	28.9%	100%
Dublin South East	27.3%	18.0%	31.7%	12.6%	10.4%	100%
Dublin South West	48.0%	15.5%	14.3%	3.3%	18.9%	100%
Dublin West	35.6%	17.4%	15.5%	6.1%	25.4%	100%
Dun Laoghaire	46.1%	14.8%	15.2%	8.4%	15.5%	100%
Kildare/W Wicklow	50.7%	14.6%	12.2%	7.6%	14.9%	100%
Laois/Offaly	59.1%	7.9%	9.3%	14.6%	9.2%	100%
Longford/Westmeath	33.2%	9.6%	7.0%	27.8%	22.4%	100%
Wicklow	48.6%	8.8%	19.1%	5.4%	18.1%	100%
Total DML	**43.3%**	**11.8%**	**12.7%**	**13.8%**	**18.3%**	**100%**

Table 15: Distribution of report types by LHO – Dublin North East (Dec 31 2011)

DNE	% Welfare	% Physical abuse	% Sexual abuse	% Emotional abuse	% Neglect	Total
Cavan/Monaghan	44.6%	9.4%	9.1%	16.8%	20.1%	100%
Dublin North Central	37.5%	10.7%	17.9%	8.2%	25.7%	100%
Dublin North West	51.8%	10.8%	18.8%	4.7%	13.8%	100%
Louth	41.0%	10.7%	12.0%	10.3%	26.0%	100%
Meath	39.8%	10.8%	11.5%	17.4%	20.6%	100%
North Dublin	59.6%	11.5%	12.7%	4.3%	11.9%	100%
Total DNE	**44.6%**	**9.4%**	**9.1%**	**16.8%**	**20.1%**	**100%**

Table 16: Distribution of report types by LHO – South (Dec 31 2011)

South	% Welfare	% Physical abuse	% Sexual abuse	% Emotional abuse	% Neglect	Total
Carlow/Kilkenny	51.9%	10.0%	13.0%	6.1%	19.0%	100%
Kerry	58.4%	8.0%	5.8%	11.6%	16.2%	100%
North Cork	32.6%	13.3%	10.0%	23.1%	20.9%	100%
North Lee	53.3%	9.0%	7.9%	14.2%	15.7%	100%
South Lee	38.9%	13.8%	10.0%	15.8%	21.6%	100%
Tipperary South	51.8%	6.7%	6.5%	10.8%	24.3%	100%
Waterford	48.6%	8.5%	11.9%	14.6%	16.3%	100%
West Cork	54.3%	5.3%	7.0%	14.0%	19.5%	100%
Wexford	47.6%	12.3%	10.8%	14.4%	14.8%	100%
Total South	**48.8%**	**9.9%**	**9.6%**	**13.6%**	**18.1%**	**100%**

Table 17: Distribution of report types by LHO – West (Dec 31 2011)

West	% Welfare	% Physical abuse	% Sexual abuse	% Emotional abuse	% Neglect	Total
Clare	62.6%	9.1%	6.4%	10.5%	11.4%	100%
Donegal	60.0%	9.0%	11.5%	12.0%	7.5%	100%
Galway	67.0%	4.8%	4.7%	9.2%	14.3%	100%
Limerick	68.8%	5.5%	6.0%	5.4%	14.3%	100%
Mayo	57.1%	10.9%	7.5%	5.5%	18.9%	100%
Roscommon	37.9%	5.4%	7.7%	28.1%	20.9%	100%
Sligo/Leitrim/W Cavan	73.8%	4.2%	7.3%	5.7%	9.0%	100%
Tipperary North	59.2%	5.1%	10.5%	15.4%	9.9%	100%
Total West	**61.3%**	**6.4%**	**7.5%**	**11.5%**	**13.1%**	**100%**

7.4.4 Trends in Number of Reports

In Dublin Mid-Leinster, the number of child protection reports consistently exceeded the number of welfare reports between 2008 and 2011, with welfare reports only rising by around 8% overall while child protection reports rose by around 30% (table 18). However, some LHOs experienced a fall in the number of welfare reports (Dublin South City, Dublin South East, Dublin South West) and some saw the rise in welfare reports exceeding the rise in child protection reports (Laois/Offaly). The rise in the number of child protection referrals in Longford/Westmeath of 456 (54% rise) substantially exceeded the rise in the number of welfare referrals (91, or 16%).

Table 18: Dublin Mid-Leinster Reports 2008-2011

LHO	Category	2008	2009	2010	2011	Change Since 08	%
Dublin South City	Welfare	155	129	153	103	-52	-34%
Dublin South East	Welfare	403	89	67	50	-353	-88%
Dublin South West	Welfare	466	508	485	440	-26	-6%
Dublin West	Welfare	232	247	146	279	47	20%
Dun Laoghaire	Welfare	82	112	137	143	61	74%
Kildare/W Wicklow	Welfare	259	395	298	348	89	34%
Laois/Offaly	Welfare	586	555	634	883	297	51%
Longford/Westmeath	Welfare	556	728	711	647	91	16%
Wicklow	Welfare	169	233	173	244	75	44%
Dublin Mid-Leinster	**Welfare**	**2908**	**2996**	**2804**	**3137**	**229**	**8%**
Dublin South City	Child protection	264	281	253	309	45	17%
Dublin South East	Child protection	250	87	126	133	-117	-47%
Dublin South West	Child protection	394	454	475	476	82	21%
Dublin West	Child protection	455	485	382	504	49	11%
Dun Laoghaire	Child protection	103	142	116	167	64	62%
Kildare/W Wicklow	Child protection	204	220	309	338	134	66%
Laois/Offaly	Child protection	460	484	511	612	152	33%
Longford/Westmeath	Child protection	847	994	1188	1303	456	54%
Wicklow	Child protection	169	191	213	258	89	53%
Dublin Mid-Leinster	**Child protection**	**3146**	**3338**	**3573**	**4100**	**954**	**30%**

In Dublin North East, child protection reports exceeded child welfare reports throughout the period 2008-2011 (table 19). However, welfare reports rose by 74% (n=1,414) over that period while child protection reports only rose by 33% (n=1,007). Meath in particular saw a substantial rise in the number of welfare reports (249%), while Dublin North Central experienced only a relatively small increase (7%).

Table 19: Dublin North East Reports 2008-2011

LHO	Category	2008	2009	2010	2011	Change Since 08	%
Cavan/Monaghan	Welfare	457	522	691	752	295	65%
Dublin North Central	Welfare	214	166	233	229	15	7%
Dublin North West	Welfare	389	505	561	536	147	38%
Louth	Welfare	305	403	633	591	286	94%
Meath	Welfare	178	581	497	622	444	249%
North Dublin	Welfare	379	429	532	606	227	60%
Dublin North East	**Welfare**	**1922**	**2606**	**3147**	**3336**	**1414**	**74%**
Cavan/Monaghan	Child protection	592	672	878	935	343	58%
Dublin North Central	Child protection	280	277	327	381	101	36%
Dublin North West	Child protection	388	398	420	498	110	28%
Louth	Child protection	565	526	704	852	287	51%
Meath	Child protection	805	794	575	940	135	17%
North Dublin	Child protection	380	413	506	411	31	8%
Dublin North East	**Child protection**	**3010**	**3080**	**3410**	**4017**	**1007**	**33%**

Of the four Regions, South experienced the highest proportional rise in child protection reports (DNL +954 or 30%; DNE +1,007 or 33%; South +1,592 or 54%; West +529 or 20%) (table 24). In 2008 the number of welfare reports had exceeded the number of child protection reports but this was no longer true in 2011. In particular, North Cork experienced a decline in the number of welfare reports by 4% and a rise in child protection reports of 145%. Wexford also experienced a rise in child protection reports that substantially exceeded the rise in welfare cases (welfare +143, 21%; child protection +291, 47%) as did Tipperary South (welfare +11, 2%; child protection +227, 83%). South Lee experienced only a slight change in child protection reports but an increase of 59% in welfare reports.

Table 20: South Reports 2008-2011

LHO	Category	2008	2009	2010	2011	Change Since 08	%
Carlow/Kilkenny	Welfare	317	634	712	521	204	64%
Kerry	Welfare	325	355	369	364	39	12%
North Cork	Welfare	237	166	147	227	-10	-4%
North Lee	Welfare	505	551	723	704	199	39%
South Lee	Welfare	167	170	203	265	98	59%
Tipperary South	Welfare	525	268	214	536	11	2%
Waterford	Welfare	386	574	688	660	274	71%
West Cork	Welfare	127	203	192	248	121	95%
Wexford	Welfare	679	861	1112	822	143	21%
South	**Welfare**	**3268**	**3782**	**4360**	**4347**	**1079**	**33%**
Carlow/Kilkenny	Child protection	290	276	398	483	193	67%
Kerry	Child protection	215	213	282	259	44	20%
North Cork	Child protection	192	226	349	470	278	145%
North Lee	Child protection	407	354	337	617	210	52%
South Lee	Child protection	407	390	495	417	10	2%
Tipperary South	Child protection	272	291	271	499	227	83%
Waterford	Child protection	454	527	601	699	245	54%
West Cork	Child protection	115	154	198	209	94	82%
Wexford	Child protection	614	590	835	905	291	47%
South	**Child protection**	**2966**	**3021**	**3766**	**4558**	**1592**	**54%**

The overall fall nationally in the number of welfare reports to a large extent reflects the fall in welfare reports in Galway from 1,897 in 2010 to 911 in 2011 (table 21). Both welfare and child protection reports decreased in Galway between 2008 and 2011. Mayo also experience a decline in both welfare and child protection reports. In Tipperary North and Sligo/Leitrim/West Cavan, welfare reports fell but there was a substantial rise in the number of child protection cases. In Limerick, child protection reports rose by proportionally more than welfare reports.

Table 21: West Reports 2008-2011

LHO	Category	2008	2009	2010	2011	Change Since 08	%
Clare	Welfare	425	450	616	584	159	37%
Donegal	Welfare	551	631	565	682	131	24%
Galway	Welfare	1101	1568	1897	911	-190	-17%
Limerick	Welfare	732	713	800	927	195	27%
Mayo	Welfare	327	366	422	320	-7	-2%
Roscommon	Welfare	389	462	503	399	10	3%
Sligo/Leitrim/W Cavan	Welfare	701	667	724	674	-27	-4%
Tipperary North	Welfare	608	634	614	491	-117	-19%
West	**Welfare**	**4834**	**5491**	**6141**	**4988**	**154**	**3%**
Clare	Child protection	255	254	219	349	94	37%
Donegal	Child protection	369	344	404	454	85	23%
Galway	Child protection	512	155	184	448	-64	-13%
Limerick	Child protection	268	307	286	420	152	57%
Mayo	Child protection	251	278	277	240	-11	-4%
Roscommon	Child protection	657	677	251	654	-3	0%
Sligo/Leitrim/W Cavan	Child protection	114	230	211	239	125	110%
Tipperary North	Child protection	188	329	244	339	151	80%
West	**Child protection**	**2614**	**2574**	**2076**	**3143**	**529**	**20%**

7.4.5 Confirmed Abuse

Prior to 2010, HSE Children and Family Services reported on the number of reports where there was confirmed abuse. Revisions to Standardised Business Processes have removed this requirement. Rather than focussing on whether abuse is confirmed or not, which has an historic focus, emphasis is placed on *current* risks and needs. Guidance within the Standardised Business Process on child protection conferences (the meeting that brings together key people from different agencies and disciplines with the family to address the continuing protection needs of a child) states that: 'The main tasks of a child protection conference are to decide if a child continues to be at ongoing risk of significant harm as a result of risk of abuse or neglect and if so to formulate a child protection plan.' The fact or otherwise of historical abuse will be subordinated to the requirement to address the current needs of the child, but this will not reduce vigilance in determining whether a criminal route may need to be taken with the abuser, in conjunction with An Garda Síochána. As a result of this change of emphasis, data on 'confirmed abuse' was not collected in 2011 and will not be collected in the future.

CHILDREN FIRST 2011

7.5 Launch of Revised Guidance on Children First

Children First is intended to assist in the identification and reporting of child abuse and to clarify and promote mutual understanding among statutory and voluntary organisations regarding the contributions of different disciplines and professions to child protection. The importance of consistency between policies and procedures across HSE areas and other statutory organisations is also emphasised, as is the development of a partnership approach in service delivery. A number of reviews of the implementation of Children First found inconsistencies in its application across the country, with a significant component of the variation deriving from the legacy issues inherited in changing from 10 Health Boards to a single national HSE organisation [*National Review of Compliance with Children First: National Guidelines for the Protection and Welfare of Children* (OMCYA 2008); *HSE Social Work and Family Support Survey 2008* (HSE 2009b); *Strategic Review of the Delivery and Management of Children and Family Services* (HSE/PA Consulting 2009); *Report of the Task Force for Children & Family Services: Principles and Practice* (HSE 2010h); *A report based in an investigation into the implementation of Children First: National Guidelines for the Protection and Welfare of Children* (OCO 2010)]. Action 89 of the Ryan Implementation Plan (OMCYA 2009b) stated: *'Children First should be uniformly and consistently implemented throughout the State.'*

HSE Children and Family Services has considered the findings and recommendations of all of these reports and incorporated them within the Change Programme. In particular, consideration was given to actions required to implement revised *Children First 2011 Guidance* (DCYA 2011a) to replace the previous guidelines (DoHC 1999b). Implementation of the revised Guidance was planned in two phases.

Phase 1 was undertaken in 2011. This involved:

- A launch of the revised Guidance by the Minister for Children and Youth Affairs in July 2011. Some 9,900 copies of the Guidance were distributed throughout the HSE at that time, with the intention that all Children and Family Services Social Workers, Child Care Managers and Public Health Nurses at a minimum receive a copy. An additional 6,000 copies were distributed later in the year.
- Briefings in each Region on the revised Guidance and the Child Protection and Welfare Handbook between September and October 2011. This was to both HSE staff and voluntary/community agencies. Within the HSE, the audience for the briefings included Child Care Managers, Principal Social Workers, some General Managers and Heads of Disciplines. The intention was for those who were briefed to cascade the information to front-line staff through local briefings.
- A certification process to ensure that social workers received a copy both of the revised Children First 2011 Guidance and the *Child Protection and Welfare Handbook* and signed an *Acknowledgement of Receipt* form. By December 2011 94% of social workers had completed the certification. The vast majority of the remaining 6% were on maternity leave and sick leave during the certification process and are due to receive training in early 2012.
- Updating the HSE's website with key documents (see www.hse.ie/go/childrenfirst).
- A letter in July 2011 to all social workers providing clarity about intra familial, extra familial and retrospective disclosures.

Phase 2 will involve:

- participation in the DCYA's interdepartmental group for implementation;
- a high level group with An Garda Síochána to develop and enhance local, regional and national interfaces between the two agencies;

- continued strengthening and streamlining of HSE Children and Family structures;
- structures for ensuring consistency and standardisation in implementation across HSE Children and Family Services;
- processes to assist other sectors/agencies at national and local level to address the implementation of the revised Guidance.

The Minister for Children and Youth Affairs intends to place Children First on a statutory basis and work on the necessary legislation was begun by DCYA in 2011.

7.6 Audit of Dioceses and Religious Orders

As a result of the *Ferns Enquiry Report* (Murphy *et al.* 2005), in October 2005 the Minister for Children, wrote to the HSE requesting: 'that the HSE make contact with the individual Bishops as a matter of urgency to commence an audit of child protection practices and compliance with the [Ferns] report's recommendations.' The HSE wrote to bishops of Catholic Church dioceses in Ireland in November 2005 advising them about this. The Church guidance of the time was *Child Sexual Abuse - Framework for a Church Response* (Irish Catholic Bishops Advisory Committee on Child Sexual Abuse, 1996), replaced in December 2005 by *Our Children, Our Church - Child Protection Policies and Procedures for the Catholic Church in Ireland (*The Irish Bishops' Conference, The Conference of Religious of Ireland and The Irish Missionary Union, 2005).

Audit questionnaires were approved by the Ferns Governance Group and the OMCYA, and issued to dioceses, religious orders, congregations and missionary societies in October 2006. In late November, correspondence was received from a majority of dioceses in which clarification was sought on a number of issues, mainly in relation to Section Five of Audit Questionnaire which sought detailed numerical information on complaints and allegations of child sexual abuse made against members of the clergy. Concerns were raised in relation to confidentiality and interpretation, and a majority of bishops wrote to the HSE saying that, in the absence of the legislative measures as anticipated by the Ferns Report, they would be unable to complete Section Five. After discussion with the OMCYA, it was agreed to request the completion of all sections of the questionnaire except Section Five, while the HSE sought further legal advice in relation to this section. Completed questionnaires were sent to Child Care Managers for analysis.

The HSE advised the OMCYA that, without the benefit of the completion of Section Five, it was not possible to retrospectively examine applications of child protection procedures in individual cases. The *HSE Audit of Catholic Church Dioceses* (HSE 2009a) stated that, based on the analysis by the Child Care Managers of the replies received to Audit Questionnaire, 'there is no prima facie case of serious non-compliance with the Ferns report recommendations. On that basis therefore, I would not recommend to the Minister that any particular diocese should be referred to the Dublin Commission at this point in time. The HSE have however concern in respect of one particular diocese on foot of a recent complaint alleging non-compliance with procedures, received from the Office of the Minister for Children which is currently under investigation.'

Discussions between the Minister, Cardinal Brady and Archbishop Martin led to a meeting in January 2009 with Church representatives and the HSE to revisit the audit. The difficulties associated with Section Five were acknowledged by all parties and it was recognised that it would be necessary to overcome the legal problems and that the audit must be legally possible to complete. A revised Section Five would need to be sufficiently robust to test Church compliance with the Ferns Report recommendations and the extent to which the Church was applying and implementing its own child

protection guidelines while also ensuring individuals' right to natural justice was not infringed. The central theme in conducting a revised audit would be to ensure that child protection practices of the Church were in compliance with their own guidelines which were in turn compliant with Children First.

In the meantime the Department of Justice, Equality and Law Reform and the OMCYA were working on draft legislation in relation to the sharing of soft information on allegations of child sexual abuse. It was recognised that a revised audit questionnaire would have to be explicit in relation to a reportable allegation definition, with a threshold that was clearly understood by all parties and excluded rancour and innuendo. A reportable allegation as defined by Children First was the agreed benchmark.

The revised questionnaire was split into two sections. The first section comprised a grid to be compiled with statistics of allegations of child sexual abuse. The second section comprised a series of policy questions on the handling of allegations of child sexual abuse by dioceses, religious orders, congregations and missionary societies. In order to ensure that Section Five was legally sound, the OMCYA consulted with the Office of the Attorney General which confirmed that there should be no issues relating to the possible identification of any individual. Audit Questionnaire Section Five was subsequently forwarded to all dioceses in July 2009 with a return date of completion of August 2009.

In November 2009, the OMCYA agreed with a proposal from the HSE to seek additional information. Following the receipt of legal advice, in December 2009 the HSE issued correspondence to all dioceses, religious orders, congregations and missionary societies located fully or partially within the Republic of Ireland. This sought to:

- include all additional allegations arising from the publication of the Ryan and Murphy Reports;
- assist the HSE in checking its files to ensure that all allegations had been referred to the civil authorities (HSE and an Garda Síochána) in accordance with Children First;
- as a result of the above, assist all parties in ensuring that no child may be at current risk;
- refresh the information in the previously submitted diocesan audit returns, in the light of new Church guidance on safeguarding introduced in February 2009.

Due to the volume of information returned by dioceses and religious orders, congregations and missionary societies in response to the December correspondence, the HSE separated the audit into two phases. Phase one would be an audit of dioceses and phase two an audit of religious orders, congregations and missionary societies.

To ensure that the information submitted by dioceses was both complete and interpreted correctly by the HSE, in August 2010 designated Child Care Managers were requested to liaise with bishops to complete a document to verify the information provided. Given the sensitive nature of the information that was the subject of this correspondence, the requirement for absolute confidentiality and security in relation to same was emphasised.

In October 2011, following the completion of the verification tasks by the HSE a draft report was produced and the relevant sections concerning each diocese were forwarded to the relevant bishop for the purposes of comment. Every diocese provided a detailed response.

There was a general dissatisfaction in the responses concerning the sections of the report which addressed the management of allegations by the dioceses. The audit report was felt to be too simplistic and had not accounted for factors such as incomplete information or the time taken for a complainant to come forward when calculating the time taken to report concerns. The HSE position on this matter has always centred on the core point that concerns should be reported as a matter of course even if

incomplete, and whilst acknowledging the complexity for the dioceses when information is incomplete or have been told by a complainant that they do not wish for it to be reported, the spirit of all guidance has been that allegations must be reported and any consequent analysis or validation should be carried out by the statutory authorities.

In addition a collective view expressed concern that the publication of the audit report would mislead the public as substantial developments had taken place to enhance the safeguarding of children in the context of church ministry, and without their inclusion, the report would only be useful as a historical document.

The HSE, following further legal advice, considered the view that the report may well be viewed as outdated and unable to fulfil its original terms of reference. Following consultation with the National Director for HSE Children and Family Services and the DCYA, the HSE sought to reengage the Bishops to provide them with an opportunity to update their audit returns. An updated template was issued in December 2011 to each diocese with an invitation to supply updated evidence based information which would be used to update the audit findings.

8 ENHANCEMENT OF SEXUAL ABUSE SERVICES

The *Ferns Enquiry Report* (Murphy *et al.* 2005) identified over 100 allegations of child sexual abuse made between 1962 and 2002 against 21 priests operating under the aegis of the Diocese of Ferns. Several Working Groups were established to address the recommendations.

8.1 Ferns 4

The **Ferns 4 (Children) Working Group** was tasked with examining the needs of children and young people and their families who had been affected by sexual abuse. The report of the Ferns 4 (Children) Working Group, *Assessment, therapy and counselling needs of children who have been sexually abused, and their families* was completed in November 2009 (HSE 2009c). Key findings included:

- The absence of a standardised approach to assessment services, with these having developed locally following legacy health board boundaries.
- The absence of designated therapy services outside the two Dublin hospital-based units (St. Clare's and St. Louise's). Elsewhere some HSE staff provided different types of therapy services or there was a reliance on Child and Adolescent Mental Health Services, most of which had significant waiting lists.
- These variations raised issues in relation to equity of access for children and families.
- The need for a framework of services spanning the entire country. In the first instance current services should be amalgamated cohesively at Regional level, incorporating HSE, hospital and NGO services.
- Some 16 recommendations for action were made.

In 2010 the HSE Integrated Services Directorate commissioned a national review of sexual abuse services for children and young people from Mott McDonald Consultants. The report was completed in 2011. The report noted a number of examples of good practice including

- the availability of seven specialist interview suites located across the country in child friendly environments for joint interviewing by an Garda Síochána and HSE Children and Family Services;
- twenty-four hour access to emergency care placements for those children considered to be at risk in some areas of the country;
- helpline support provided by the CARI Foundation (provider of child-centred therapy and counselling to children, families and groups who have been affected by child sexual abuse) to parents during an initial six week wait;
- dedicated specialist multidisciplinary teams at St. Clare's Unit and St. Louise's Unit in Dublin, providing a wide range of assessment and therapeutic services;
- the Family Centre in Cork and the Community Child Centre at Waterford, both providing assessment and medical services through a dedicated multidisciplinary team;
- access to a range of therapy services across other parts of the country provided by the HSE and voluntary providers, including the CARI Foundation;
- psychological support services provided by Rape Crisis Centres to those over 14 years of age;
- for those children over 14 years of age, 24/7 Sexual Assault Treatment Unit (SATU) services were available at six centres;
- for children under 14 years of age living in the Mid-West and Galway, the availability of a specialist forensic examiner in and out of hours;
- trained community and acute paediatricians across the country to provide in-hours forensic and medical examinations, including Sligo, Cork, Waterford and Dublin Mid-Leinster;
- trained community paediatricians to provide in-hours medical examinations, including Sligo, Donegal, Mayo.

The report noted however, that there remained some serious concerns and issues, impacting on achieving good service delivery and care for children. At an operational level, most of these concerns and issues were well known and understood and there was a sense of frustration across professionals and agencies that the systems, processes and resources were not aligned better to provide a quicker and more appropriate response to these children and their families. The issues impacting on service delivery and quality of care included:

- the lack of consistency of a standardised model of care and practice and little interagency planning and collaboration;
- no common IT and information service supporting services;
- the lack of agreed guidelines for service provision and baseline of good practice in order to benchmark and audit services;
- limited dedicated services in place to provide medical and forensic services to children under 14 years of age;
- gaps in access to services.

A multi-agency National Steering Committee for Ferns 4 began to meet in October 2011 with the following terms of reference:

- to examine the assessment, therapy and counselling needs of children who have been sexually abused and their families;
- to make recommendations concerning service requirements.

The National Steering Committee agreed the following key actions:

- **Ability to provide Initial Assessment Out of Hours**: ensuring that a social worker and paediatrician are available;
- **Medical advice telephone line:** to provide accessible advice and guidance to staff to ensure that forensic and medical examinations are completed promptly;
- **Medical forensic examination centres:** scoping the location, function and staffing of a number of centres in the country both for child sexual abuse and other forms of child abuse;
- **Improved data and information;**
- **Multi-agency referral team** with a hands-on role in managing cases (as promoted in the Mott McDonald report);
- **Joint specialist interviews** between social work services and An Garda Síochána;
- **Specialist therapy units:** scoping the location and function, and mapping the services of capabilities of Child and Adolescent Mental Health Services (CAMHS);
- **Finance:** consideration of redirecting funding of external support towards NGOs;
- **Wider training/forensic evidence training.**

Leads for each of these key actions were identified, with the intention to establish sub-groups to progress them in 2012.

8.1.1 Ferns 5

The **Ferns 5 Working Group's** report, *Treatment Services for Persons who have Exhibited Sexually Harmful Behaviour* was published in March 2007 (HSE 2007b), with 30 recommendations clustered under the headings of:

- philosophy;
- prevention, assessment and treatment;
- strategic direction; and
- model for service delivery.

A multi-agency National Steering Committee for Ferns 5 began to meet in October 2011 with the following terms of reference:

- to examine the assessment, therapy and counselling needs of children, adolescents and adults who have exhibited sexually harmful behaviour;
- to make recommendations concerning service requirements.

The National Steering Committee agreed the following key actions:

- **Formulate a set of National Standards:** two sets to be developed, for adults and for children/adolescents.
- **Model for service delivery:** particularly for dealing with non-convicted people, with existing international models to be considered.
- **Assessment and treatment for children/adolescents/adults:** Adults Services would need to be provided in separate premises, away from children and adolescents.
- **Eight Regional Co-ordinator posts:** two co-ordinator posts would be established in each Region, one for children/adolescent services, one for adults services. Job descriptions for these posts were finalised during 2011 with a primary remit to develop and manage regional assessment and treatment services.
- **Specialist foster care services:** placement options for this cohort of young people are limited and training would be required to develop specialist families. International models of specialist

training support for foster families would also be considered.

- **Clinical network (including research and training):** This involves formally linking clinicians in the Region who are involved in sexual abuse assessment and treatment to the proposed sexual abuse centre for support, training and supervision.
- **Finance:** A desire to redirect finances from private sector providers to mainstream services.

Leads for each of these key actions were identified, with the intention to establish sub-groups to progress them in 2012.

8.2 Joint HSE/Garda Specialist Interview Training

Section 16 (1) (b) of the *Criminal Evidence Act, 1992* allows for the admission as evidence of 'a video-recording of any statement made by a person under 14 years of age (being a person in respect of whom such an offence is alleged to have been committed) during an interview with a member of the Garda Síochána or any other person who is competent for the purpose.' The legislation was enacted in October 2008.

Special facilities for the holding of child abuse interviews have been developed, together with training for social workers and Gardaí undertaking such interviews. There is a protocol in place between HSE Children and Family Services and An Garda Síochána relating to the electronic recording of children being interviewed for suspected child abuse cases. The purpose of this protocol is to facilitate and assist both organisations in their joint approach to making a video recording of an interview with a complainant where it is intended to submit the recording as evidence in court.

The *An Garda Síochána Youth and Children Strategy 2009-11* included a performance indicator for 16 HSE staff and 68 Gardaí to be jointly trained. The HSE raised this to 30 HSE staff and by June 2011 a total of 33 HSE staff had been released for training, of whom 23 staff fully and successfully completed the course (nine from DML; three from DNE; nine from West; two from South).

In 2011 HSE Children and Family Services established a project group to review the training from an HSE perspective, in preparation for the establishment of a governance group. The review aimed to identify:

- the availability of appropriately trained social workers to carry out this specialist work;
- clarity in relation to responsibility of both organisations;
- consideration of whether interviews were being carried out in accordance with the legislative obligations and best practice;
- up-to-date register of key contact personnel and appropriate facilities for the holding of such interviews.

Questionnaires were returned by 28 Principal Social Workers and 11 of the social workers involved in the training. This evidenced lack of clarity about the relative roles of social workers and Gardaí in the process, with recommendations including:

- a requirement for the HSE Children and Family Services National Office to make a clear decision about whether social workers should be involved in the process and sign off the national process if this is the case;
- the need for a national steering group to oversee implementation of the protocol, including a

comprehensive communication strategy, targeting of appropriate staff for the training and monitoring of training course completion;

- revisions to the current protocol to be clearer about how joint working should operate at ground level, including clarification of the purpose of interviews and clarification of roles;
- the provision to each PSW of a list of staff qualified to conduct joint interviewing.

Ongoing development of inter-agency provision of specialist interviews is being conducted within the context of the Ferns 4 National Steering Committee.

9 ALTERNATIVE CARE SERVICES

9.1 Introduction to Alternative Care Services

The HSE has a statutory responsibility to provide Alternative Care Services under the provisions the *Child Care Act, 1991*, *the Children Act, 2001* and the *Child Care (Amendment) Act, 2007*. Children who require admission to care are accommodated through placement in foster care, placement with relatives, or residential care. The HSE also has a responsibility to provide Aftercare services. In addition, services are provided for children who are homeless or who are separated children seeking asylum. The HSE also has certain responsibilities with regards to adoption processes.

Set out below are the key legislative provisions for Alternative Care Services. Other related provisions are covered under the Child Protection and Family Support Sections.

- Child Trafficking and Pornography Act, 1998;
- Child Care Act, 1991;
- Child Care (Placement of Children in Foster Care) Regulations, 1995;
- Child Care (Placement of Children with Relatives) Regulations, 1995;
- Child Care (Placement of Children in Residential Centres) Regulations, 1995;
- Child Care (Standards in Children's Residential Centres) Regulations, 1996;
- Refugee Act, 1996;
- Children Act, 2001;
- Ombudsman for Children Act, 2002*;*
- Children (Family Welfare Conference) Regulations, 2004;
- Child Care (Special Care) Regulations, 2004;
- Child Care (Amendment) Act, 2007;
- Health Act, 2007;
- Adoption Act, 2010.

National policies and guidelines include:

- *Child Care (Standards in Children's Residential Centres) Regulations 1996 and Guide to Good Practice in Children's Residential Centres* (DoHC 1997);
- *Standards and Criteria for the Inspection of Children's Residential Centre* (Fox and McTeigue 1999);
- *Children First, National Guidelines for the Protection and Welfare of Children* (DoHC 1999a);
- *National Standards for Special Care Units* (DoHC 1999b);
- *Towards a Standardised Framework for Inter-Country Adoption Assessment Procedures* (DoHC 1999c);
- *National Children's Strategy: Our Children – Their Lives* (DoHC 2000a);
- *National Standards for Children's Residential Centres* (DoHC 2000b);
- *Foster Care - A Child Centred Partnership* (DoHC 2001a);
- *Youth Homelessness Strategy* (DoHC 2001c);
- *Our Duty to Care: The principles of good practice for the protection of children and young people* (DoHC 2002);
- *National Standards for Foster Care* (DoHC 2003a);
- *Statement of Good Practice: Separated Children in Europe Programme* (Separated Children in

Europe Programme 2009, 4th edition);

- *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People* (HIQA 2010a);
- *Guidance for the HSE for the Review of Serious Incidents including Deaths of Children In Care* (HIQA 2010b);
- *Children First: National Guidance for the Protection and Welfare of Children* (DCYA 2011a).

9.2 Review of Capacity Needs for Alternative Care

Action 48 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: '*The HSE will systematically plan to ensure that appropriate placements are available for children in care'* while Action 73 stated: *'The HSE will actively review the impact of placement distance from family and community on a child's ongoing relationship and contact with their family, and if the placement goes ahead, will put in place a specific plan to facilitate ongoing contact.'*

In 2011 HSE Children and Family Services commissioned a review of alternative care services from *Mark Brierley Consulting*. The bulk of the research work was directed towards a range of surveys of children in care and supporting services. The intention was to look beyond basic data to gather more qualitative information on children in care. A range of tools was developed and March 13th 2011 was chosen as the audit date. The tools were focused on:

- Children who were not in care but were being considered for care on March 13th 2011.
- An In-Depth Audit of children in care who met certain criteria relating to:
    - placement type (i.e. in special care, high support, single care placement, specialised foster care, special arrangements, emergency placements, or a child aged under 12 in a residential placement);
    - placement location (placed outside the Local Health Office area or more than 60km from their home community);
    - placement stability (three or more placements within the last year (excluding respite), or placement at substantial risk of breakdown);
    - placement unsuitable to child's need (placement currently not meeting the child's need sufficiently, or substantial difficulties finding a suitable placement in the last 12 months).
- Children receiving aftercare support.
- Foster carers.
- Private sector costs.
- Supported lodgings providers.
- Views of children and young people.

Findings from the research have been shared with the DCYA and will inform future planning of alternative care services.

9.3 Service Development

9.3.1 Development of Foster Care Services

There have been several studies into foster care services over the last few years:

- In 2009, the HSE conducted a *National Audit of Foster Care Services* (HSE 2010f). In 2010, the HSE published the *Action Plan to Implement the Recommendations in the National Audit of Foster Care Services* (HSE 2010a). This included both a national action plan and four regional action plans.
- In February 2011, HIQA carried out an announced follow-up inspection of the national foster care service provided by the HSE (HIQA 2011a). This was in order to assess the HSE's implementation of a series of national recommendations contained within previous inspection reports published by the Authority in July 2010. This inspection found that of these 12 recommendations, one was met, two were not met, and nine were partly met.
- The Review of Capacity Needs for Alternative Care also explored foster care provision within the context of overall care services.

As a result of the above, work was ongoing in the following areas in 2011:

- **The development of policy, procedures and best practice guidance for foster care committees.** These include: the purpose, function and functioning of foster care committees; guidelines for processing fostering assessments; and guidelines for presenting to foster care committees. The procedures will ensure that fully informed decisions are made through a comprehensive assessment and vetting process to ensure that the individual needs of the child are addressed through the matching of need with the capacity and skills of the foster carer.
- **The development of Standardised Business Processes** to provide consistency in assessment tools and care plans.
- **The development of guidance on the role of fostering link workers** (covering recruitment, assessment, training, and supervision and support).
- **The development of guidance for foster care reviews.**
- **The development of a policy on dealing with incidents of bullying against foster children.**
- **The development of guidance on respite care.**
- **The development of standardised contracts for both general and relative foster carers** including a requirement for foster carers to attend training.

9.3.2 Supported Lodgings

Supported lodgings is the provision of accommodation, support and a family setting to young people who cannot live at home, but are not ready to live independently. Supported lodgings should only be considered for young people, aged 16 and above, who are deemed, through a thorough assessment process capable of living independently without a full range of supports. Children under 16 are not to be accommodated in supported lodgings.

The HSE undertook an audit of supported lodgings in 2010 (HSE 2010g). The audit was undertaken at the request of HIQA. In response to the findings, in 2011 HSE Children and Family Services began to work on the development of a national set of templates to be used for Supported Lodgings carers, covering:

- expectations of supported lodgings carers;
- enquiry and application forms;
- an assessment framework.

These templates will be completed in 2012. Guidance on supported lodgings assessments and reports was also included within the policy, procedures and best practice guidance for foster care committees.

9.3.3 Care Planning for Children in Children Detention Schools

Action 63 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: '*The HSE will ensure that social workers who are allocated to children whom the courts place in detention continue to work in partnership with the children detention schools in care planning.'*

In 2011 HSE Children and Family Services and Irish Youth Justice Services developed a joint protocol for working together where children in detention are known to HSE social work services. These children might require support and/or services from both HSE Children and Family Services and the children detention schools. This protocol promotes coordinated, collaborative practices between HSE social workers and the children detention schools and provides guidance on joint working with children and young people who are in detention and who have been identified by a HSE social work assessment as having on-going welfare needs. This includes children in care under the *Child Care Act, 1991* and also children who are not in care but who have been allocated a social worker following social work assessment. The document outlines the separate duties of staff in the children detention schools and HSE Children and Family Services social workers. The intention is to develop a shared understanding and ownership of the issues relating to these young people and effective interagency planning to produce more co-ordinated assessments, care and support packages.

9.3.4 Placement of Sibling Groups

Action 72 of the Ryan Implementation Plan stated: *'The HSE will ensure that where siblings have needs that cannot be met within the one placement at a particular time, the care plan should review on a regular basis current circumstances to see if a joint placement is in the interests of all the children in the future. Siblings who live apart should have planned visits and holidays together other than in exceptional circumstances where it is not in the best interest of a child to do so and these reasons are formally recorded.'* This action has been referred to the National Alternative Care Co-ordination group for development of a national protocol with regard to the placement needs of sibling groups.

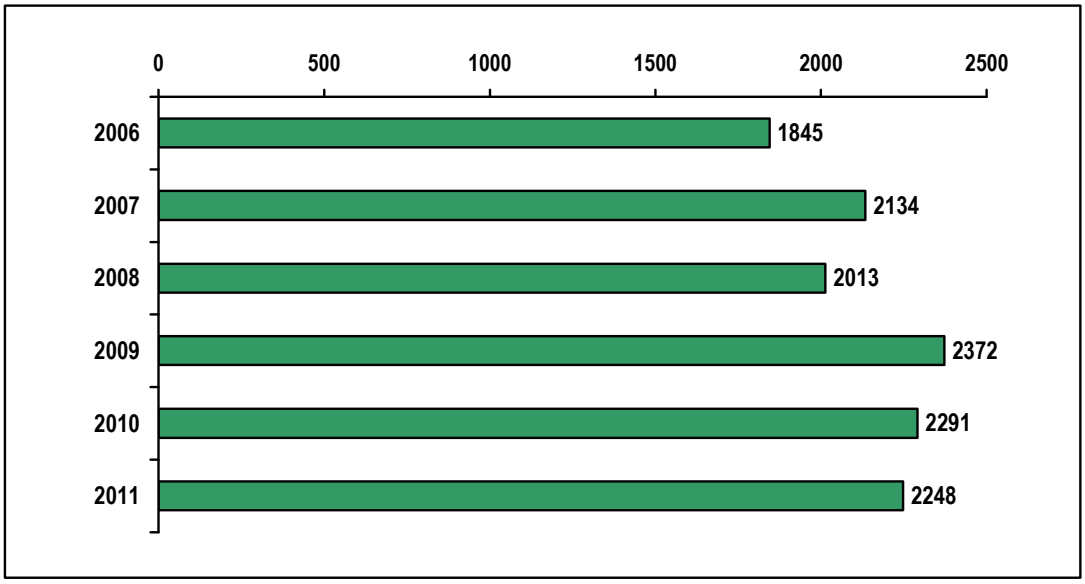
9.4 Children in Alternative Care Data

Data for 2011 on the number of children in care, by LHO and Region, their placement type, and key statutory duties derives from the HSE database on Quarter 4 2011 Performance Indicators. Data on admissions to care, the primary reason for admission to care, age and gender of children in care, the placement of children under 12 in residential care, length of time in care, placement abroad, and aftercare derives from the HSE's annual collection of Child Care information through the Child Care Dataset.

9.4.1 Admissions to Care

There were 2,248 children admitted to care in 2011 (figure 10). This represented a fall of 5.2% (n=124) since the high point in 2009.

Figure 8: Admissions to care x Year (2006-2011)



Primary reason for admission to care and care status was recorded for 2,218 of the children admitted to care (table 22). Around 62% (n=1,382/2,218) of children were admitted to care voluntarily. For 50% (n=1,103) the primary reason related to family problems. More children were admitted to care for abuse (35%, n=772) than in 2010 (30%, n=687). The largest individual primary categories were *Parent unable to cope/family difficulty re: housing/finance etc.* (22%, n=480), *Neglect* (22%, n=483), and *Family member abusing drugs/alcohol* (12%, n=262). Compared to the previous year, there were rises for both *Neglect* (2010: 17%, n=398) and *Family member abusing drugs/alcohol* (2010: 10%, n=231).

Table 22: Primary reason for admission to care x Care status (2011)

Care status / Primary reason for admission	Emergency Court Order	Other Court Order	Admitted Voluntarily	Total	%
Abuse	**202**	**265**	**305**	**772**	**35%**
Physical abuse	35	55	79	169	8%
Sexual abuse	4	20	9	33	1%
Emotional abuse	32	21	34	87	4%
Neglect	131	169	183	483	22%
Child Problems	**30**	**52**	**261**	**343**	**15%**
Child with emotional/behavioural problems	13	29	164	206	9%
Child abusing drugs/alcohol	4	4	18	26	1%
Child involved in crime	0	0	5	5	0%
Child pregnancy	0	1	6	7	0%
Physical illness/disability in child	3	3	14	20	1%
Mental health problem/intellectual disability in child	1	6	9	16	1%
Other	9	9	45	63	3%
Family Problems	**108**	**179**	**816**	**1103**	**50%**
Parent unable to cope/family difficulty re: housing/finance etc.	16	43	421	480	22%
Family member abusing drugs/alcohol	39	77	146	262	12%
Domestic violence	8	14	12	34	2%
Physical Illness/disability in other family member	3	1	27	31	1%
Mental health problem/intellectual disability in other family member	24	16	94	134	6%
Separated children seeking asylum	0	5	4	9	0%
Other	18	23	112	153	7%
Total	**340**	**496**	**1382**	**2218**	**100%**
%	15%	22%	62%	100%	

9.4.2 Children in Care

Between 2006 and 2011, the number of children in care rose from 5,247 to 6,160, an increase of 17.4% over that period (figure 9).

Figure 9: Number of children in care (Dec 2011)

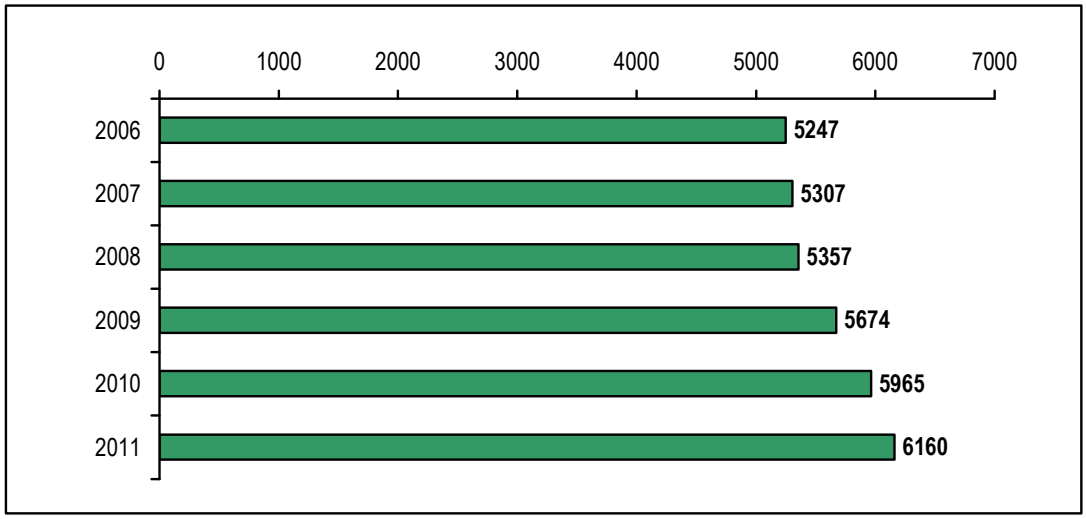
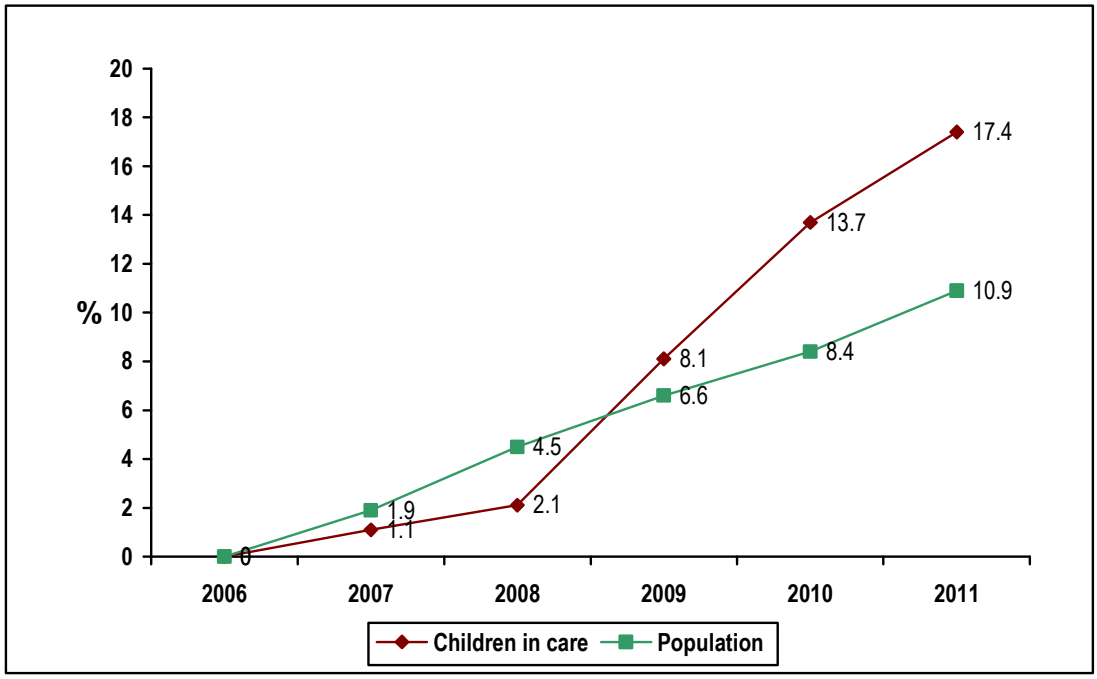


Figure 10 shows that the cumulative growth in the number of children in care from 2006-2008 was below the estimated growth of the 0-17 population, whereas for 2008-2011 it exceeded it.

Figure 10: Cumulative percentage rise in population 0-17[5] and children in care



[5] Central Statistics Office (CSO, 2012a).

9.4.3 Rates of Children in Care per Local Population

Table 23 shows the rate of children in care per 10,000 population for different jurisdictions. The rate of children in care in Ireland was lower than for these other jurisdictions. Apart from Northern Ireland, both the number of children in care and the rate of children in care had risen compared to the previous year.

Table 23: Children in care – comparative rates for 0-17 populations internationally

	Children in care 2010	Children in care 2011	Annual change	0-17 population	Rate per 10,000 population 2011
Ireland (Dec 2010)	**5,965**	**6,160**	**3.3%**	**1,148,687**[6]	**53.6**
Northern Ireland (Mar 2011)[7]	2,606	2,511	-3.6%	430,700[8]	58.3
England (Mar 2011)[9]	64,400	65,520	1.7%	n/a	59
Australia (June 2010)[10]	34,069	37,648	10.5%	5,128,535	73.4
Wales (Mar 2011)[11]	5,162	5,419	5.0%	n/a	82
Scotland (Jul 2011)[12]	15,892	16,171	1.8%	1,037,689	155.8

Table 24 shows the rate of children in care per 10,000 population for the four HSE regions.

Table 24: Children in care (December 2011) x Children's population (April 2011) x Region

Region	Population (2011)	No. children in care (2011)	% of children in care (2011)	Rate per 10,000 population
Dublin Mid-Leinster	324,955	1,531	24.9%	47.1
Dublin North East	258,569	1,484	24.1%	57.4
South	292,796	1,877	30.5%	64.1
West	272,367	1,268	20.6%	46.6
National	**1,148,687**	**6,160**	**100.0%**	**53.6**

Table 25 shows the same information by LHO. There are major variations, with Dublin North Central having a substantially higher rate than other areas (159.0 per 10,000 population aged 0-17) while neighbouring North Dublin had a rate that was only around one-sixth of this (23.6 per 10,000 population aged 0-17).

[6] Central Statistics Office (CSO, 2012a).
[7] DHSSP, Northern Ireland (2012).
[8] From Census 2011 data, First Release, July 2012 http://www.nisra.gov.uk/Census/2011_results_population.html accessed 22 August 2012
[9] Department for Education, England (2011).
[10] AIHW (2012).
[11] Statistics for Wales (2011).
[12] Scottish Government (2012), General Register Office, Scotland (2012). Note Scottish data for 2011 comprises 1,475 in residential care, 5,296 in foster care, 5,437 at home, and 3,963 in other community placements (which includes placement with friends and relatives). It also includes 18-21 year olds. It is therefore not easy to compare directly. Even if the 6,711 in foster care or residential care placement alone are considered, however, (ie excluding placement with relatives), that would still produce a rate of 65.3 per 10,000 population aged 0-17.

Table 25: Children in care (December 2011) x Children's population (April 2011) x LHO

LHO	Population (2011)	No. children in care (2011)	% of children in care (2011)	Rate per 10,000 population
Dublin North Central	23,524	374	6.1%	159.0
North Lee	46,453	485	7.9%	104.4
Dublin North West	49,142	445	7.2%	90.6
Roscommon	16,076	130	2.1%	80.9
Dublin South City	22,850	170	2.8%	74.4
Tipperary South	24,010	173	2.8%	72.1
Waterford	32,766	236	3.8%	72.0
Limerick	36,813	264	4.3%	71.7
Louth	33,292	223	3.6%	67.0
Carlow/Kilkenny	33,790	199	3.2%	58.9
Wexford	38,842	218	3.5%	56.1
Dublin South West	38,227	211	3.4%	55.2
Dublin West	39,029	214	3.5%	54.8
National	**1,148,687**	**6,160**	**100%**	**53.6**
Clare	30,666	163	2.6%	53.2
South Lee	44,904	233	3.8%	51.9
North Cork	22,887	117	1.9%	51.1
Laois/Offaly	44,081	225	3.7%	51.0
Tipperary North	27,510	135	2.2%	49.1
Wicklow	31,320	144	2.3%	46.0
Dun Laoghaire	28,558	131	2.1%	45.9
West Cork	14,204	65	1.1%	45.8
Kerry	34,940	151	2.5%	43.2
Cavan/Monaghan	35,955	155	2.5%	43.1
Dublin South East	22,672	93	1.5%	41.0
Galway	61,194	235	3.8%	38.4
Longford/Westmeath	33,645	124	2.0%	36.9
Donegal	43,732	161	2.6%	36.8
Kildare/West Wicklow	64,573	219	3.6%	33.9
Mayo	32,514	110	1.8%	33.8
Sligo/Leitrim/W Cavan	23,862	70	1.1%	29.3
Meath	53,400	138	2.2%	25.8
North Dublin	63,256	149	2.4%	23.6

9.4.4 Trends in Number of Children in Care 2008-2011

Since 2008, the number of children in care has risen by 15% (n=803, table 30). The distribution of this rise has been uneven, with South experiencing a rise of 27.6% (n=406), West 22.6% (n=234), Dublin North East 6.3% (n=88) and Dublin Mid-Leinster 5.2% (n=75).

Table 26: Trends in children in care 2008-2011 (Dec 31st each year)

LHO	2008	2009	2010	2011	Change	%
Dublin South City	141	176	165	170	29	20.6%
Dublin South East	102	98	100	93	-9	-8.8%
Dublin South West	183	204	229	211	28	15.3%
Dublin West	214	209	220	214	0	0.0%
Dun Laoghaire	141	133	127	131	-10	-7.1%
Kildare/W Wicklow	209	224	217	219	10	4.8%
Laois/Offaly	202	209	210	225	23	11.4%
Longford/Westmeath	116	110	135	124	8	6.9%
Wicklow	148	163	154	144	-4	-2.7%
Dublin Mid-Leinster	**1456**	**1526**	**1557**	**1531**	**75**	**5.2%**
Cavan/Monaghan	152	119	125	155	3	2.0%
Dublin North Central	356	374	389	374	18	5.1%
Dublin North West	430	423	437	445	15	3.5%
Louth	178	190	199	223	45	25.3%
Meath	143	145	146	138	-5	-3.5%
North Dublin	137	146	144	149	12	8.8%
Dublin North East	**1396**	**1397**	**1440**	**1484**	**88**	**6.3%**
Carlow/Kilkenny	148	155	180	199	51	34.5%
Kerry	130	144	155	151	21	16.2%
North Cork	78	103	97	117	39	50.0%
North Lee	363	414	442	485	122	33.6%
South Lee	190	184	216	233	43	22.6%
Tipperary South	134	160	158	173	39	29.1%
Waterford	187	199	226	236	49	26.2%
West Cork	61	65	68	65	4	6.6%
Wexford	180	212	216	218	38	21.1%
South	**1471**	**1636**	**1758**	**1877**	**406**	**27.6%**
Clare	126	141	156	163	37	29.4%
Donegal	124	123	138	161	37	29.8%
Galway	170	206	229	235	65	38.2%
Limerick	225	236	257	264	39	17.3%
Mayo	111	108	112	110	-1	-0.9%
Roscommon	121	128	122	130	9	7.4%
Sligo/Leitrim/W Cavan	76	73	73	70	-6	-7.9%
Tipperary North	81	100	123	135	54	66.7%
West	**1034**	**1115**	**1210**	**1268**	**234**	**22.6%**
NATIONAL	**5357**	**5674**	**5965**	**6160**	**803**	**15.0%**

LHOs that experienced the highest rises proportionally were:

- Tipperary North (66.7%, n=54);
- North Cork (50.0%, n=39);
- Galway (38.2%, n=65);
- Carlow/Kilkenny (34.5%, n=51);
- North Lee (33.6%, n=122);
- Donegal (29.8%,n=37);
- Clare (29.4%, n=37);
- Tipperary South (29.1%, n=39);
- Waterford (26.2%, n=49);
- Louth (25.3%, n=45).

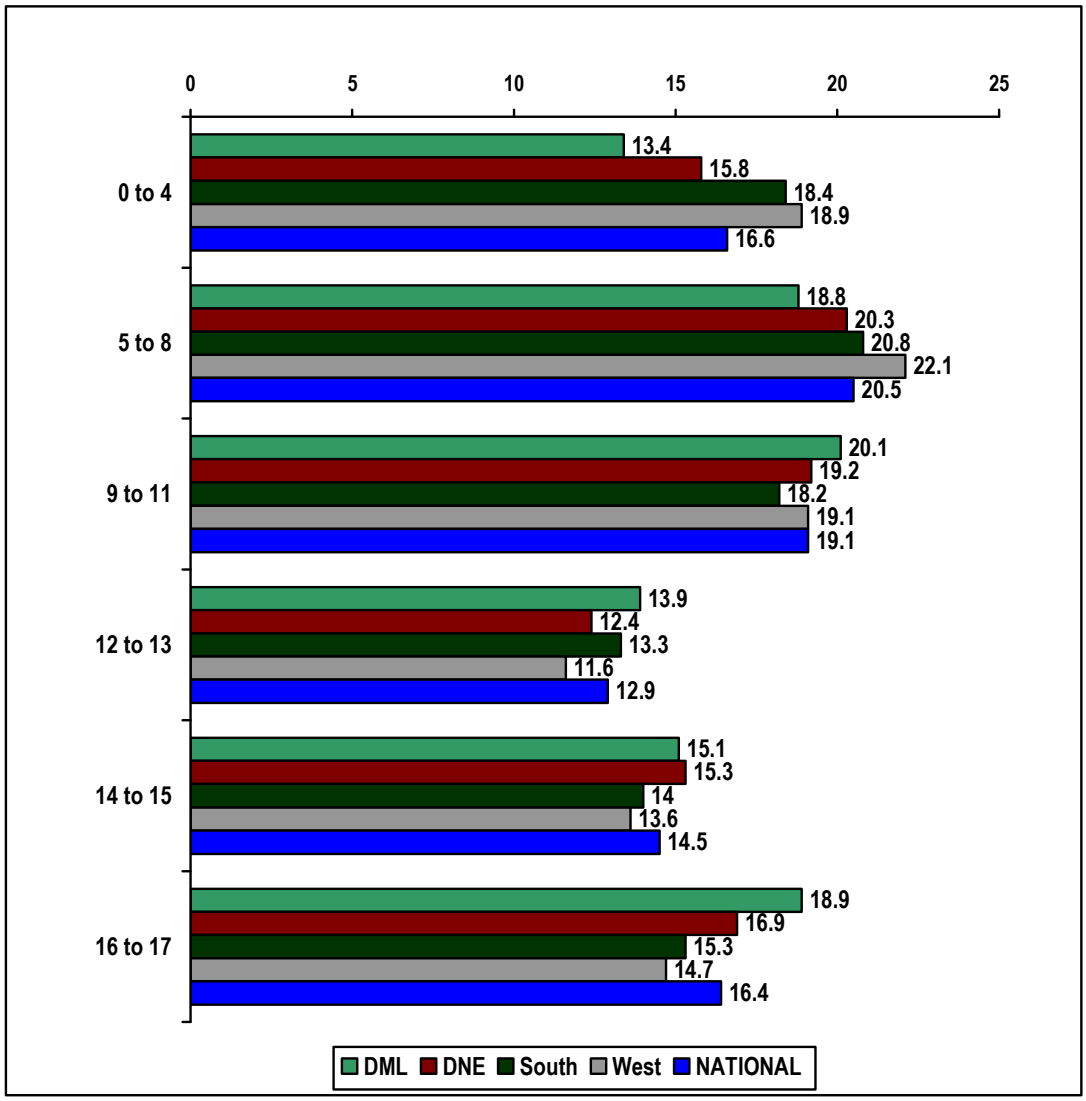
LHOs that experienced a small rise proportionally or a decline were:

- Dublin South East (-8.8%, n=-9);
- Sligo/Leitrim/West Cavan (-7.9%, n=-6);
- Dun Laoghaire (-7.1%, n=-10);
- Meath (-3.5%, n=-5);
- Wicklow (-2.7%, n=-4);
- Mayo (-0.9%, n=-1);
- Dublin West (0.0%, n=0);
- Cavan/Monaghan (2.0%, n=3);
- Dublin North West (3.5%, n=15).

9.4.5 Age and Gender of Children in Care

There was a reasonably even balance in terms of gender for children in care in 2011, with 51.7% (n= 3,182) being male and 48.3% (n=2,973) female. With regards to age, around 37.0% of children in care were aged 0-8, 32.0% were aged 9-13 and around 30.9% were aged 14-17. Figure 11 shows the distribution of children in care by age group across the Regions.

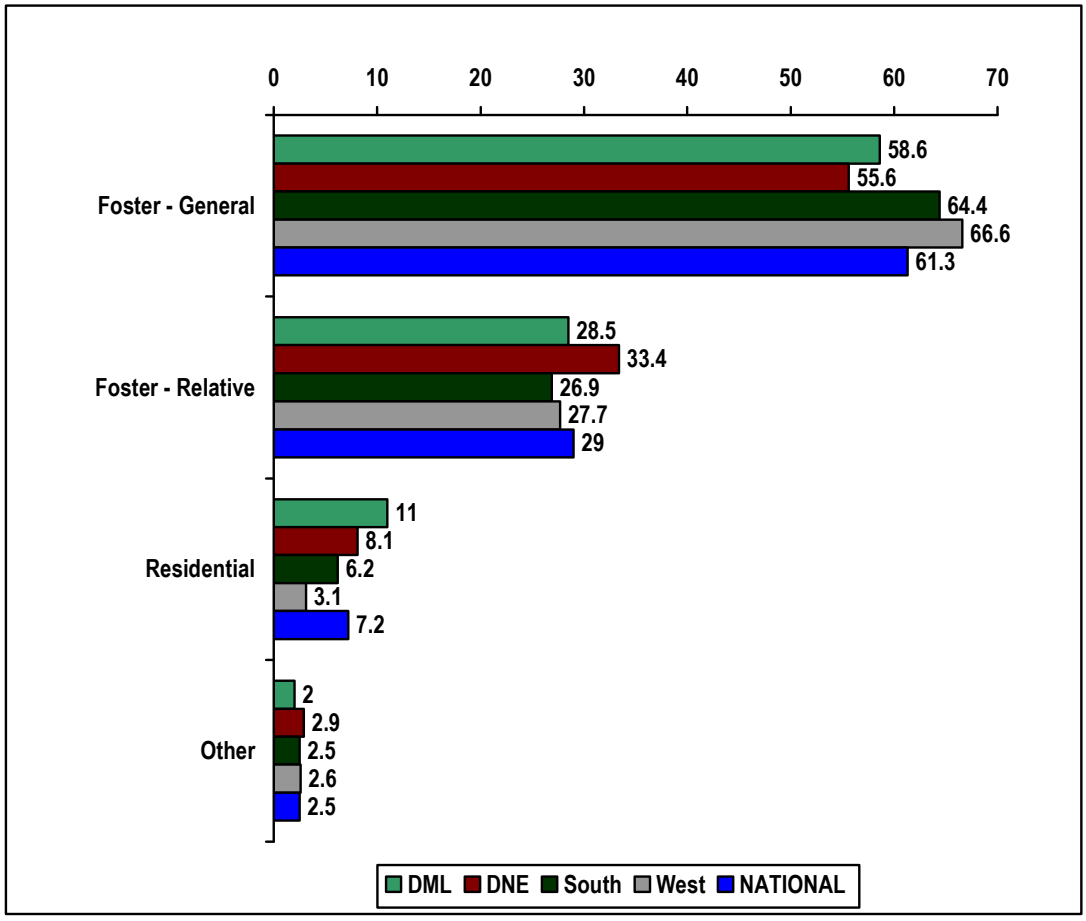
Figure 11: Children in care x Age, percentage in each Region (Dec 31 2011)



9.4.6 Placement Type for Children In Care

Performance indicators in the *HSE National Service Plan 2011* included targets that at least 60% of children in care would be placed in general foster care, 30% in relative foster care, and no more than 7% in residential care. The target for foster care was exceeded in 2011, with 61.3% (n=3,776/6,160) in foster care (figure 14). The targets were marginally missed for Relative Foster Care (29%, n=1,788) and residential care (7.2%, n=443). For residential care, this was proportionally an improvement on 2010 (7.4%) but the number of children in residential care was still slightly higher (2010 n=440). The HSE Corporate long term plan is for children in residential care to be 5% or less: on a total care population of 6,160, this would equate to 308 ie 135 fewer children in residential care than in 2011.

Figure 12: Placement type x percentage of placements in each Region (Dec 31 2011)



Percentages for LHOs are shown in table 27.

Table 27: Placement type x percentage of placements in each Region and LHO (Dec 31 2010)

Dublin Mid-Leinster	Foster	Relative	Resid	Other
Dublin South City	54.1%	33.5%	11.2%	1.2%
Dublin South East	52.7%	28.0%	10.8%	7.5%
Dublin South West	46.0%	43.1%	9.0%	0.9%
Dublin West	63.6%	21.0%	14.0%	0.0%
Dun Laoghaire	55.7%	30.5%	7.6%	5.3%
Kildare/W Wicklow	68.5%	18.3%	9.6%	1.8%
Laois/Offaly	64.4%	24.9%	6.2%	3.1%
Longford/Westmeath	66.9%	23.4%	9.7%	0.0%
Wicklow	50.0%	36.1%	12.5%	0.7%
DML total	**58.6%**	**28.5%**	**10.0%**	**2.0%**

Dublin North East	Foster	Relative	Resid	Other
Cavan/Monaghan	79.4%	17.4%	0.6%	2.6%
Dublin North Central	47.3%	37.2%	12.6%	2.1%
Dublin North West	46.7%	41.8%	9.4%	1.6%
Louth	66.4%	27.8%	4.0%	1.8%
Meath	72.5%	17.4%	2.2%	6.5%
North Dublin	46.3%	38.9%	6.0%	7.4%
DNE total	**55.6%**	**33.4%**	**7.5%**	**2.9%**

South	Foster	Relative	Resid	Other
Carlow/Kilkenny	56.8%	37.7%	3.0%	0.0%
Kerry	54.3%	37.1%	3.3%	4.0%
North Cork	54.7%	39.3%	5.1%	0.9%
North Lee	68.0%	26.2%	3.7%	0.6%
South Lee	53.6%	32.2%	6.0%	7.3%
Tipperary South	71.1%	17.3%	8.1%	2.3%
Waterford	66.5%	21.2%	7.6%	4.2%
West Cork	70.8%	20.0%	4.6%	3.1%
Wexford	77.5%	15.1%	5.0%	1.8%
South total	**64.4%**	**26.9%**	**5.1%**	**2.5%**

West	Foster	Relative	Resid	Other
Clare	71.2%	22.1%	3.1%	2.5%
Donegal	68.3%	19.9%	2.5%	8.1%
Galway	71.1%	27.2%	1.7%	0.0%
Limerick	57.6%	33.7%	3.4%	4.5%
Mayo	77.3%	20.9%	1.8%	0.0%
Roscommon	60.8%	37.7%	0.8%	0.0%
Sligo/Leitrim/W Cavan	77.1%	17.1%	2.9%	2.9%
Tipperary North	60.7%	34.1%	2.2%	1.5%
West Total	**66.6%**	**27.7%**	**2.4%**	**2.6%**

9.4.7 Special Care and High Support

9.4.8 Special Care

Special care refers to a type of care that is provided to children and young people, under Section 23C (a) and (b) of the *Child Care (Amendment) Act, 2011,* who are in need of special care or protection by the HSE and would usually be placed in a 'special care unit' (SCU). These units are purpose built secure locked facilities, managed by HSE Children and Family Services (there is one in Dublin, one in Limerick and one in Cork).

A capital development programme was established in 2011 as set out in the Service Plan Target to increase capacity. Refurbishment of the facilities at Ballydowd was completed in 2011 with capacity increased to eight.

Projections for Phase 1 in terms of Capital Projects were for:

- a Special Care Unit at Crannog Nua, providing four beds (+ one emergency bed);
- a Special Care Unit at Ráth na nÒg, providing four beds (+ one emergency bed);
- replacement of Gleann Alainn SCU with two new purpose[built special care units, to provide eight beds (+ two emergency beds).

9.4.9 National Overview Report of Special Care Services

In December 2010, HIQA published a *National Overview Report of Special Care Services Provided by the Health Service Executive* (HIQA 2010c). Further follow-up inspections were conducted on all three units by early 2011, and in March 2011, HIQA produced *The National Overview Follow-Up Inspection Report of Special Care Services provided by the HSE* (HIQA 2011b) which provided an update on the HSE's implementation of the Authority's previous recommendations.

The report found that five of the seven national recommendations made had been met by the HSE, including the appointment of a HSE monitoring officer for all special care units and improvements made to the governance arrangements for special care units. The Authority also found that two of the recommendations were only partially met and required further action. One that was partially met was the recommendation for the HSE to publish and implement a national strategy for the provision of children's special care services. The other was a recommendation for the HSE to implement the recommendations of the Children Acts Advisory Board report, *Tracing and Tracking of Children Subject to a Special Care Application 2010* within reasonable timeframes. The HSE are undertaking work to address both of these recommendations.

9.4.10 High Support

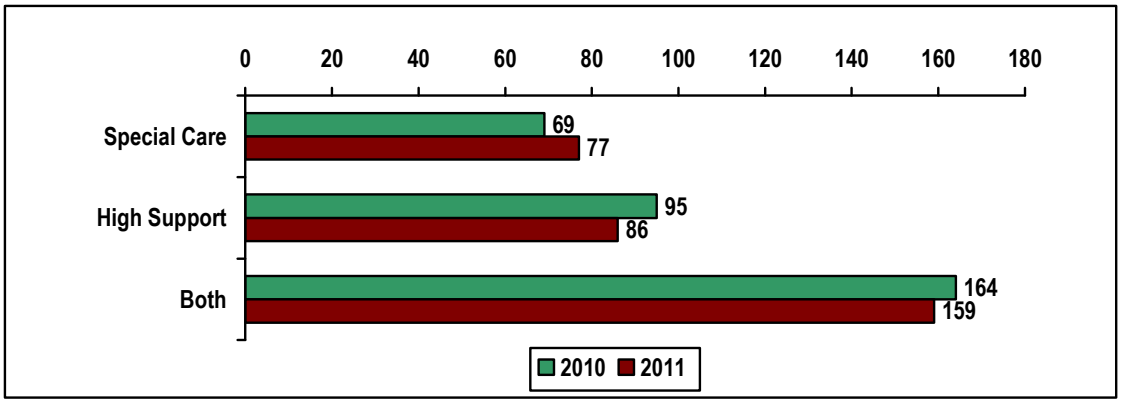
High support units offer a residential service to children and young people who are in need of specialised targeted intervention: they are 'open' in that the young person is not detained. High support units aim to assist young people in developing internal controls of behaviour, to enhance self-esteem, facilitate personal abilities and strengths, and to build a capacity for constructive choice, resilience and responsibility. There are high supports units that are managed locally and two high support units that are managed nationally.

Very few children are actually placed in Special Care or High Support. In December 2011 only 20 children had a special care placement, representing only 0.3% of the 6,160 children in care.

In 2011 there were 159 applications to the three special care units or the two national high support units

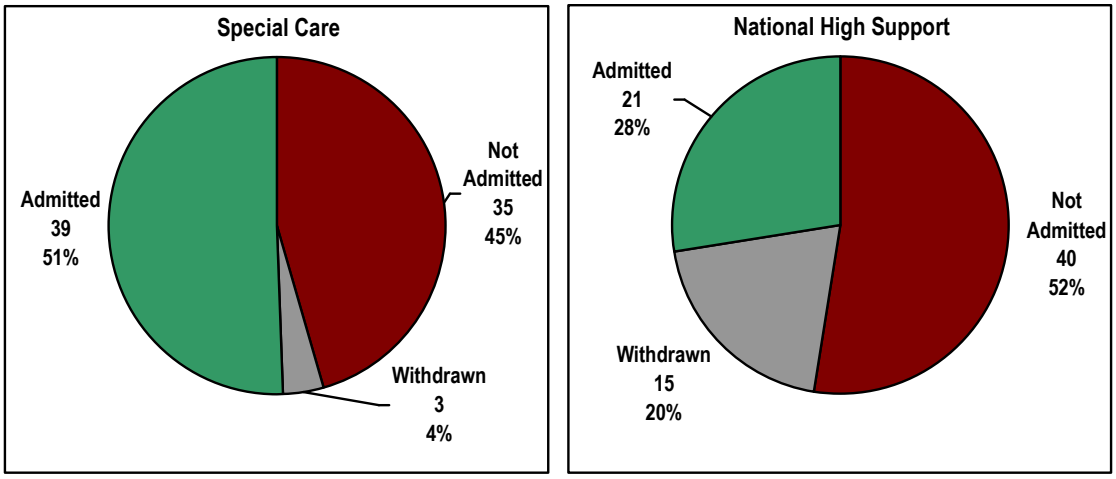
(2010 n=164), 86 for high support (2010 n=95) and 77 for special care (2010 n=69) (figure 13).

Figure 13: Applications to Special Care and National High Support Units 2010-11



Applications to special care were more likely to result in an admission (51%, n=39) than applications to high support (28%, n=21) (figure 16). The number and percentage of applications for special care that were successful was higher than in 2010 (2010 46%, n=32). Four of the young people admitted to special care were in their second or more placement in special care.

Figure 14: Applications to Special Care and National High Support x Application outcome in 2011



Applications to special care were evenly balanced in terms of gender (f=44, m=43), with 50% (n=22/44) of the applications for females resulting in an admission and 39% (n=17/43) of applications for males. For high support, there were more applications for males than females (f=39, m=47), with 28% (n=11/39) of females admitted and 21% of males admitted (n=10/47).

In 2011 28 young people were discharged from special care: 36% (n=10/28) had been in the placement for 1-3 months, 50% (n=14/28) for 3-6 months, 14% (n=7/28) for more than six months (table 28).

Table 28: Length of stay in placement for children leaving this placement in the year 2011

Placement type	1-3 months	3-6 months	More than 6 months	Total
Special care	10	14	4	**28**
National high support	4	2	11	**17**

9.4.11 Supporting Care Placements (ACTS)

Action 12 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: *'In consultation with the Irish Youth Justice Service (IYJS), the HSE will develop a national specialist multidisciplinary team for children in special care and detention.'* A multidisciplinary Working Group representing the HSE and the IYJS developed a four-pronged model comprising:

- a national assessment and intervention service for children at risk;
- on-site therapeutic services for high support and special care units;
- on-site therapeutic services for the children detention schools;
- a parallel development of a forensic child and adolescent mental health service (CAMHS) for children and young people with significant mental health needs requiring more specialist input.

This will be a highly specialised service which offers multidisciplinary assessment and focused time-specific interventions to young people who have high risk behaviours associated with complex clinical needs. The team will also provide multidisciplinary assessment and therapeutic services to young people placed in high support, special care and detention and support residential care staff in their work with young people while promoting positive links with community based services.

Financial constraints meant that this model could not be implemented in 2011.

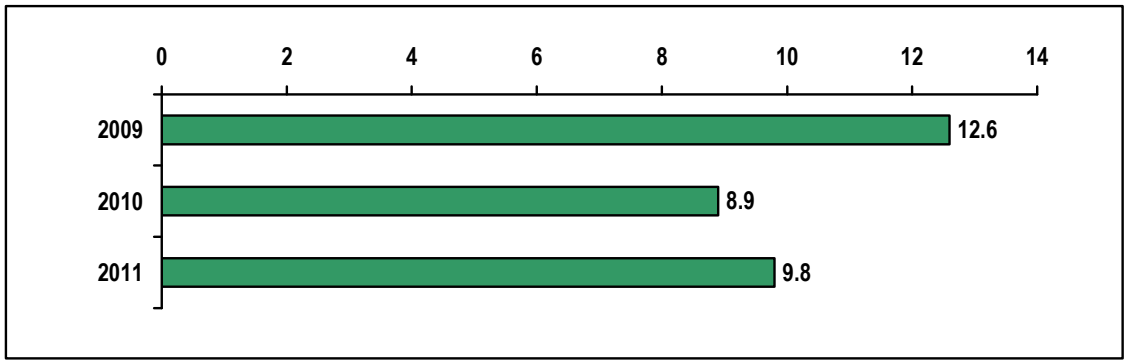
9.4.12 Placement of Children Aged 12 or Under in Residential Care

During 2009 the OMCYA drew up a *National Policy in Relation to the Placement of Children aged 12 Years and Under in the Care or Custody of the Health Service Executive* (OMCYA, 2009a). The intention was to reduce the number and percentage of children aged under 12 who were in residential care: family-based care such as foster care and relative care is felt to be more appropriate for children of this age. Table 29 shows the position in December 2011 with a national average of 9.8% of residential placements being for children aged under 12.

Table 29: Number and percentage of children in residential care aged under 12 (Dec 2010, Dec 2011)

Region	Number aged under 12 in residential care (2010)	% in residential care aged under 12 (2010)	Number aged under 12 in residential care (2011)	% in residential care aged under 12 (2011)
Dublin Mid-Leinster	21	12.7%	26	15.7%
Dublin North East	11	9.1%	3	2.5%
South	5	4.7%	10	9.4%
West	2	4.3%	4	8.5%
National	**39**	**8.9%**	**43**	**9.8%**

Figure 15: Percentage of children in residential care who were aged Under 12 (2009-11)



9.4.13 Placement Stability

The *Review of Capacity for Alternative Care Services* (Mark Brierley Consulting, 2012b) identified that 172 children had been subject to three or more placement moves (excluding respite placements) in the year to March 31st 2011. This amounted to 2.9% of all children in care (n=172/5,965, the number of children in care in December 2010). Two other jurisdictions collect this information, England and Wales: for England the figure was 10.7% (n=7,000/65,520, Department for Education, 2011) and for Wales it was 10.3% (n=530/5,161, Statistics for Wales, 2011). Placements for children in Ireland were therefore substantially more stable than for children in care in England and Wales.

A new performance indicator was introduced on this for 2011. By December 2011, the number of children in care who were in their third placement within 12 months was 150, lower than in March, amounting to around 2.4% of children in care (n=150/6,160) (table 30).

Table 30: Number of children in care in third placement within 12 months x Number of children in care (Dec 2011)

	No. of children in care in 3rd placement within 12 months	No. children in care	Rate
Dublin Mid-Leinster	45	1531	2.9%
Dublin North East	40	1484	2.7%
South	33	1877	1.8%
West	32	1268	2.5%
National	**150**	**6160**	**2.4%**

9.4.14 Length of Time in Care

Research suggests that the age of entry and the speed of action to either return the child home or find long term permanency options for the child are critical in achieving optimal outcomes for children in the care system. In general it is not good practice for a child to be in residential care for five years more. In 2011 some 52.3% of children in general residential care had been in care for less than a year (2010 52.7%), with 29 in residential care having been in care for five years or more.

Table 31: Number of children in care x Length of stay (Dec 2011)[13]

Length of stay / Placement type	Less than one year	One to five years	More than 5 years	Total
Foster care general	803	1,570	1,386	3,759
Children with special or extra supports	1	14	14	29
Foster care with relatives	313	844	623	1,780

[13] Note: this data was not available for all the 6,160 children in care

Pre-adoptive foster placement	5	7	2	14
Residential general	184	148	20	352
Residential special	35	15	4	54
Residential high support	15	10	5	30
At home under a care order	15	11	5	31
Other	53	49	4	106
Total	**1,424**	**2,668**	**2,063**	**6,155**

Length of stay Placement type	Less than one year	One to five years	More than 5 years	Total
Foster care general	21.4%	41.8%	36.9%	100.0%
Children with special or extra supports	3.4%	48.3%	48.3%	100.0%
Foster care with relatives	17.6%	47.4%	35.0%	100.0%
Pre-adoptive foster placement	35.7%	50.0%	14.3%	100.0%
Residential general	52.3%	42.0%	5.7%	100.0%
Residential special	64.8%	27.8%	7.4%	100.0%
Residential high support	50.0%	33.3%	16.7%	100.0%
At home under a care order	48.4%	35.5%	16.1%	100.0%
Other	50.0%	46.2%	3.8%	100.0%
Total	**23.1%**	**43.3%**	**33.5%**	**100.0%**

Figure 16 shows the length of time that children in foster care (general foster care and relative foster care) had been in care, by year. The proportion who had been in care for less than a year was lower than any other year since 2006 while the proportion in care for between one and five years was higher than any other year in the same period.

Figure 16: Length of time in care for children in foster care x Year (Dec 31)

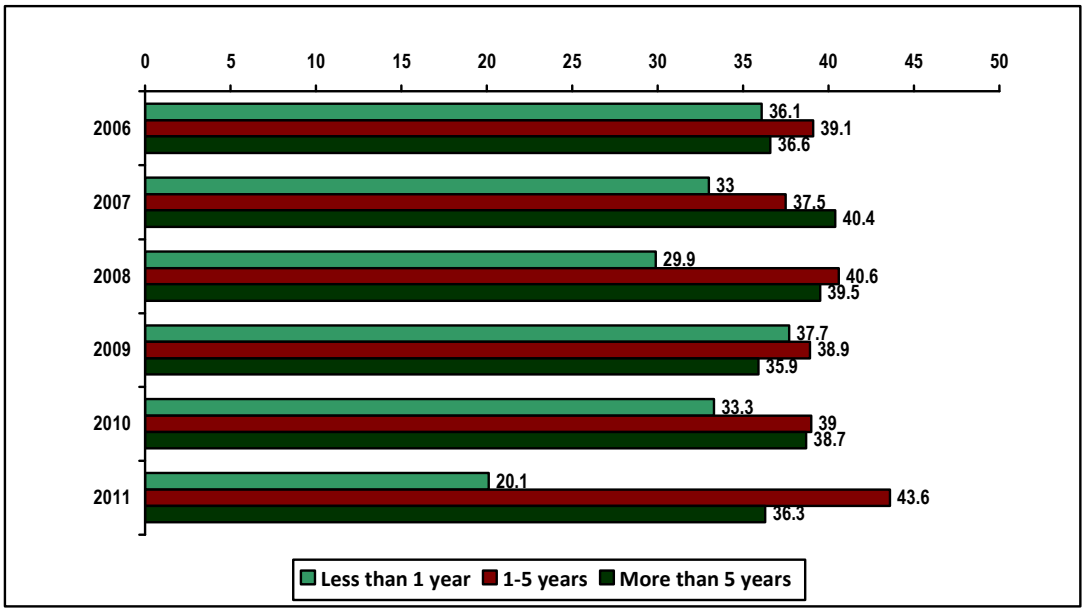
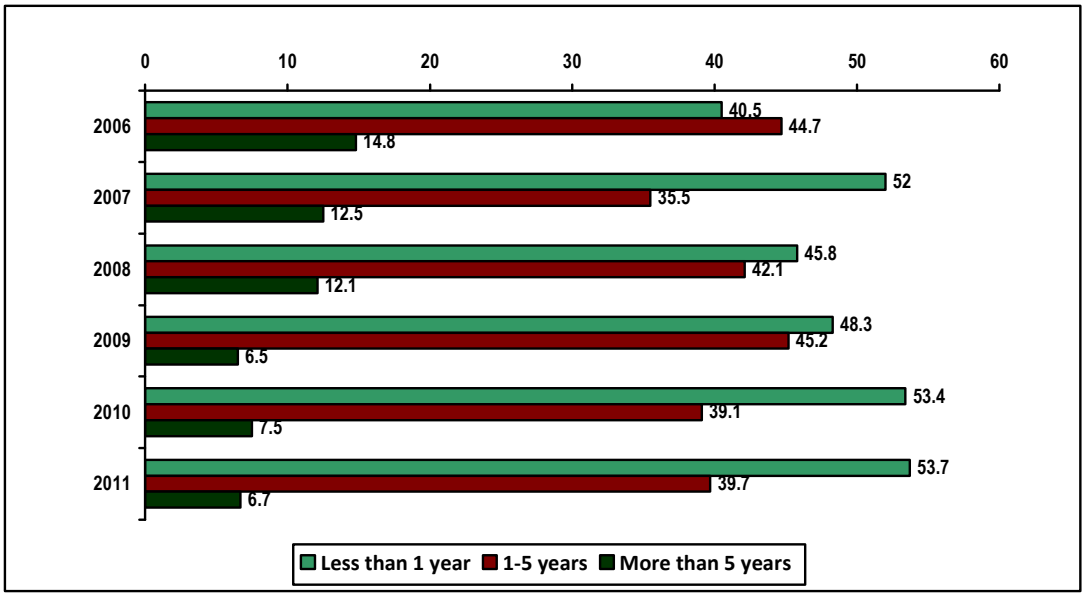


Figure 17 shows the length of time in care for children in residential care by year (mainstream residential care, special care and high support). Around 53.7% of children in residential care in 2011 had been in care for less than a year, higher than the previous years. The percentage of children in residential care who had been in care for more than five years has declined steadily from 14.8% in 2006 to 6.7% in 2011, a fall in numbers from 60 to 29.

Figure 17: Length of time in care for children in residential care x Year (Dec 31)



9.4.15 Placement Abroad

In some limited circumstances there is no suitable placement available for a child within the jurisdiction of Ireland. In those circumstances the *HSE National Protocol for Special Arrangements* applies.

In keeping with the principle of placing children with family members, some children in need of care are placed with relatives who live abroad, under the *Child Care (Placement of Children with Relatives) Regulations, 1995*. Children are also placed abroad whose care plan has outlined their need for specialised treatment and care. These children most commonly have severe behaviour difficulties, in some cases as a result of injury or accident, in others due to their childhood experiences. Some children require long term placements. These difficulties frequently manifest in ways that make the children a danger to themselves and others. HSE Children and Family Services seeks to place children with severe challenging behaviour in specialist foster care and high support and special care units within Ireland and in the majority of instances this is achieved. However, where HSE Children and Family Services is seeking a specialist placement to cater for a rare behavioural diagnosis, it prioritises the needs of the child over the location of the placement.

Where children are placed abroad they remain in the care of the State, they have an allocated social worker who visits them in their placement, they have a care plan and this is reviewed within the statutory framework. All units in which children are placed are subject to the regulatory and inspection framework of that jurisdiction and HSE Children and Family Services makes itself aware of any reports prior to placing a child abroad. HSE Children and Family Services supports visits from family members to children placed abroad by paying for travel and accommodation costs.

The HSE protocol provides for out of state placements for children in care other than for medical treatment. Decisions regarding 'special arrangements' are made by a Regional Panel comprising the Regional Specialist for Children and Family Social Services, a Principal Psychologist, General Manager and other professionals as required. The purpose of the Panel is to make decisions regarding applicants to ensure the proper utilisation of HSE resources, that placements are compliant with regulations, standards and best practice and support equity of access to placements across all HSE areas. Additionally, the Panel acts to ensure a standardised approach to special arrangements across HSE Children and Family Services. All placements outside the jurisdiction are made in the best interests of the child. Funding for such placements is provided on a case by case basis as required.

On December 31st 2011 some 27 children were placed outside Ireland (2010 n= 22, 2009 n=13), four of whom were in a relative placement and 17 of whom were placed abroad because of specialised needs (table 32). Most of these placements were in Northern Ireland (n=3) or other parts of the UK (n=18), with three in other EU countries and three in the USA.

Table 32: Principal reason for placement of children in care outside HSE (Dec 2011)

Principal reason / Region	Relative placement	Specialised needs	Other	Total
Dublin Mid-Leinster	1	5	4	10
Dublin North East	1	6	0	7
South	0	2	2	4
West	2	4	0	6
National	**4**	**17**	**6**	**27**

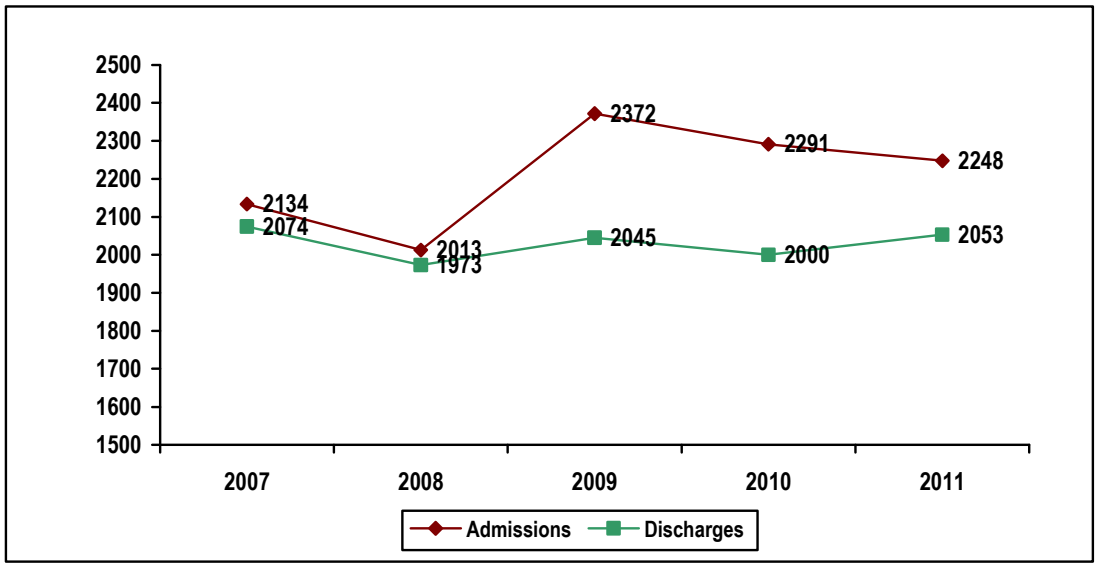
9.4.16 Discharges from Care

In 2011 HSE Children and Family Services was not collecting data on the profile of children when they were discharged from care (eg age, length of time in care) although the introduction of Standardised Business Processes and the NCCIS will address this in the future. It is possible to calculate basic numbers of children discharged from care, as shown in table 33.

Table 33: Changes in the number of children in care in 2011

Items	No.
Children in care December 2010 (A)	5,965
New admissions (B)	2,248
Children in care December 2011 (C)	6,160
Discharges from care (A+B-C)	2,053

Figure 18: Changes in admissions and discharges to and from care x Year



In December 2011 around 23.1% (n=1,424) of children in care had been in care for less than a year. This means that it is possible to estimate that, if only 1,424 of the 2,248 admitted to care during 2011 were still in care by December 2011, then 824 (36.7% of the new admissions) had been discharged from care within the year.

9.4.17 Aftercare

Aftercare is a process of preparation for leaving care, follow up and support in moving towards independence for all those young people who are eligible. Section 45 of the *Child Care Act, 1991* outlines how a care leaver may be supported. The HSE may assist a person under Section 45 in one or more of the following ways:

1. By causing him to be assisted or visited;
2. By arranging for the completion of his education and by contributing towards his maintenance while he is completing his education;
3. By placing him in a suitable trade, calling or business and paying such fee or sum as may be requisite for that purpose;
4. By arranging hostel or other forms of accommodation for him;
5. By co-operating with housing authorities in planning accommodation for children leaving care on reaching the age of 18 years.

HSE Children and Family Services may support young people who have been in care up to the age of 21, or, where they are involved in a course of education, until the young person completes that course.

The *Ryan Implementation Plan* (OMCYA 2009b) included a range of actions to be taken in relation to Aftercare. In April 2011 the HSE published *Leaving Care & Aftercare Services: National Policy and Procedure Document* (HSE 2011d). This defined:

- The context, principles and framework for service delivery.
- Practice and procedures, covering eligibility for services and a three-stage model of service delivery covering:
    a. preparation for leaving care;
    b. leaving care;
    c. aftercare.
- Special considerations (disabilities, substance misuse, mental health, parent and child, complex needs, asylum seeking young people leaving care, homelessness, and non-engagement).

An implementation plan for the national policy and procedure was drawn up in 2011, for roll out in 2012.

At December 31st 2009, there were 847 young people in receipt of aftercare services; by December 31st 2010, this had risen to 1,046; and by December 31st 2011 the total was 1,213. This is a rise of 43% since 2009.

Table 34 compares the number of young people in receipt of an aftercare service to the number of children in care as an indicator of the take-up of aftercare support (this will always be a relatively small percentage, given the narrow age-band for children to receive aftercare support ie 18-21 or up to 23 if in full-time education). The overall figure of 19.7% is an increase compared to 2010 (17.5%). Around 53% (n=638) of those in receipt of aftercare services were female and 47% were male (n=575).

Table 34: Children in receipt of aftercare services compared to number of children in care (Dec 2011)

Region	No. young people receiving aftercare support	No. children in care	%
Dublin Mid-Leinster	314	1,531	20.5%

Dublin North East	250	1,484	16.8%
South	304	1,877	16.2%
West	345	1,268	27.2%
National	**1,213**	**6,160**	**19.7%**

Although more young people received aftercare services, the number receiving educational/training support fell from 774 in 2010 to 770 (a fall from 74.0% to 63.5%) (table 35).

Table 35: Education/training support for young people in receipt of aftercare services x Accommodation type and gender (Dec 2010, Dec 2011)

National	Number receiving educational /training support 2010	% receiving educational/ training support 2010	Number receiving educational /training support 2011	% receiving educational/ training support 2011
Foster Care	393	**80.7%**	450	**78.3%**
Residential Care	71	**72.4%**	64	**55.7%**
Supported Lodgings/ assisted independent accommodation	159	**75.0%**	135	**60.5%**
Other	151	**60.6%**	121	**40.3%**
Total	**774**	**74.0%**	**770**	**63.5%**

Table 36: Education/training support for young people in receipt of aftercare services x Region (Dec 2011)

National Totals	No. in receipt of aftercare services	No. receiving educational /training support	% receiving educational/ training support
Dublin Mid-Leinster	314	201	64%
Dublin North East	250	142	57%
South	304	239	79%
West	345	188	54%
National	**1,213**	**770**	**63%**

9.5 Key Statutory Responsibilities

9.5.1 Allocated Social Workers for Children In Care

By December 2011, 92.6% of children in care (n=5,706/6,160) had an allocated social worker and 454 did not. This was down on 2010 (93.2% had an allocated social worker, 406 children did not). A substantial number of the children without an allocated social worker were in Dublin North East (table 37). Overall, 15 LHOs had an allocated social worker for all children in care. The increase in the number of children in care plus recruitment constraints on the Children and Family Services workforce have made the target of 100% difficult to achieve; however, the target in the *National Service Plan 2012* is still that 100% of children in care should have an allocated social worker.

Table 37: Proportion of children in care with an allocated social worker x Placement type x Region (Dec 2011)

Region	% Foster care	% Relative care	% Residential	% Other	% All types	No. cases with no allocated SW
Dublin Mid-Leinster	90.0%	89.2%	97.0%	90.0%	90.5%	145
Dublin North East	88.0%	80.4%	85.9%	86.0%	86.1%	207
South	99.1%	98.8%	100%	97.9%	99.0%	18
West	93.7%	91.7%	94.9%	100%	93.4%	84
National	**93.3%**	**90.0%**	**97.3%**	**93.5%**	**92.6%**	**454**

9.5.2 Written Care Plans for Children In Care

By December 2011 90.4% of children in care (n=5,567/6,160) had a written care plan and 593 did not (2010 figures: 90.1%, 588 without a care plan) (table 38). The percentage of children with a care plan in Dublin North East was much lower than other Regions and in November 2011 a Service Improvement Team was established to address this backlog in the Region. A standardised Care Plan template will be rolled out under Phase 2 of the implementation of Standardised Business Processes.

Table 38: Proportion of children in care with a written care plan x Placement type x Region (Dec 2011)

Region	% Foster care	% Relative care	% Residential	% Other	% All types	No. cases with no written care plan
Dublin Mid-Leinster	90.0%	89.2%	88.1%	90.0%	90.5%	153
Dublin North East	78.7%	75.2%	80.8%	62.8%	77.2%	338
South	99.1%	98.8%	100%	97.9%	95.6%	83
West	93.7%	91.7%	97.4%	100%	98.5%	19
National	**93.3%**	**90.0%**	**90.1%**	**93.5%**	**90.4%**	**593**

9.5.3 Statutory Care Plan Reviews

A performance indicator was introduced in 2011 on the *Percentage of children (by care type) for whom a statutory care plan review was due during the reporting period and the review took place.* Nationally at the end of Quarter 4, 73.3% of those children due a review in that quarter had received one (table 39). National procedures and a template for Child In Care Reviews will be implemented under Phase 2 of the implementation of Standardised Business Processes.

Table 39: Proportion of children in care for whom a statutory care plan review was due during the reporting period and the review took place x Placement type x Region (Dec 2011)

Region	% Foster care	% Relative care	% Residential	% Other	% All types	No. cases where scheduled review did not take place on time
Dublin Mid-Leinster	56.8%	57.1%	83.9%	81.8%	60.8%	180
Dublin North East	87.4%	96.2%	100%	100%	91.7%	27
South	69.1%	67.2%	81.4%	54.5%	69.3%	251
West	83,2%	61.1%	91.2%	93.3%	79.8%	93
National	**72.7%**	**68.0%**	**88.0%**	**84.9%**	**73.3%**	**551**

9.5.4 Approved Foster Carers with Allocated Social Workers

The *HSE National Service Plan 2011* set a target for 100% of approved foster carers to have an allocated social worker. The actual figure in December 2011 was 88.3% (table 44, n=2,934/3,323), slightly higher than the 2010 figure (87.6%). This meant that 389 approved foster carers did not have an allocated social worker. The target set in the *HSE National Service Plan 2012* was again 100%. Overall, only 11 LHOs had a social worker allocated to all approved foster carers.

Table 40: Proportion of approved foster carers with an allocated social worker x Region (Dec 2011)

Region	No. approved foster carers	No. approved foster carers with an allocated social worker	% with an allocated social worker
Dublin Mid-Leinster	771	675	87.5%
Dublin North East	624	516	82.7%
South	1,157	1,051	90.8%
West (7 LHOs)	771	692	89.8%
National	**3,323**	**2,934**	**88.3%**

New performance indicators for 2012 include:

- number and percentage of foster carers approved by the foster care panel;
- number and percentage of relative foster carers where children have been placed for longer than 12 weeks whilst the foster carers are awaiting approval by the foster care panel under Part III of the Regulations.

9.6 Resources: Foster Carers, Residential Centres and Supported Lodgings Providers

9.6.1 Foster Carers

In December 2011, there were 3,783[14] foster families in Ireland, of whom 63.9% (n=2,417) were general foster care families and 36.1% (n=1,366) were relative foster carers (table 41).

Table 41: Number of foster carers (Dec 2011)

	General foster care families	Relative foster care families	Total foster carers	%
Dublin Mid-Leinster	602	345	947	25.0%
Dublin North East	517	378	895	23.7%
South	744	385	1129	29.8%
West	554	258	812	21.5%
National	**2417**	**1366**	**3783**	**100.0%**
%	63.9%	36.1%		

9.6.2 Residential Centres

There were 161 children's residential centres in Ireland in 2011, across statutory, voluntary and private sectors. The Review of Adequacy 2010 included data on children's residential centres, based on data from HIQA's annual census. HIQA did not carry out this census in 2011. HSE Children and Family Services will start collecting data on residential centres in 2013, to include number of centres, number of places and occupancy.

9.6.3 Supported Lodgings

The Review of Capacity for Alternative Care (see section 8.3) identified that there were 147 supported lodgings providers in March 2011, of which 75% were providing a service at that date (table 42). This is an increase on the 140 providers identified in April 2010 in the *National Audit of Supported Lodgings* (HSE 2010g).

Table 42: Number currently providing a supported lodgings service x Region (Mar 2011)

Currently providing a service? Region	Yes	No	Total	% currently providing a service
Dublin Mid Leinster	34	11	45	76%
Dublin North East	43	9	52	83%
South	25	9	34	74%
West	8	8	16	50%
Total HSE	**110**	**37**	**147**	**75%**

[14] This number is higher than the number of *approved* foster carers because some families will have been going through the approval process

9.7 Youth Homelessness

Development of a National Policy and Procedure on the Use of Section 5 of the *Child Care Act, 1991*

Action 35 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: *'The HSE will undertake a national review of current practice in relation to Part II, Section 5 of the Child Care Act, 1991 where homeless children can be placed in accommodation and not received into the care of the HSE.'* Section 8.10 of *Children First: National Guidance for the Protection and Welfare of Children* (DCYA 2011a) also provides guidance in this area.

HSE Children and Family Services completed this audit in 2011. LHOs were asked to provide information on:

- services available for children who are homeless or become homeless;
- steps taken to make available suitable accommodation where a child is deemed homeless under the *Child Care Act, 1991* e.g. Section 4 Voluntary Care; Section 5 Accommodation for homeless children; Section 18 Care Order);
- views were also sought on use of Section 5 and Bed and Breakfast accommodation for children under 18 years.

In conjunction with this, a national consultation exercise was undertaken with Principal Social Workers (PSWs) and Child Care Managers (CCMs) nationally, asking them to comment on two draft policy statements intended to eliminate the use of bed and breakfast accommodation for children under the age of 18 and to restrict the use of Section 5 to a limited time period.

The report on the audit recommended that a standardised national policy should be developed based on the following:

- Young people presenting out of home under 16 should not be subject to Section 5. If a return home is unsuccessful then a care order must be sought.
- No young person should be accommodated in a B&B. Alternatives such as properly Garda vetted and assessed supported lodgings, foster care or residential care should be provided.
- A policy should be implemented on the use of supported lodgings.
- In order to place a young person on this Section an initial assessment as per Standardised Business Processes should be carried out and the rationale for the use of Section 5 clearly outlined.
- Young people subject to Section 5 should have an allocated key worker.
- They should have an intervention and/or placement plan which is monitored two weeks post Section 5 and monthly thereafter.
- These young people on reaching the age of 18 will receive post-placement support and will be able to access the service according to need.
- Every attempt must be made to safely return the young person home throughout the duration of the intervention.
- The National Office will monitor the use of Section 5 and will arrange for the gathering of data on a monthly basis.

The majority view from the consultation with PSWs and CCMs was that Section 5 of the *Child Care Act, 1991* has its place: there are several young people who for reasons other than abuse do not wish to remain at home; similarly they do not wish to be in care either. They are assessed as being in need of accommodation only and there would be nothing achieved by bringing them into care. The purpose of

the policy will be to ensure that only those for whom it is appropriate are placed using Section 5.

HSE Children and Family Services began work on the national policy and procedure in 2011, to be finalised in early 2012.

In March 2011, the Ombudsman for Children began a preliminary review of the HSE's provision of services to children who are homeless, out of home, or in crisis situations (including both those in the care of the State and those being accommodated under Section 5 of the *Child Care Act, 1991*). HSE Children and Family Services provided a submission to the Ombudsman on current services.

In 2011 HSE Children and Family Services began to collect a new set of data on youth homelessness that had been agreed with DCYA. This data was felt to be more meaningful than the previous data sets. Data was collected by the homeless services and reflects the distribution of those services rather than the home area of the child (hence the zero figures for Dublin Mid-Leinster which shares the services in Dublin operated by Dublin North East and for West which has no dedicated youth homeless units).

- Number of children placed in youth homeless centres/units for more than four consecutive nights (or more than 10 separate nights over a year) in 2011 = **131** (DNE = 99, South = 32);
- **Nine** of the children placed on 31 December 2011 were also children already in the care of the HSE, representing **0.15%** of the 6,160 children in care on that date.

9.8 Out of Hours Services

Out of Hours Services address the needs of children and young people that emerge outside standard social work offices hours and include homeless children. This is an area that has received media and public attention for a number of years and HSE Children and Family Services are undertaking an ongoing programme to develop and enhance services.

9.8.1 Crisis Intervention Service

The Crisis Intervention Service (CIS) provides an emergency out of hours service to the Dublin, Kildare and Wicklow areas to young people aged under 18. Its remit is to respond to crisis situations in which a child or young person requires immediate placement, either due to child protection concerns or accommodation issues. CIS aims to prevent children or young people from having to access emergency care unnecessarily. Where it is appropriate, CIS tries to place children/young people with alternative family members or friends or mediate between children/young people and parents where there is a breakdown in family relations. The placing of a child or young person within emergency residential centres or foster care is a last resort.

Referrals are received to the CIS by telephone from service providers working at night, for example An Garda Síochána, hospitals, and ambulance services. Referrals that are accepted include:

- concerns regarding the immediate welfare of children;
- young people in crisis seeking emergency accommodation;
- young people identified by the Garda National Immigration Bureau as separated children seeking asylum.

Young people seeking emergency accommodation must present at a Garda Station. The Out of Hours social work service meet with the young people to assess their circumstances. Where possible the

service makes contact with parents/guardians/family members to address the crisis. In the event that emergency accommodation is considered the only immediate solution, parental permission is sought before this is provided. All details of contacts with children are passed to the relevant local social work team by the start of the next working day: the local social work team are the case managers and will follow up on any further assessments or interventions necessary.

An Garda Síochána and Airports and Port Authorities alert the Out of Hours services to young unaccompanied minors presenting at the point of entry to the country. The Out of Hours service conducts an emergency assessment and dedicated placements are available through the Separated Children Seeking Asylum service if required.

The service comprised:

- A day Social Work Team.
- An Emergency Social Work Service available from Monday to Friday between 6pm and 6am and each Saturday, Sunday and public holiday from 9am to 5pm, all year round.
- A night reception centre provided by Lefroy House for young people who regularly present to the Out of Hours service. This service was available from 8pm to 2am and provides one-to-one support with meals and showers for young people.
- Emergency foster care families who were available to provide a place of safety as required for three nights for children under the age of 12. The CIS had a panel of four emergency sets of foster carers who provide this service.
- Eight emergency beds were available at Lefroy House on a night-by-night basis for young people aged between 12 to 17 years of age. The young people who are this service tend to be unsuitable for placement in other units in the CIS due to their profile of aggressive behaviour, drug and/or alcohol abuse or criminalised behaviour.
- Six beds available for a period of four weeks at Grove Lodge, Portrane in North Dublin for young people in need of immediate accommodation or care.
- Eighteen residential beds available for up to six months at Sherrard House (female 12-17 years), Off the Streets (male and female 16-17 years) and Echlin House (male 12-17 years).
- Seven aftercare support flats available to both males and females aged 17½ years for a period of six to twelve months.
- The Crisis Intervention Partnership (CISP), an outreach service delivered in partnership between HSE Children and Family Services and Focus Ireland. The CISP team is available from 9am to 5pm Monday to Friday. The CISP offers the following services:
    - **Duty Service:** a duty worker follows up with the relevant social work departments in relation to children who have been placed with the service. The focus of CISP is to assist the social work department and child or young person to move through the CIS as quickly as possible to try to prevent children, particularly young teenagers, from becoming entrenched in a homeless or street culture.
    - **Intensive support for new clients:** this involves meeting the child or young people at the residential centre and either accompanying them to the relevant social work department or bringing the child or young person to the CISP for the day.
    - **Provision of basic needs:** the CISP provides food, shower, and laundry facilities for clients. Children or young people accessing the service are encouraged to attend their day programme or education programme if applicable and are able to use the services of the CISP outside the hours of their programme.
    - **Individual key working**: children or young people are allocated a key worker if they have being accessing the Out of Hours service for a period of time and have been availing of CISP support. Key working involves developing a relationship with the child

or young person, supporting them in linking in with other support services and on occasion advocating on their behalf.

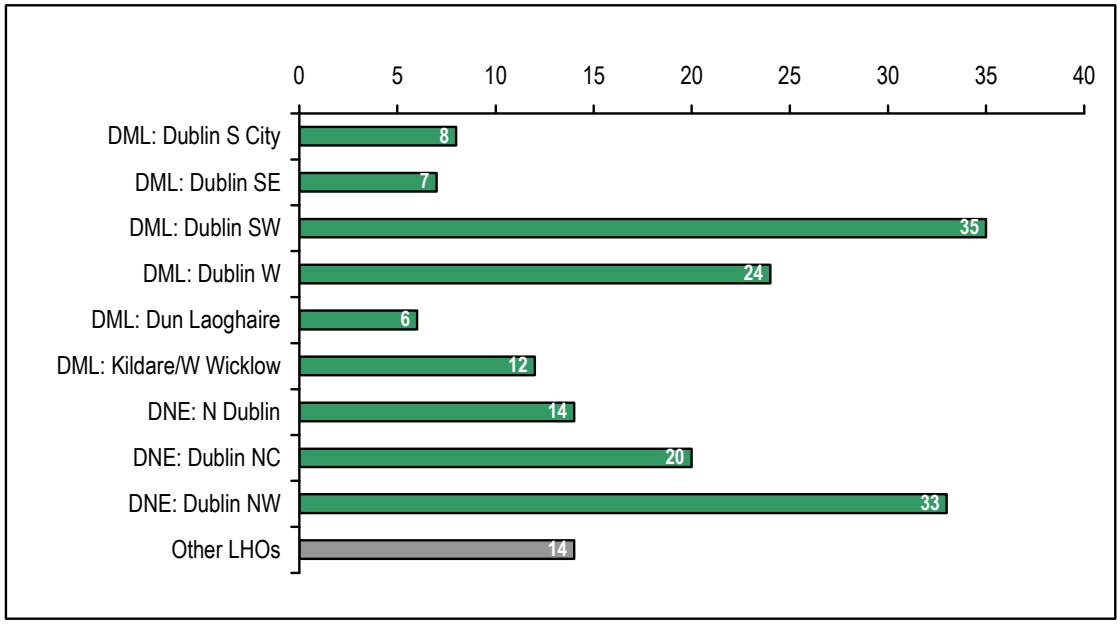
- **Supporting emergency foster placements during the day:** Fostering support work is assigned to a social worker on the CISP team and involves supporting the emergency foster carers if any concerns emerge, linking in with relevant social work department to clarify plans for the child and on occasion placing or removing a child from placement.

When a young person is accommodated in the two CIS emergency residential centres (Grove Lodge or Lefroy House) the focus of the CIS is to assist in developing and advancing a pathway through the CIS emergency service. CIS assist the relevant social work departments in their assessment of whether reunification home is possible or whether to a more appropriate placement option is necessary, either to the mainstream placement options within the CIS (Sherrard House, Off the Streets and Echlin House) or to other HSE residential centres. Where there are delays in moving young people on from emergency placements, it is either due to the area social work departments having difficulty in identifying a move on placement or where there is no allocated social worker for the young person.

In 2011 there were 1,076 referrals to the service, of which 698 (65%) were for those aged 12-17. Some 179 individual young people accessed emergency accommodation, of whom 56% were male (n=100) and 44% were female (n=79).

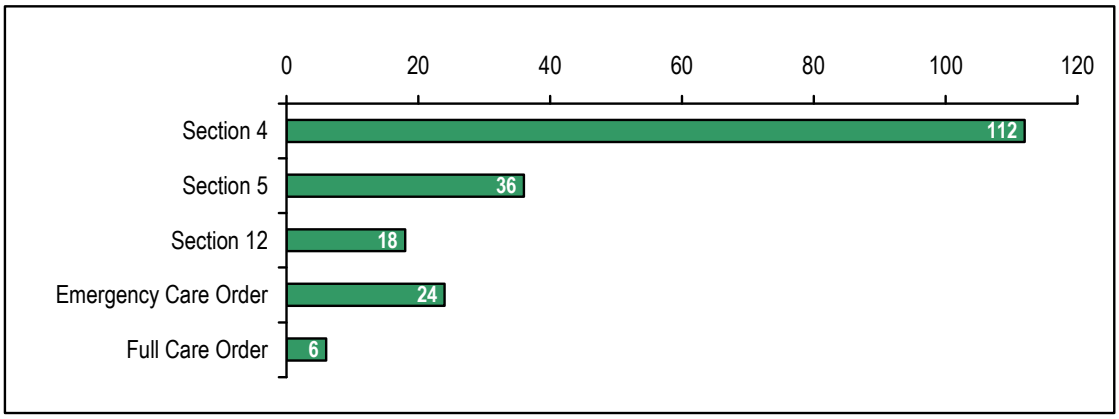
Figure 19 shows the profile of placements in CIS emergency accommodation by LHO, with the highest figures being for Dublin South West (19.6%, n=35) and Dublin North West (18.4%, n=33).

Figure 19: Placements in CIS emergency accommodation in 2011 x LHO



The majority of placements (63%, n=112) were under Section 4 of the *Child Care Act, 1991* (voluntary care), with 36 placed under Section 5 (relating to accommodation for homeless children) and 18 under Section 12 (power of An Garda Síochána to take a child to a place of safety) (figure 20).

Figure 20: Placements in CIS emergency accommodation in 2011 x Care status



9.8.2 Emergency Place of Safety Service

In 2009 HSE Children and Family Services established the Emergency Place of Safety Service (EPSS), subcontracted to Five Rivers Ireland. Gardaí access an appropriate place of safety through the EPSS for children found to be at risk outside normal working hours (5pm-9am Monday to Friday and weekends and bank holidays) under Section 12 of the *Child Care Act, 1991*. The children who were the recipients of the service will include children who present as homeless but figures for service users should not be interpreted as exclusively being homeless children. Under the *Child Care Act, 1991* An Garda Síochána has sole legal responsibility where there is an immediate and serious risk to the health or welfare of a child and it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by the HSE under Section 13.

The EPSS provides an emergency out of hours service throughout the country, with the exception of those areas covered by the Crisis Intervention Service. The HSE retains custody, within the meaning of Section 12 of the *Child Care Act, 1991*, with Five Rivers Ireland acting as the HSE's agent in providing the service. EPSS provision is provided by foster carers.

In the early stages, there were some issues relating to perceived lack of awareness of the service and procedures and this was addressed by meetings with Gardaí, the provision of guidance leaflets, and liaison with HSE social work departments. There are some young people for whom a foster family placement via the EPSS has not been suitable, particularly where young people are intoxicated, aggressive or for another reason unsuitable to be placed in a mainstream family. The number of such children is small and tend to be in the cities of Dublin, Cork and Limerick, and options to access residential placements are being considered to address this need.

The number of children placed within the EPSS has steadily increased from 66 in 2009 (the service commenced in June of that year), to 171 in 2010 and 253 in 2011. Some 532 nights' accommodation was supplied by the EPSS for 253 children in 2011 (table 43).

Table 43: Children placed by the EPSS in 2011 x Region

Region Number	Number of referrals made to the EPSS	Number of children placed by EPSS	Total number of nights accommodation supplied by the EPSS
Dublin Mid-Leinster	59	38	63
Dublin North East	71	50	80
South	129	87	202
West	111	78	187
Total	**370**	**253**	**532**

9.8.3 Out of Hours Pilot Projects

Apart from the service available out of hours from the CIS in the Greater Dublin area, there has been no out of hours social work service available nationally. Where a child came to the attention of the Gardaí under Section 12 of the *Child Care Act, 1991*, they would typically place that child in a hospital, except where local voluntary ad hoc arrangements were in place to place the child in a residential centre. The development of the EPSS increased the placement options available to An Garda Síochána but did not address the need to provide an out of hours social work service. Action 93 of the Ryan Implementation Plan (OMCYA 2009b) set out following action: *The HSE will put in place a national out-of-hours crisis intervention social work service, built into the existing HSE out-of-hours service. This will be piloted initially in two areas of the country.*

The HSE established Out of Hours Pilot Projects in Cork and Donegal in 2011, with a national oversight committee involving representation from HSE Children and Family Services at national level, the relevant Areas, An Garda Síochána and Five Rivers Ireland. Both of these pilots aim to provide an on-call out of hours social work service for An Garda Síochána Section 12 concerns to ensure that children thought to be at risk received a safe, timely, effective and efficient service. Both of these services have developed in close liaison with the EPSS. The intention is to gradually roll out this service on a national basis.

The Pilot Project in Donegal was commenced in April 2011. There were five social work managers on a voluntary (no payment) rota, with the list of social work personnel held by NOWDOC (the out of hours GP service). The NOWDOC call centre receives a telephone referral from the Donegal An Garda Síochána relating to the Gardaí potentially invoking a Section 12 under the *Child Care Act, 1991* in Donegal. The NOWDOC call centre then contacts social workers on the list. The social worker makes a judgement on the follow up required, based on an initial discussion with the Gardaí over the phone. This might lead to social worker telephone contact with the parties concerned in an effort to assess and resolve the situation, or a joint Garda/social worker home visit to the family to assess the situation and take appropriate action. Where this action involved a Section 12 being invoked and an alternative placement cannot be secured within the extended family network, the social worker/Garda would make contact with the Emergency Place of Safety Service to secure a foster placement with the EPSS.

The Pilot Project in North and South Lee was commenced in September 2011, with 19 managers (Principal Social Workers and Team Leaders) and 38 social workers participating on a voluntary basis. The service operated from 6pm to 8am during week days and all day on Saturdays, Sundays and Public Holidays. Two staff were on call each night, a manager and a social worker. Protocols were agreed between the social work services and An Garda Síochána for its operation.

Volumes of activity were not high for either project in 2011, with some work being required to publicise the service to front-line Gardaí. An evaluation of the pilots by Dr Stephanie Holt and Dr Eoin O'Sullivan

of Trinity College Dublin will be completed in 2012.

9.8.4 Liberty Street House, Cork

There were two major providers of hostel services to homeless young people in Ireland: the Crisis Intervention Service in Dublin and Liberty Street House in Cork. Homeless young people might be placed in accommodation by these services under Section 5 of the *Child Care Act, 1991*. Outside of these conurbations, when children present as homeless outside social work department office hours the EPSS might place them within its own accommodation options.

Liberty Street House is a regional service for Cork and Kerry. It provides social work, medical, and financial services for young people out of home or in danger of becoming homeless. The disciplines based at the centre work together to ensure that young people out of home benefit from a comprehensive range of services aimed at reintegrating the young people back into their families and community as quickly as possible. Staffing included a social work Out of Home Team, a Sexual Health and Pregnancy Support Team, a Domestic Violence Team, a social worker providing a service for separated children seeking asylum. Accommodation options included:

- Pathways: an emergency HSE hostel for adolescent boys out of home aged 15-18, comprising five beds. Pathways also provided an aftercare/outreach service in consultation with Liberty Street Services.
- Parkview and Marina View: low support accommodation options used as an interim phase to independent living. Young people here are usually aged 17–19 and staff are available to residents from 9pm–9am each night. Parkview has five beds for males and Marina View has three beds for females.
- Service Level Agreements are in place with the Good Shepherd Services, which includes access to an emergency residential centre for girls called Riverview**,** with capacity for six females.
- Supported Lodging Providers are recruited and assessed by the Accommodation Manager and Team Leader. The model has been the most successful option for young people aged 16-19.

Access to the service is through a weekly Accommodation Panel that includes the Principal Social Worker in Liberty Street and representatives of the providers. Access on an emergency basis is in place 24/7: during office hours this would be coordinated through Liberty Street; out of hours this would be responded to by Pathways and Riverview. An out of hours service is offered to supported lodgings providers. During Christmas, Easter and Bank Holiday weekends**,** staff from Liberty Street are on call each day between 10am and 4pm. The service opens until 6.30pm one evening per week to provide a service to those young people who are unavailable to meet during normal office hours. It also provides a transitional support service to those over 18 who need support and advice.

Table 44: Admissions to Pathways and Riverview 2010-11

Number Region	2010	2011
Individual children	47	45
Number of admissions	51	58
Bed nights – children in care or recently discharged from care	-	259
Bed nights – children out of home (Section 5)	-	1,802
Total bed nights	**-**	**2,061**

9.9 Separated Children Seeking Asylum

9.9.1 Services for Separated Children Seeking Asylum

In 2008, HSE Children and Family Services implemented the *HSE Equity of Care Policy* (HSE 2008a) to ensure that all children and young people receive the same level of care as that afforded to indigenous children.

In the Greater Dublin area, there is a specialist HSE Separated Children Seeking Asylum (SCSA) social work team. The service consists of four residential assessment units in Dublin that are registered children's homes: on arrival children are assessed in these units over a number of weeks. The assessment is multidisciplinary in nature and involves a medical examination, an educational assessment and a social work assessment.

After assessment children are placed in the most appropriate placement option depending on their assessed needs. The most prevalent form of placement is with a foster family but supported lodgings are also used. Foster placements and supported lodgings have been identified throughout the country and there is strong linkage between the dedicated social work team in Dublin and the local social work teams in order to ensure a seamless transition from assessment centres to local placements. The practice of placing unaccompanied minors in hostels ended in 2010.

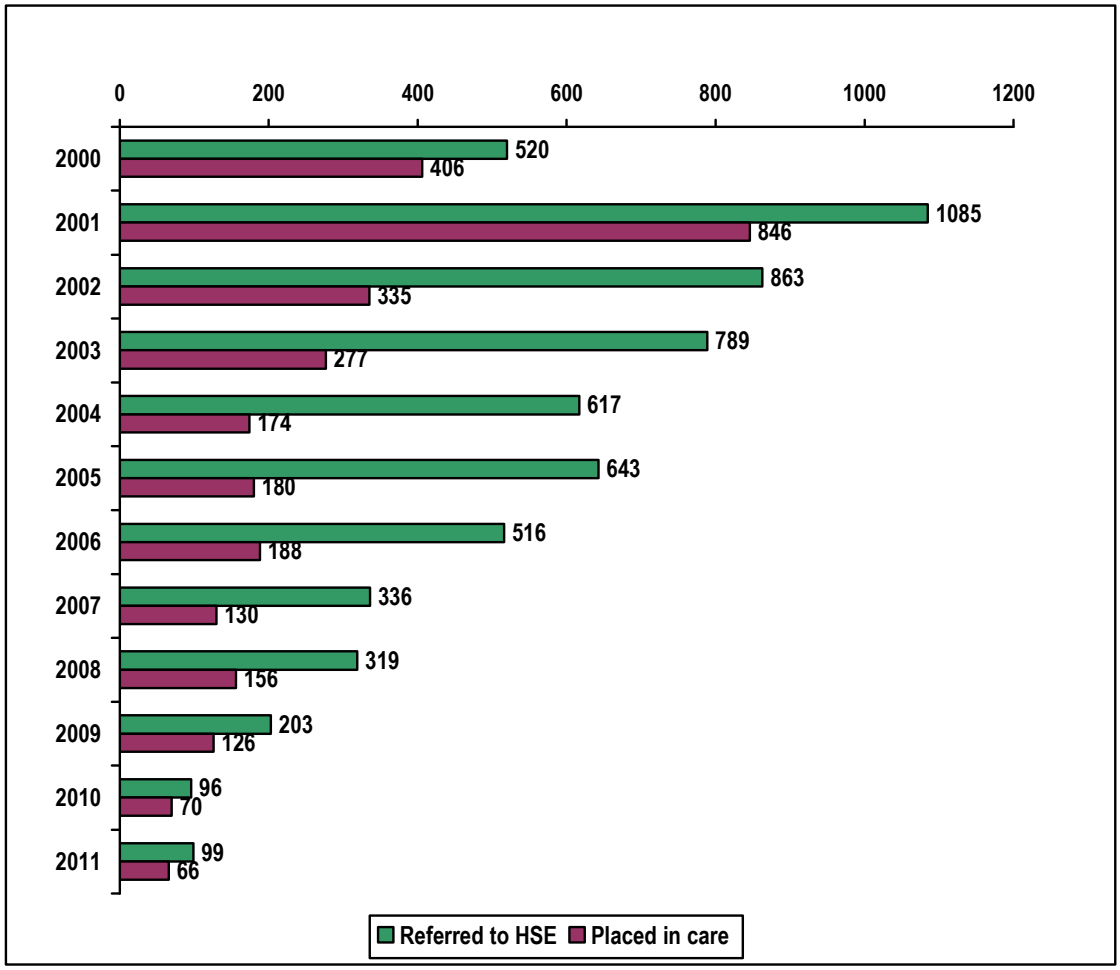
The social work service for unaccompanied minors based in Dublin also operates a reunification service whereby immigration authorities refer families or adults presenting with children in cases where parentage or guardianship is not apparent. The social work team conduct an assessment which includes D.N.A. testing and based on this assessment children are either returned to the adults/families presenting or are taken into care where there are concerns around parentage/guardianship and/or their safety and welfare.

The service also provides aftercare to unaccompanied aged out minors. Aftercare is provided to those who transfer to accommodation operated by the Department of Justice for adult asylum seekers and to those who have received refugee/leave to remain status and who move to private accommodation.

9.9.2 Trends in Numbers of Separated Children Seeking Asylum

The number of Separated Children Seeking Asylum has declined since its peak in 2001 (figure 21). This mirrors the overall decline in levels of immigration.

Figure 21: Number of Separated Children Seeking Asylum – 2000-2011



** Note that the 2010 figure has been adjusted compared to the 2010 Review of Adequacy due to the late receipt of data.*

9.9.3 Separated Children Missing from Care

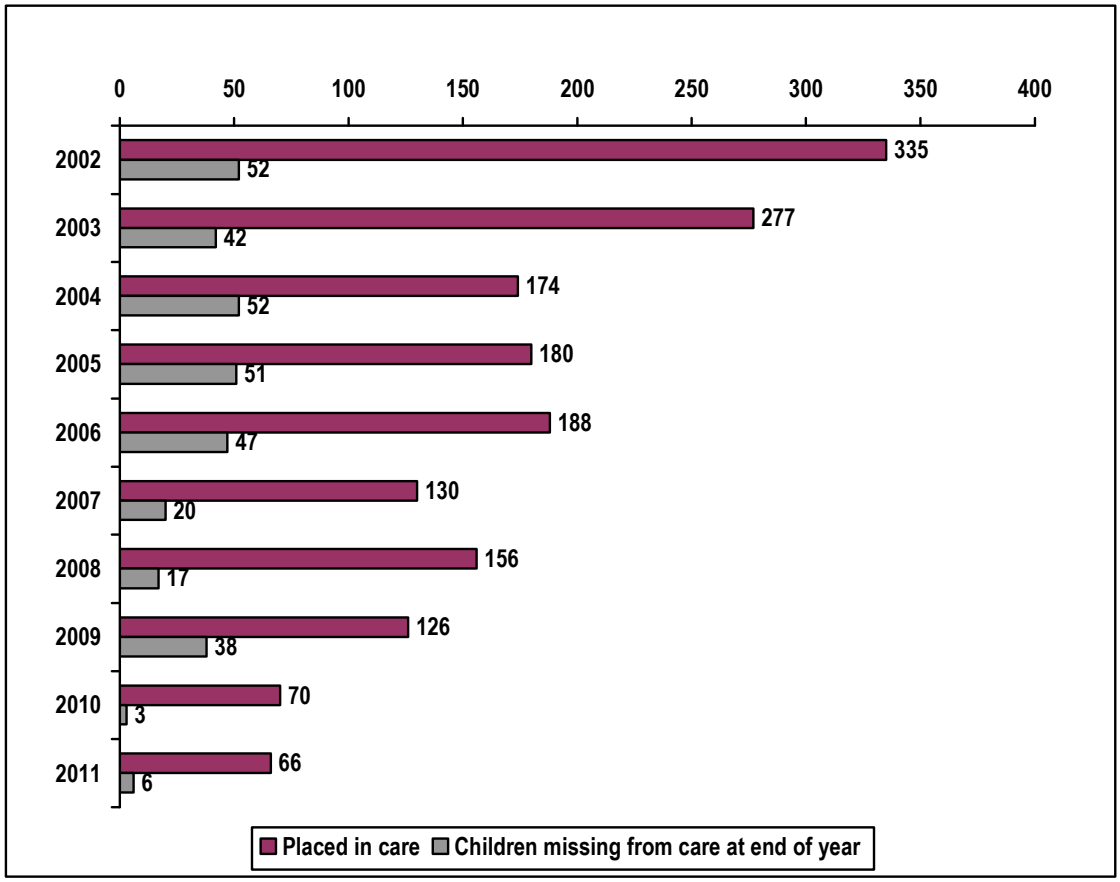
There are several factors that might contribute to a child going missing from care, including:

- the child's appeal for asylum has been refused and he/she is nearing eighteen and is reacting to the pending threat of deportation;
- the person has been smuggled into the country to join the workforce on a consensual basis and is availing of the child protection service as a fast track route into the state;
- the child has been trafficked into the state by traffickers using the child protection service as an easy route.

There has been a steep decline in the number of unaccompanied minors going missing from care from a peak of 52 at the end of 2002 (when this data was first to collected) to six at the end of 2011 (figure 22). Several factors have contributed to this decline:

- In 2009 a joint National Protocol for Children who go missing from care was agreed between HSE Children and Family Services and the Dublin-based Garda National Immigration Bureau. This facilitates collaborative screening of unaccompanied minors presenting at the ports.
- The development of a more intensive and holistic age assessment. The pattern of out-of-hours presenting for many of the missing persons suggested a motivation to avoid age assessment: the HSE and An Garda Síochána believed that as a result of this many adults were included in these missing figures and were targeting the child care service in order to circumvent the immigration process and accommodation arrangements for adults.
- The economic downturn has resulted in a decline in both adult and unaccompanied minors presenting in the State.

Figure 22: Number of Separated Children Seeking Asylum who were missing from care (2002-2011)



9.10 Adoption Services
Implement the Provisions of the *Adoption Act, 2010*

Adoption is the process which creates a permanent, legal relationship between the adoptive parents and the child/ren. The child has the same legal rights as if they were born in the adoptive family.

The *Adoption Act, 2010* was commenced in November 2010, coinciding with Ireland's ratification of the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption. This also repealed all previous adoption regulation and placed on the HSE new roles and responsibilities in relation to the processing of Domestic Adoption applications, in particular the assessing of step-parent adoption applications. The Adoption Board was replaced by the Adoption Authority of Ireland when the Act commenced.

In 2011 some 500 step-parent adoption cases and 1.5 WTE staff were transferred from the Adoption Board to HSE Children and Family Services as the Act was commenced.

In recent years, the number of Irish children becoming available for adoption has fallen substantially. In 2010 there were 189 Domestic Adoptions and in 2011 just 39 (Source: Information provided by the Adoption Authority of Ireland). Of those 39, 16 were step parent adoptions (compared to 154 'family' adoptions in 2010), 16 were by long-term foster carers, six were stranger adoptions and one adoption was for a child placed from outside the state.

Many prospective parents now look abroad to adopt a child. This process is called Intercountry adoption. There were 215 Intercountry Adoption Assessments completed in 2011, a significant decline compared to previous years (table 45). Of these, 173 were for first assessments for newly adoptive parents and 42 were second assessments for families who had already adopted a child. As a result of Ireland signing up to the Hague Convention, Intercountry Adoptions can only take place with countries that are Hague-compliant and this has reduced the number of children available for adoption. Some countries, such as Russia and Bulgaria, are only allowing older children to be made available for adoption whereas potential adopters are usually wishing to adopt a baby. Harsher economic circumstances in Ireland has also contributed to a reduction in demand.

Table 45: Intercountry Adoption Assessments completed (2009-11)

Year Number of assessments	2009	2010	2011
First assessments (newly adoptive parents)	272	231	173
Second assessments (families who have already adopted a child)	124	111	42
Total	**396**	**342**	**215**

During 2011 268 Intercountry Adoption assessment applications were withdrawn or deferred, the vast majority before the preparation course (table 46).

Table 46: Intercountry Adoption assessment applications that were withdrawn or deferred (2009-11)

Year Stage of withdrawal	2009	2010	2011
Number of applications where applicants withdrew their application before the preparation course	193	319	235
Number of applications where applicants decided not to proceed with the home study/assessment during or following attendance	40	37	16

at the preparation course			
Number of applications which were withdrawn by the applicants during or following the home study/assessment stage	16	21	17
Total that did not proceed	**249**	**377**	**268**

10 NSPECTION AND MONITORING

10.1 HIQA Inspections

The Health Information and Quality Authority (HIQA) inspects HSE-run children's centres, special care units and foster care services against *National Standards for Children's Residential Centres* (DoHC 2000b), *National Standards for Foster Care Services* (DoHC 2003a) and *National Standards for Special Care Units* (DoHC 2003b). The HSE inspects children's residential centres in the private and voluntary sectors.

Action 87 of the *Ryan Implementation Plan* (OMCYA 2009b) was for HIQA to develop outcome-based standards for child protection services. HIQA undertook developmental work in 2011 in preparation for this new function. This included, in conjunction with the HSE and other key stakeholder agencies, work on the development of draft National Standards for the Protection and Welfare of Children, to be finalised and implemented in 2012.

In 2011, 56 inspections of children's services were conducted by HIQA under provisions made in the *Child Care Act, 1991*, with the majority focused on children's residential centres (table 47).

Table 47: HIQA inspections of children's services in 2010 (HIQA 2012a)

Type	Full Inspections	Follow-up Inspections	Total
Foster care services	1	3	4
Community residential centres	23	18	41
Special care units	2	3	5
Detentions schools	3	3	6

In 2011, the Authority conducted *The National Overview Follow-Up Inspection Report of Special Care Services provided by the HSE* (HIQA 2011b) which provided an update on the HSE's implementation of the Authority's previous recommendations (HIQA 2010c). More detail on the findings in this report is provided in section 7.1 on Special Care and High Support.

The Follow-up inspection on the implementation of national recommendations on Health Service Executive foster care services report included findings that the recommendations were not met in relation to the adequate assessment, vetting and approval of foster carers (section 16.2.1). However there had been some improvement in the HSE's overall monitoring of its foster care service.

The concerns process for children is guided by the *Child Care Act, 1991* and the Children First Guidance - *Children First: National Guidelines for the Protection and Welfare of Children* (DoHC 1999a) and its successor from July 2011 *Children First: National Guidance for the Protection and Welfare of Children* (DCYA 2011a). In 2011, 99 concerns were reported to the Authority in relation to foster care and children's residential centres. These concerns were reported to the Health Service Executive for its attention and 10% (n=9) of these concerns remained open at the end of 2011.

10.2 Monitoring and Inspection by the HSE

HSE Children and Family Services has a responsibility to conduct inspection and monitoring visits of voluntary and private sector providers under Part VIII of the *Children Act, 1991*. Inspections are in accordance with the *Child Care (Placement of Children in Residential Centres) Regulations, 1995* and the *Child Care (Standards in Children's Residential Centres) Regulations, 1996*.

In 2011 there were five HSE Children and Family Services Monitoring and Inspection teams throughout country. The distribution of Monitoring and Inspection staff across the country follows inherited patterns: there are two teams in the South (one for the area of the former Southern Health board, one for the area of the former South Eastern Health Board), two in the West (one for the area of the former North Western and Western Health Boards, one for area of the former Mid-Western Health Board) and the largest one in the East (former Eastern Region area, former North Eastern Heath Board area, former Midland Health Board area – thus this team, although located and managed in Dublin North East, continues to provide an inspection function in much of Dublin Mid-Leinster). Separate staff in Dublin North East undertake inspection and monitoring functions whereas often the same staff perform both functions in other Regions.

The inspections found generally high attainment of Standards across voluntary and private sectors, with no major shortcomings and no moves to deregister providers. The efforts of HSE Children and Family Services to reduce the overall cost of its private sector placements was, however, having an impact. While there was no substantive loss of providers (and indeed some new entrants to the market), there was a reduction in residential provider places and changes in purpose and functions, with some centres moving from long-term placements to short-term and emergency placements.

During 2011 further progress was made on standardising approaches to inspection nationally. Inspectors meet on a monthly basis, sharing ideas and practice, and have always trained together: This has helped in improving standards and standardisation (eg the introduction of a standardised structure for inspection reports). Inspectors also maintain informal links outside these monthly meetings.

With job descriptions for monitoring staff having been inherited from the former Heath Boards, there was variation in their content, and in 2011 the National Office emphasised expectations of what functions should be prioritised, to promote consistency across the country. The primary monitoring function is defined in Standard 3 (Monitoring) of the *National Standards for Children's Residential Centres* (DoHC, 2000b): where monitoring and inspection functions were provided by the same staff, some cross-Region inspections were introduced eg the HSE South team might inspect Standard 3 of the Residential Standards on behalf of HSE West who monitored that same Standard.

10.3 Pre-School Inspections

The development of national Standardised Business Processes for Pre-School Inspections was progressed in 2011, with processes for Safeguarding (eg promoting uniform processes for Garda vetting) and the Management of Complaints/Enforcement developed and signed off. A communications strategy was also put in place to promote knowledge of the requirements throughout the sector.

A national Registration and Inspection Database was also put in place in 2011 and a template has been developed to ensure that local teams provide the required information to the National Office in a consistent fashion. This will enable HSE Children and Family Services to track registration and inspections over the coming years.

10.4 Implementation of National Standards for Pre-School

National Standards for Pre-School Services was published in December 2010 (DoHC 2010), relating primarily to full daycare services. Separate Standards are also intended to be published in the future covering sessional services, drop-in services and childminding services. These non-statutory Standards are grouped under four headings:

- The Standards relating to **Choosing a Service** are aimed at parents who are choosing a facility for their children and contain the information they will need to come to an informed decision in relation to their choice.
- The Standards relating to **Management and Staffing** are aimed primarily at service providers and contain information relating to the running and ongoing evaluation of the service.
- The Standards in the group **Quality of Care** relate to the manner in which the children in the service are cared for. These Standards relate to both the physical and the mental well-being of the children.
- The Standards in the group **Premises and Safety** relate to the physical environment of the childcare facility.

Each Standard describes a particular quality outcome and is accompanied by a set of supporting criteria designed to provide information as to how the outcome can be achieved

The original intention was to implement all the Standards together but this was deemed impractical and instead the initial focus in 2011 for the Early Years Inspectorate was to address Standards and differences in interpretation with regards to Regulation 5 relating to the health welfare and development of the child. This Regulation states: *'A person carrying on a pre-school service shall ensure that each child's learning, development and well-being is facilitated within the daily life of the service through the provision of the appropriate opportunities, experiences, activities, interaction, materials and equipment, having regard to the age and stage of development of the child and the child's cultural context.'* HSE Children and Family Services consider this to be the most important regulation as it evaluates the type of experience, opportunities, relationships, supports and activities that an early years service provides to young children who are cared for outside the home.

It was identified that the Inspectorate was not uniform or explicit enough when documenting what was assessed and how judgements were made with regards to this Regulation. It was also evident from inspections that many providers found it a difficult area to address comprehensively. In response to this, in 2011 HSE Children and Family Services developed and implemented a National Assessment Guide to assist the Early Years Inspectorate in evaluating supports for child development in early childhood care (HSE 2011e). The National Assessment Guide is intended to:

- ensure that the HSE takes an explicit and consistent approach in inspecting Regulation 5;
- assist the HSE in evaluating support for child development in early childhood care and educational settings;
- enhance practitioner understanding of the whole child perspective element in the explanatory guide to the revised 2006 Pre School Regulations.

The guide was launched in September 2011. Feedback from the sector has been positive about the clarity and user-friendliness of the guide. The voluntary sector and county childcare committees collaborated with the HSE in rolling out information evenings when it was introduced.

The Inspectorate also identified that more work was required with regard to Regulation 8 on management and staffing and its related Standards as this was an area where there were increasing levels of non-compliance. The development of a system of registration was also being considered to facilitate future inspection using the National Standards. These initiatives will be progressed in 2012.

HSE Children and Family Services undertake pre-school inspections under Part VII of the *Child Care*

Act, 1991 and the *Child Care (Pre-School Services) Regulations, 2006*. The HSE is responsible for inspecting pre-schools, play groups, nurseries, crèches, day-care and similar services which cater for children aged 0-6.

In 2011 there were 3,926 inspections undertaken of notified services (notification is the procedure by which a person proposing to carry on a pre-school service gives notice in writing to the HSE at least 28 days before the commencement of the service).

- around 71.8% of notified Full Day Services were inspected (n=1,137/1,583);
- around 58.9% of notified Early Years were inspected (n=2,789/4,737);
- some 704 Review/Follow-up inspections were undertaken and 755 advisory visits;
- there were 276 complaints and 28 prosecutions undertaken.

Of the notified Early Years Services who received an annual inspection, some 25.4% were fully compliant with Regulations (43.4% in the West; 23.1% in the South; 18.4% in Dublin Mid-Leinster; 5.0% in Dublin North East).

At the end of 2011 there were 4,737 notified early years services, distributed as follows:

- 1,311 (27.7%) in Dublin Mid-Leinster (2010 = 1,309);
- 995 (22.2%) in Dublin North East (2010 = 1,065);
- 1,098 (27.7%) in South (2010 = 1,100);
- 1,333 (22.9%) in West (2010 = 1,330).

11 WORKFORCE DEVELOPMENT

The Change Programme aims to 'ensure staff within Children and Family Services develop their clinical, interdisciplinary and where appropriate management skills to ensure the highest professional standards and provision of high quality services.' An underlying principle to workforce development is that clients and the community have a right to services provided by competent and skilful practitioners. This principle can be seen in the recommendations contained in the *Ryan Report* (Commission of the Inquiry into Child Abuse 2009) and the *Health and Social Care Professionals Act, 2005*, which call for HSE Children and Family Services staff to maintain up to date knowledge and skills as the foundation for professional practice. It is critical that social care professionals are properly qualified, competent and fit for practice and on an ongoing basis, develop their clinical, interdisciplinary and management skills to ensure the highest professional standards and provision of high quality health and personal social services.

Key developments within this Theme of the Change Programme in 2011 were on:

- national co-ordination structure and strategic approach to workforce development;
- development of training courses around leadership and management, supporting Children First 2011, and other areas of training;
- social work practice placements;
- training courses provided.

11.1 National Co-ordination Structure and Strategic Approach to Workforce Development

Historically, training has been co-ordinated and provided at local level. During 2010 and 2011 considerable standardisation and development work took place involving the National Specialist for Workforce Development and regional representatives. This work led to a national co-ordination structure and the development of a strategic approach to workforce development for the first time. However, there was no direct line management of workforce development services from the National Office to ensure that agreed changes were implemented. There was therefore a number of issues that were identified through the co-ordination structure that required a standardised and consistent national approach to be established, including:

- **Workforce Development Delivery:**
  - non-standardised delivery of child protection and welfare training;
  - ad hoc delivery of training without reference to national policy priorities for child protection and welfare training;
  - an absence of standardised information on training delivery or quality assurance available;
  - inequitable provision of training to all parts of the country;
  - a lack of priority afforded to workforce development;
  - conferences/events run on a regional basis rather than national basis leading to inequitable access and lack of national/international profile and promotion of child protection and welfare.
- **People and Financial Management:**
  - no strategic plan for continuous professional development of HSE Children and Family Services staff;
  - no clear Workforce Development management structure to ensure accountability and professional supervision of staff;
  - a variety of management structures involved in the management of training staff and other relevant staff leading to local/regional ownership of resources and work agreements;
  - training resources and budgets used for 'discretionary' purposes as opposed to identified need;
  - inefficient use of shared resources within and between regions;
  - the utilisation of training resources and budgets for other functions due to operational services pressures and the impact of cutbacks and crisis driven prioritisation at regional and local level.
- **Development Work:**
  - a lack of capacity from trainers to be involved in priority work required on an urgent basis by the national office;
  - a lack of capacity for involvement by trainers in national projects for workforce development;
  - an absence of evidence-informed practice applied to workforce development functions;
  - a lack of quality assurance or evaluation applied to workforce development functions
  - an absence of accreditation of courses in line with Continuing Professional Development (CPD) requirements;
  - non-standardised development of training programmes leading to duplication and poor use of available resources.

To address these issues, the following arrangements were proposed:

- To develop and implement a national Workforce Development Strategy, to incorporate the

structures, systems and capacity to meet emerging priorities. Under the Change Management Programme, many initiatives have important workforce development implications that require strong national leadership to ensure consistent standards, quality and delivery. National management is required to streamline the existing resources to ensure that there is capacity available to support these projects and that there is standardised provision of training in response to emerging priorities. The first key deliverable on this work is the development and implementation of a national CPD strategy.

- The National Specialist, Workforce Development was to lead this function by managing the existing Child Care Training Service that operates at regional/local level. The structure would be comprised of a national team including development officers and workforce development managers who manage the staff and budgetary resources. The team would be responsible for the planning, design, co-ordination of delivery, monitoring and evaluation of the service.
- The Workforce Development Manager(s) would manage the training delivery, ensuring that it is aligned with all the national strategic objectives whilst also being fit for purpose in terms of local delivery of services. These managers, reporting to the National Specialist, would be responsible for: the supervision of the training staff; management of the resources; and co-ordination of delivery of the national work plan.
- The National Structure for Workforce Development to manage the linked areas of social work practice placements; pre and post graduate training development; CPD requirements; induction support; supervision and staff development; and research utilisation for workforce development.

These arrangements will be implemented in 2012.

11.2 Development of Training Courses

11.2.1 Leadership and Management

A range of training programmes was developed in 2011 related to leadership and management:

- **Leadership Development for Children and Family Services Senior Managers.** During 2011, the need for a leadership development programme for senior managers was identified and a project proposal was developed to address this. This would include the 17 Area Managers and senior managers in the National Office. The programme will aim to provide a suite of leadership and management training modules and individual mentoring. The aim is to implement this in 2012.
- **HSE Leadership Development Programme for First Time Managers:** A first time managers' four-day training programme continued to be rolled out during the year, provided in partnership with the HSE National Performance and Development Office.
- **Induction:** During 2011 a standardised Induction Policy and supporting Guidelines (HSE 2010e) were implemented nationally. This will be evaluated in 2012.
- **Supervision:** In late 2010 a draft national supervision training document was developed. Consultation on the document took place in 2011. The consultation identified that further revisions were required to the National Supervision Policy and that associated standard operating guidelines would be required to ensure that supervision was implemented consistently. A project team was established with a national project manager to focus on developing a framework for the implementation of supervision based on the components of a revised policy and procedures, standardised training modules and an agreed implementation plan. A subgroup of the National Advisory Group took on the work of revising the national policy and developing the procedures. Work on these issues continued throughout the year and into 2012. A national plan was put together to progress the required changes. Local arrangements for supervision and training in supervision continued throughout 2011, guided by local interpretation of the national policy (HSE 2010b).

11.2.2 Supporting Children First 2011

During 2011 training to support Children First 2011 was strengthened:

- **Children First Training and Briefings:** A national approach was developed to training and briefings in advance of the launch of new Children First guidance in 2011. This included:
    - A standardised briefing pack to help cascade information to HSE staff and voluntary/community agencies. This was carried out successfully.
    - The development and implementation of national standardised Level 1 Basic Training, focusing on core competencies required to implement the Children First guidance. This too began to be implemented.
- **HSE/An Garda Síochána Children First 2011 Joint Training:** A joint HSE/An Garda Síochána project team developed a standardised training pack and delivered joint 'train the trainers' training in late 2011.

11.2.3 Other National Training Initiatives

Other national training initiatives in 2011 included:

- The development of a standardised one-day training course on **court room skills** for future implementation (local non-standardised training on court room skills continued on an ad hoc basis throughout the year). The overall aim of this training is to equip HSE Children and Family

Services staff with the knowledge and confidence to prepare, attend, provide evidence effectively, and to deal confidently with cross examination.

- The development of a national standardised training course on **domestic, sexual and gender-based violence (DSGBV)**, in support of the national policy on DSGBV (HSE 2010d). The training course addresses awareness of and response to these situations. This will be implemented in 2012.
- ***Brief Encounters*®** training for health service staff develops knowledge, skills and confidence to enable them to make a timely and effective first level intervention as a means to empower parents in solving their own problems and as a means to prevent a problem of parental/family relationships difficulties escalating to a more serious level. A pilot was completed successfully in four LHOs in 2011 and evaluation commenced.

11.3 Social Work Practice Placements

The National Social Work Placements Forum *Framework for Social Work Practice Placements* (HSE 2010c) provided a national policy statement for social work placements. The National Specialist for Workforce Development represented HSE Children and Family Services on this group. The Policy Statement was launched by the OMCYA at a conference in Galway in 2011. Following the disbandment of the National Social Work Qualifications Board, HSE Children and Family Services agreed to chair the Forum to support the conclusion of its work in agreeing the next steps. This work will be concluded in 2012.

Within the HSE, the original intention to recruit two national social work practice and education co-ordinators could not happen because of financial constraints. The plan for a national project to be established to consider how best to manage practice placements and to agree standards for the area was carried over to 2012 and will be addressed as a component of the broader Workforce Development Strategy.

11.4 Training Courses Provided

The number of nationally developed/standardised training courses delivered in 2011 is shown in table 48.

Table 48: Number of nationally developed/standardised training courses that were delivered in 2011

Courses 2011	Length (Days)	DML	DNE	South	West	National	Estimated Attendees [15]
Children First – Basic	*1*	31	21	16	96	**165**	2640
Children First – Joint	*2*	2	0	0	1	**3**	48
Therapeutic Crisis Intervention (TCI) – Core	*5*	2	2	2	7	**13**	208
TCI – Refresher[16]	*1*	22	32	41	12	**107**	1712
First time managers	*4*	3	1	3	0	**7**	112
Supervision – supervisors	*4 or 5*	3	2	3	3	**11**	176
Supervision - supervisees	*1*	5	2	1	2	**10**	160
Brief Encounters	*3*	0	2	2	0	**4**	64
Court practice and procedures	*1*	0	0	2	2	**4**	64
Report writing	*1*	0	0	3	14	**17**	272
Total number of courses		**68**	**62**	**73**	**137**		

Around 365 other training interventions were also delivered in 2011. There was little uniform provision across all HSE Areas and these training interventions included:

- local training of trainers to deliver Children First courses;
- training specific to social work teams (e.g. on assessment, information systems, analysing assessments, policies and procedures);
- training to support foster carers, the social workers who work with them and the children they care for;
- training to support residential social care teams (e.g. in response to HIQA and monitoring reports, direct work with young people);
- training to support inter-disciplinary and inter-agency working (e.g. responding to domestic violence, work with mental health and primary care teams);
- training for family support workers.

12 THE CHANGE PROGRAMME

Over the past few years in Ireland there has been increasing awareness of deficits in the care being provided to vulnerable children and their families by the State. This has been highlighted in several critical reports, each of which made a large number of recommendations, with particular attention drawn

[15] Data is not available at this time on the number of staff attending each programme. Estimated attendance is based on an average attendance of 16 staff.
[16] Based on a requirement for staff to complete six-monthly re-certification updates.

to poor governance and accountability arrangements resulting in inadequate performance management and inconsistent policy and practice [eg OMCYA (2008); Commission of the Inquiry into Child Abuse (2009, the Ryan Report); OCO (2010); HSE (2010h)]. This led to a need to address in particular:

- the requirement to set a clear direction for the service;
- to deliver services in a consistent manner throughout the country;
- deficits in the governance of services at National, Regional and local level.

In early 2011 HSE Children and Family Services pulled together the various threads into a single over-arching national Change Programme in an internal document entitled *From Vision into Practice*. Given the scale of the Change Programme and impact on existing services, the transformation was expected to take considerable time, effort, perseverance and collaboration.

From Vision into Practice set out four high level goals for the next three years:

- address the major culture change required in planning and delivering services to children and their families;
- revise and implement consistent child protection procedures in line with revised national guidelines for Children First;
- complete a series of reforms as necessary to provide a comprehensive range of high quality services for children in care;
- promote effective multidisciplinary shared practice and efficient community engagement.

The key strategic focus is to create a child care system which is responsive to the 'whole child' and his/her wellbeing: a system sensitive to a child's personal, family, social, economic and cultural circumstances. Introducing such a system places an emphasis on new ways of working, strong partnership, and teamwork at every level and between every level of service.

From Vision to Practice identified eight Change Themes to underpin the strategic Change Programme. These were:

- **The New Agency:** In March 2011 it was announced in the Programme for Government that a new Child and Family Support Agency would be set up and that the current Child Welfare and Protection Services in the HSE would transfer to the new Agency.
- **Policy/procedures/practice:** To set out a clear service delivery model(s) and supporting frameworks/policies/procedures to enable practitioners to provide services in a consistent way across the various levels of need.
- **Service enhancement:** Strengthen Children and Family Services by developing/enhancing services in line with key recommendations from National Review reports e.g. Ryan (Commission of the Inquiry into Child Abuse, 2009), Ferns (Murphy *et al.,* 2005) and other serious incident reports such as Roscommon (Roscommon Child Care Inquiry Team, 2010).
- **Resource allocation:** To put in place a resource allocation methodology within Children and Family Services that uses objective measures such as demographics, deprivation, socio-economic measures etc. so that resources are wisely used and ensures greater equity and efficiency in the allocation process.
- **Quality and performance management:** To drive a coherent approach to quality and risk, with clear lines of accountability that will enable the necessary focus to ensure and provide assurance that quality and standards are integral to all elements of service delivery.
- **Workforce development:** Ensure staff within Children and Family Services develop their clinical, interdisciplinary and where appropriate management skills to ensure the highest professional

standards and provision of high quality services.

- **Governance/partnership:** Put in place appropriate governance and partnership arrangements to reflect the complexity of overlapping responsibilities, both internally and externally, to ensure that children are at the centre of overall service delivery.
- **Cultural context:** Develop an agenda around the 'Voice of the Child' in conjunction with key stakeholders.

12.1 CHANGE PROGRAMME: Developments 2011

Key developments within the Change Programme in 2011 were on:

- Task Force on the Child and Family Support Agency;
- the organisational management model;
- an audit of staff resources.
- National Service Delivery Framework (NSDF);
- Child Protection and Welfare business processes;
- Practice handbooks.
- quality assurance and audit framework;
- management Information Framework;
- National Child Care Information System (NCCIS);

12.2 Task Force on the Child and Family Support Agency

During 2011, the Minister for Children and Youth Affairs established a Task Force to assist the DCYA in the work of preparing for the establishment of the Child and Family Support Agency on a statutory basis. The Taskforce has been in place since September 2011. The Task Force was mandated to:

- propose a vision and the principles to guide operations;
- advise on the appropriate service responsibilities and the delivery of same;
- review existing financial, staffing and corporate resources and propose a methodology for resource allocation;
- propose an organisational design and operating child welfare and protection service model;
- prepare a detailed implementation plan;
- identify the main priorities and core relationships required;
- oversee the implementation and monitor progress, pending establishment of the new Agency.

HSE Children and Family Services were represented on the Task Force by the National Director for HSE Children and Family Services. Work was ongoing during 2011.

12.3 Organisational Management Model

A key requirement of setting up of a new Agency is to clarify the organisational arrangements:

- to deliver a safe and effective service in line with the Agency's statutory obligations;
- to provide a clear and transparent management structure and supporting processes at all levels.

Initial focus during 2011 was on the design of an effective strategic governance model at National and Regional level, for implementation in 2012, with an Area Organisation Model to be developed during 2012. This Area Model will consider a range of 'core functions' (intake, child protection, children in care, child welfare and family support, foster care) and other functions that might be delivered at Area, Supra Area, Regional and National levels.

12.4 Audit of Staff Resources

It was recognised that the transfer of a sizeable cohort of staff and services from the HSE to the new Agency would require substantial planning, including the identification of the exact number and grade types of staff within the HSE that require assignment to HSE Children and Family Services and will ultimately transfer to the new Agency.

A Working Group was established to:

- provide a picture of all agreed Whole Time Equivalent (WTE) resources appropriate to the Children and Family Services at an agreed point in time (September 2011);
- identify key service areas/issues that will help inform the necessary decisions on the level and type of services to transfer to the new Agency;
- provide a baseline, at individual WTE level, to support relevant HR transition plans and manpower planning.

The Working Group developed a Service Categorisation List, templates for the collection of the desired information, and templates that could be used to draw the required information from HR/Finance and related databases. The pre-populated templates were piloted in three Areas (Limerick, Kildare and Cork).

A census date of 30th September 2011 was chosen, with data collected on staff on this date during November 2011 and validated in December 2011. Analysis and reporting on the data would be undertaken in early 2012.

12.5 National Service Delivery Framework (NSDF)

The development and implementation of a single transparent, consistent and accountable national model of service focused on improving outcomes for children is a key component of the Change Programme.
In 2011 HSE Children and Family Services began work on the development of a National Service Delivery Framework (NSDF), to be delivered in the context of local needs, with the active cooperation of all the key statutory agencies and partner, voluntary and community agencies. This draws on the learning from four current projects in Ireland in Dublin South West, North Dublin, Sligo/Leitrim/West Cavan and Limerick which aim to pilot and promote new models for integrated working by agencies and professionals.
The NSDF includes consideration of a single point of referral for all child protection and welfare services and the development of Local Area Pathways, a multi-agency and multi-disciplinary process for the co-ordination of assessment and service responses. Finalisation of the NSDF is expected to be achieved in 2012-13.

12.6 Child Protection and Welfare Business Processes

Past reports and inquiries have highlighted inconsistent application of processes for child protection and welfare across the country, highlighting the need for a nationally standardised approach in, for example, assessment, care planning and review processes. The HSE has been developing Standardised

Business Processes (SBPs) to promote consistent practice across the Service, through a national suite of forms and operating procedures. The development of SBPs are also essential preparatory work for the implementation of the National Child Care Information System (NCCIS)

Roll-out of the new processes is being carried out in three phases. The first phase involved the briefing and training of all LHOs in the SBPs for referral, initial assessment and further assessment and this was completed by Quarter 3 2011, with all areas using the new documentation and processes at the end of 2011. The second phase involved the training and briefing of LHOs in the SBPs for child protection, child welfare, and children in care and this was begun in 2011, with the intention of implementing the processes in 2012. LHOs that were trained in the second phase processes during 2011 were: Clare, Donegal, Galway, Limerick, Louth, Meath, Mayo, Roscommon, Sligo/Leitrim/West Cavan, and Tipperary North.

During 2011 HSE Children and Family Services commissioned PA Consulting to undertake a review of the Phase 1 business processes (PA Consulting, 2011). The findings of the review were used to inform the peer review stage of the development of the NCCIS and led to the assignment of a full-time project manager for Phase 2.

12.7 Practice Handbooks

HSE Children and Family Services has long recognised the need to produce standardised policies and procedures applicable across the country. A working group was established to look at this in 2010 and this led to the development of the *Child Protection and Welfare Practice Handbook* (HSE 2011a) as a companion to the revised *Children First 2011 Guidance* (DCYA 2011a). The intention is to promote accountable, consistent and transparent practices in line with *Children First 2011 Guidance*. The handbook was launched in September 2011. It was designed as a quick reference book to help support frontline practice, through setting out key issues at different stages of action, from referral through assessment to intervention. It took account of recommendations from inquiries, case reviews, international research and best practice. Around 25,000 were distributed.

HSE Children and Family Services will also commence work on an Alternative Care Practice Handbook in 2012.

12.8 Quality Assurance and Audit Framework

HSE Children and Family Services are committed to providing a high quality and dependable service for children and their families. Policies and procedures set out practice standards which must be monitored and audited to identify any problems in practice so that corrective action can be taken to improve services and prevent reoccurrence. Providing quality assured services is everybody's business and the HSE needs to ensure that this aim is linked through all aspects of work from monitoring performance indicators and targets to auditing practice standards. In that context HSE Children and Family Services need to ensure that audit will lead to improving professional practice, that findings from audits are reflected in business/service plans and have appropriate linkages to training and development. This is especially of concern in relation to child protection services, where various projects have highlighted the lack of standards and deficits in the effectiveness of services.

In 2011 HSE Children and Family Services identified the need to develop an assurance and audit

framework and supporting tools. The aims of the framework would include:

- that goals and objectives of audit processes are understood;
- there is clarity with regards to audit functions at all levels of organisation including overall governance of assurance and monitoring roles;
- process and outcomes of child care practice and procedures are assessed;
- learning takes place from significant event audits;
- managers and staff are involved in the development of action plans from the audit findings;
- re-audit is applied to check whether improvements have been implemented;
- self-auditing is promoted and supported;
- high risk issues are identified and raised confidentially and immediately with managers;
- trends and themes will be identified across teams and geographies;
- the linkage of audit findings to training and development;
- the involvement of Children and Family Services and partner organisations in the audit process;
- links to Corporate Assessment Framework.

Priority would be the development of self-assessment audit tools for child protection, to be progressed in 2012, in preparation for the 2012 publication by HIQA of National Standards for the protection and welfare of children.

In addition, during 2011, work began on developing a ***Need to Know*** procedure to provide early warning from local managers directly to the National Director where a situation is unfolding that is likely to attract immediate public, political or media attention. Current risk management systems provide an effective means of escalating critical matters from local and regional levels to the attention of senior management at the national level. However, over and above these systems, there will be times when the National Director will require immediate notification of issues that are likely to be of an unplanned or unanticipated nature. This procedure was piloted in late 2011 and will be finalised in 2012.

12.9 Management Information Framework

Much of the data in previous Reviews of Adequacy has derived from an annual data collection from LHOs known as the Child Care Dataset (known in the past as the Interim Minimum Dataset). This data has not been of consistently reliable quality. Other information has derived from performance measures that have been collected at varying frequencies.

In May 2011 a Working Group was established to identify all the performance measures (metrics) currently collected by Children and Family Services and compile these into one document. The Working Group included information officers from around the country. As well as compiling the data metrics, the group made a number of recommendations on the future governance of management information, including the necessity of regular review of the metrics, particularly in the light of new policies.

In addition, a web-based reporting tool, CORA Project Vision, was introduced in two LHOs on a pilot basis, to assist in the regular reporting of Performance Indicators (PIs). This makes use of a module on an existing web-based project management system in use within the HSE. This pilot will continue in 2012 with an intention to roll out the tool to all Areas by January 2013.

Building on these developments, during 2012 HSE Children and Family Services will develop a

Management Information Framework which will:

- outline what the organisation wants to accomplish in this context and how it plans to do it and on this basis, create and formally adopt a single set of operational, tactical and strategic objectives for the child care organisation;
- identify opportunities to measure (and improve) performance against these operational/tactical objectives using the existing information framework and identify opportunities that will exist in light of projects underway as part of the Change Programme;
- define and prioritise the opportunities identified in the current and future state assessment; i.e. define a single set of child care data items and develop a set of performance indicators to measure performance against the objectives defined above;
- define reporting structures for all levels within the service and to meet requirements of the DCYA.

12.10 National Child Care Information System (NCCIS)

Action 26 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: *'The National Child Care Information System (NCCIS) will be prioritised for implementation, assuming approval by the Department of Finance.'* During 2010, the Request For Tender (RFT) pack for the National Child Care Information System (NCCIS) was developed, with a statement of requirements closely linked to Standardised Business Processes. In mid 2011 permission to seek Expressions of Interest was received from peer review and the appropriate sanctioning authorities. Early in September Expressions of Interest were sought from IT suppliers via government procurement channels. Evaluation of the Expressions of Interest was completed in November and permission to issue tender documents to the shortlisted candidates was received in December 2011. The tender documents were issued in January 2012.

13 CONCLUSIONS AND NEXT STEPS

13.1 Conclusions

The inheritance at the start of 2011 was characterised as focused on issues of capability, capacity and credibility. Service reputation and morale had been badly affected by reports from HIQA, the Ombudsman for Children and the Rapporteur. This has been reinforced by specific inquiries, some covering church matters such as Ferns (Murphy *at al.*, 2005), Murphy (Commission of Investigation, 2009) and Ryan (Commission of the Inquiry into Child Abuse, 2009) while others identified failings in particular cases, most notably Roscommon (Roscommon Child Care Inquiry Team, 2010).

The first task for 2011 was the production of a single coherent Change Programme for Children and Family Services which captured the full range of challenges and set out a strategic approach to making the changes necessary to meet past criticisms of the system and prepare for the future demands. This consolidated responses to numerous external and internal reviews of services into a single coherent programme to facilitate a portfolio management approach for all projects and to support a strategic review of services on an ongoing basis. Given the scale of the Change Programme and the impact on existing services, the transformation is expected to take considerable time, effort, perseverance and collaboration. The development of a Change Programme, to give strategic oversight to these initiatives and ensure that they are co-ordinated, monitored and implemented effectively across the whole Service, is a major step forward. Significant progress was made against the Change Programme against a backdrop of ongoing financial constraints that meant that several cost control initiatives needed to be undertaken and progress on some initiatives was slower than would have been preferred.

Achievements within the Change Programme in 2011 included:

- The recruitment, selection and appointment of Regional Directors and Area Managers for Children and Family Services, leading to the establishment of a direct line of professional accountability from National Director to Regional Directors to Area Managers in each of the 17 HSE Areas.
- Full support for the re-editing and reissuing of *Children First: National Guidance for the Protection and Welfare of Children* (2011) and detailed discussions with trade unions and the voluntary and community sector to ensure full support and consistent application.
- The commissioning, production and publication of a child protection handbook entitled *Child Protection and Welfare: Practice Handbook* to reinforce consistency, summarising key learning from internal inquiries and international best practice to inform the actions and practice of front line practitioners.
- A certification process has been undertaken to ensure that all HSE child protection social workers have read, received and understood *Children First* and the Handbook. Around 94% of HSE child protection social workers have completed certification. The vast majority of the remaining 6% were on maternity leave and sick leave during the certification process and are due to receive training in early 2012.
- National procedures and standardised forms were developed for Children and Family Social Work Departments in 2010 by a working group of experienced practitioners from all grades. Standardised procedures for referral and assessment were implemented in all 32 HSE Local Health Offices during 2011.

In 2011 a separate Directorate for Children and Family Services was created within the HSE and much work will be required in 2012 to prepare for the launch of a totally separate Child and Family Support Agency which will take over most of the functions and resources of HSE Children and Family Services in 2013. The Programme for Government gave an undertaking to 'fundamentally reform the delivery of child protection services by removing child welfare and protection from the HSE and creating a dedicated Child Welfare and Protection Agency, reforming the model of service delivery and improving accountability to the Dáil.' The Programme for Government also noted: 'Real reform of the public sector will require a commitment from the whole of government to become more transparent, accountable and efficient.' The Minister for Children and Youth Affairs established a Task Force to advise her Department in regard to the necessary transition programme to establish the new Agency. The Taskforce has been in place since September 2011 and will be advising the DCYA over the coming months on matters including: a vision for the new agency; appropriate service responsibilities; governance arrangements; organisational design and operating child welfare and protection service model; an implementation plan for the transfer of services; the main priorities for the first 12 months of operation of the Agency; and the core interagency, statutory or professional relationships which need to be maintained or provided.

During 2011 there was rising pressure on services, with an increase in the number of child protection reports and in the number of children in care. Children and Family Services tend to experience an increase in demand during economic slowdowns and this, coupled with a projected rising 0-17 population, mean that the pressure is likely to continue in the future. Part of the emphasis within the Change Programme is to refocus services through the planned Service Delivery Framework to increase collaborative interagency early intervention and enable child protection and welfare services to focus more on children and families in greatest need of support.

The 100% targets have not been achieved for key performance indicators on: allocated social workers for children in care (92.6%); written care plans for children in care (90.4%); statutory care plan reviews (73.3%); and approved foster carers who have an allocated social worker (88.3%). Again, financial constraints have made it difficult to have sufficient social workers in place to achieve the 100% target: this nevertheless remains a target for the future. It must be accepted, however, that the day-to-day exigencies of human resources dictate that there will always be less than 100% staffing levels due to staff turnover and absences.

It is important to emphasise the fundamental strengths of the service which provides excellent care for over 6,000 children and has experienced a 50% increase in reports since 2006. It is also important to highlight those areas of service provision where progress has been made and where excellent care is provided.

- Access to appropriate care placements out of hours has significantly improved through the development of the Emergency Place of Safety Service whereby Gardaí can access an appropriate place of safety for children found to be at risk out of hours (outside normal working hours, 5pm-9am Monday to Friday and weekends and bank holidays) under Section 12 of the *Child Care Act, 1991*. The Emergency Place of Safety service provides a standardised response across the country for children who can be appropriately placed in a family setting .
- The *Report of the Commission to Inquire into Child Abuse, 2009* under Action 93 recommended that the HSE should '*put in place a national out-of-hours crisis intervention social work service, built into the existing HSE out-of-hours service. This will be piloted initially in two areas of the country.'* The HSE established emergency Out of Hours Pilot Projects in Cork and Donegal in 2011, which will be evaluated with a view to expansion.
- Significant improvements have been made in regard to services for Separated Children

Seeking Asylum (SCSA) ensuring equity and equality of services with no differentiation of care provision, care practices, care priorities or standards. The use of hostel accommodation has ceased and the service is now based on family placements in foster care. It is a child centred service which focuses on the whole child to ensure the best outcomes for each young person according to their individual needs and wishes.

- The commitment and motivation of Children and Family Services staff has been exceptional in the challenging environment of recent years.

13.2 Priorities for 2012

Taking all necessary steps to improve child protection and welfare services in Ireland is not incompatible with increased financial discipline and more effective budget development. Within the HSE currently, the focus of Children and Family Services is on the following core services as it becomes fit for purpose to transfer to the Child and Family Support Agency:

- co-operating parents who voluntarily seek assistance because of particular temporary pressures on their family;
- coerced parents who need compulsory, non-negotiable support from social work usually supported by a supervision order to ensure children are at home and safe;
- corporate parent role to provide the best possible services for the 6,160 children who at any one time are in the care of the state.

A key focus for 2012 and beyond will be to continue to implement the Change Programme, with emphasis on:

- a review of grants to voluntary and community sector to ensure support is prioritised according to need;
- the reform and rationalisation of the child protection notification system as a child protection register to target support on families to help them to stabilise and to keep their children out of care;
- the establishment of a new service delivery model to ensure each concern raised with the service gets a response which is efficient, effective and proportionate;
- the redesign of high tariff alternative care.

In the medium term activity will focus on:

- reforming of the relationship with the courts and the *guardian ad litem* service;
- promoting a system that is independent, rigorous and at all times putting the best interest of the child first;
- reforming Youth Justice incorporating HSE special care and high support;
- continuing the reform and renewal of foster care arrangements recognising the different arrangements and different demands in response to different needs.

The risks to the establishment of effective services for children and families include the hidden costs of disaggregating from a larger organisation, the increased demands as a consequence of population increase, more consistent application of Children First and, in due course, legislation. In addition, there is a need to address systemic overspends in Children and Family Services. These overspends are due to a combination of a lack of financial control and increased external demands placed on the Service. There has been a 10.5% increase in the 0-17 population in Ireland between 2006 and 2011 (table 49),

with an increase in births of 14.1%. This has led to an increased demand for HSE Children and Family Services. For example, there has been a 50.3% increase in referrals to HSE Social Work Departments and a 17.4% increase in children in care over the same time period (2006-2011). As for many other areas in the public sector at this time, the budget allocation does not reflect this increased demand and the reality is that resource base will be under significant pressure in the years to come.

Table 49: Rising demand 2006-11

	2006	2011	Increase
0-17 population (thousands) (see section 13.1)	1039.5	1148.7	10.5%
Number of births (see section 13.1)	65,425	74,650	14.1%
Number of reports received (see section 14.2)	21,040	31,626	50.3%
Number of children in care (see section 16.3.2)	5,247	6,160	17.4%

BIBLIOGRAPHY

Note: Acts and Regulations are generally available from www.irishstatutebook.ie. Acts can be found under *Acts of the Oireachtas* and Regulations under *Statutory Instruments.*

Adoption Act, 2010.

AIHW (2012). *Child Protection Australia 2010-11.*

An Garda Síochána (2009). *An Garda Síochána Youth and Children Strategy 2009-11*.

Buckley, H. (2009, unpublished). *Health Service Executive Social Work and Family Support Survey 2008 Reviewed by Helen Buckley, School of Social Work and Social Policy, Trinity College Dublin.*

Central Statistics Office (CSO 2007). *Census 2006 Volume 1 – Population Classified by Area*.

Central Statistics Office (CSO 2011a). *Population and Migration Estimates April 2011.*

Central Statistics Office (CSO 2012a). *Profile 2: Older and Younger.*

Central Statistics Office (CSO 2012b). *Survey on Income and Living Conditions (SILC) 2010.*

Central Statistics Office (CSO 2012c). *Vital Statistics: Fourth Quarter and Yearly Summary 2010.*

Child Abduction and Enforcement of Custody Orders Act, 1991.

Child Care (Amendment) Act, 2007.

Child Care (Amendment) Bill 2009.

Child Care (Placement of Children in Foster Care) Regulations, 1995.

Child Care (Placement of Children in Residential Centres) Regulations, 1995.

Child Care (Placement of Children with Relatives) Regulations, 1995.

Child Care (Pre School Services) Regulations, 2006.

Child Care (Special Care) Regulations, 2004.

Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Child Care Act, 1991.

Child Trafficking and Pornography Act, 1998.

Children (Family Welfare Conference) Regulations, 2004.

Children Act, 2001.

Children Acts Advisory Board and Health Service Executive (CAAB/HSE 2008). *Criteria for the Appropriate Use of Special Care Units.*

Children Acts Advisory Board and Social Information Systems (CAAB/SIS 2010). *Tracing and Tracking of Children Subject to a Special Care Application.* Dublin: Children Acts Advisory Board.

Commission of the Inquiry into Child Abuse (2009). *Report of the Commission to Inquire into Child Abuse.* Available at: www.childabusecommission.ie

Commission of Investigation (2009). *Commission of Investigation Report into the Catholic Archdiocese of Dublin* (commonly known as the Murphy Report).

Criminal Evidence Act, 1992.

Data Protection Act, 1988 & Data Protection (Amendment) Act, 2003.

Denyer, S., Thornton, L and Pelly, H. (1999). *Best Health for Children: Developing a partnership with Families*. Manorhamilton: National Conjoint Child Health Committee, Health Board Chief Executive Officers.

Department of Children and Youth Affairs (DCYA 2011a). *Children First: National Guidance for the Protection and Welfare of Children*. Dublin: DCYA.

Department of Children and Youth Affairs (DCYA 2011a). *Listen to Our Voices: Hearing Children and Young People in the Care of the State.*

Department for Education, England (2011). *Children looked after in England (including adoption and care leavers) year ending 31 March 2011*.

Department of Health and Children (DoHC 1999a). *Children First, National Guidelines for the Protection and Welfare of Children.* Dublin: Stationery Office.

Department of Health and Children (DoHC 1999b). *National Standards for Special Care Units.* Dublin: Stationery Office.

Department of Health and Children (DoHC 1999c). *Towards a Standardised Framework for Inter-Country Adoption Assessment Procedures.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2000a). *National Children's Strategy.*

Department of Health and Children (DoHC 2000b). *National Standards for Children's Residential Centres.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2001a). *Foster Care - A Child Centred Partnership.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2001b). *Quality and Fairness, A Health System for You.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2001c). *Youth Homeless Strategy.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2002). *Our Duty to Care: The principles of good practice for the protection of children and young people.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2003a). *National Standards for Foster Care.* Dublin:

Stationery Office.

Department of Health and Children (DoHC 2003b). *National Standards for Special Care Units.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2007). *Child Care (Standards in Children's Residential Centres) Regulations 1996 and Guide to Good Practice in Children's Residential Centres.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2008). *The Monageer Inquiry.* Dublin: Stationery Office.

Department of Health and Children (DoHC 2010). *National Standards for Pre-School Services.*

Department of the Taoiseach (2006). *Towards 2016 – Ten Year Framework Social Partnership Agreement 2006-15.*

DHSSPP, Northern Ireland. (DHSSP 2012). *Children Order Statistical Tables for Northern Ireland 2010-11.*

Disability Act, 2006.

Domestic Violence Act, 1996.

Family Law Act, 1995.

Forkan, C., and Landy, F. (2011). *An Evaluation of the Identification of Need (ION) Process in Sligo/Leitrim and Donegal.* Galway: Child and Family Research Centre, NUI Galway.

Fox, M., and McTeigue, D. (1999). *Standards and Criteria for the Inspection of Children's Residential Centres.*

Freedom of Information Act, 1997 & Freedom of Information (Amendment Act) 2003.

General Register Office, Scotland (2012). *Mid-2010 Population Estimates Scotland* at: www.gro-scotland.gov.uk/statistics/theme/population/estimates/mid-year/2010/index.html accessed May 2012.

Government of Ireland (2011). *Programme for Government 2011.* http://www.taoiseach.gov.ie/eng/Publications/Publications_Archive/Publications_2011/Programme_for_Government_2011.pdf

Health Act, 2004.

Health Act, 2007.

Health and Social Care Professionals Act, 2005.

HIQA (2010a). *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People.*

HIQA (2010b). *Guidance for the HSE for the Review of Serious Incidents including Deaths of Children In Care*.

HIQA (2010c). *National Overview Report of Special Care Services Provided by the Health Service*

Executive.

HIQA (2011a). *Follow-up inspection on the implementation of national recommendations on Health Service Executive foster care services.*

HIQA (HIQA 2011b). *National Overview Follow-Up Inspection Report of Special Care Services Provided by the Health Service Executive*.

HIQA (2012a). *Health Information and Quality Authority Annual Report 2012.*

HSE (HSE 2007a). *HSE Delegation Framework.*

HSE (HSE 2007b). *Treatment Services for Persons who have Exhibited Sexually Harmful Behaviour.*

HSE (HSE 2008a). *HSE Equity of Care Policy.*

HSE (HSE 2009a). *HSE Audit of Catholic Church Dioceses.*

HSE (HSE 2009b). *HSE Social Work and Family Support Survey 2008.*

HSE (HSE 2009c). *Report of the Ferns 4 (Children) Working Group: Assessment, therapy and counselling needs of children who have been sexually abused, and their families.*

HSE (HSE 2010a). *Action Plan to Implement the Recommendations in the National Audit of Foster Care Services.*

HSE (HSE 2010b). *Children and Family Social Services Staff Supervision Policy.*

HSE (HSE 2010c). *Framework for Social Work Practice Placements.*

HSE (HSE 2010d). *HSE National Policy on Domestic, Sexual and Gender Based Violence.*

HSE (HSE 2010e). *Induction of Social Workers: A Policy and Guidelines for Children and Families Social Services.*

HSE (HSE 2010f). *National Audit of Foster Care Services.*

HSE (HSE 2010g). *National Audit of Supported Lodgings.*

HSE (HSE 2010h). *Report of the Task Force for Children & Family Services: Principles and Practice.*

HSE (HSE 2011a). *Child Protection and Welfare Handbook.* www.hse.ie/go/childrenfirst

HSE (HSE 2011b). *From Vision into Practice – A Change Programme* (unpublished).

HSE (HSE 2011c). *HSE National Service Plan 2011.*

HSE (HSE 2011d). *Leaving Care & Aftercare Services: National Policy and Procedure Document.*

HSE (HSE 2011e). *Pre-School Regulation 5 Guidance Note.*

HSE (HSE 2012). *HSE National Service Plan 2012.*

HSE/PA Consulting (2009). *Improving Confidence in Children and Family Services. Putting Children First and Meaning It – Strategic Review of the Delivery and Management of Children and Family Services*.

Irish Bishops' Conference, The Conference of Religious of Ireland and The Irish Missionary Union, (2005). *Our Children, Our Church - Child Protection Policies and Procedures for the Catholic Church in Ireland.*

Irish Catholic Bishops Advisory Committee on Child Sexual Abuse (1996). *Child Sexual Abuse - Framework for a Church Response.*

Landy, F., and Canavan, J. (2010). *A Formative Evaluation of the Jobstown Alternative Response Model (ARM).* Galway: Child and Family Research Centre, NUI Galway.

Landy, F., Forkan, C., and Canavan, J. (2011). *North Dublin Differential Response Model: Early Implementation Report.* Galway: Child and Family Research Centre, NUI Galway.

Mark Brierley Consulting (2012a). *Review of Capacity for Alternative Care Services: Key Findings.* (unpublished).

Mark Brierley Consulting (2012b). *Review of Capacity for Alternative Care Services: Research Report.* (unpublished).

Mental Health Act, 2001.

Murphy, F.D., Buckley, H., and Joyce, L.. (2005). *The Ferns Report*, *presented by the Ferns Inquiry to the Minister for Health and Children.*

National Review Panel (2011). *National Review Panel Annual Report 2010.*

Non-Fatal Offences Against the Person Act, 1997.

Office for Social Inclusion (2002). *Building an Inclusive Society.*

Office for Social Inclusion (2003). *National Action Plan Against Poverty and Social Exclusion 2003-05.*

Office of the Minister for Children and Youth Affairs (OMCYA 2007). *The Agenda for Children's Services: A Policy Handbook.* Dublin: Stationery Office.

Office of the Minister for Children and Youth Affairs (OMCYA 2008). *National Review of Compliance with Children First: National Guidelines for the Protection and Welfare of Children.* Dublin: OMCYA.

Office of the Minister for Children and Youth Affairs (OMCYA 2009a). *National Policy in Relation to the Placement of Children aged 12 Years and Under in the Care or Custody of the Health Service Executive.*

Office of the Minister for Children and Youth Affairs (OMCYA 2009b). *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan.* Dublin: OMCYA.

Oireachtas Library and Research Service (Oireachtas 2009). *Bills Digest: Child Care (Amendment) Bill, 2009.* Dublin: Oireachtas Library and Research Service.

Ombudsman for Children Act, 2002.

Ombudsman for Children's Office (OCO 2010). *A report based in an investigation into the implementation of Children First: National Guidelines for the Protection and Welfare of Children.* Dublin: Ombudsman for Children's Office.

PA Consulting (2011). *HSE Children and Family Services: Review of Phase 1 Business Processes.* (unpublished).

Protection of Children (Hague Convention) Act, 2000.

Protections for Persons Reporting Child Abuse Act, 1998.

Refugee Act, 1996.

Roscommon Child Care Inquiry Team (2010). *Roscommon Child Care Case: Report of the Inquiry Team to the Health Service Executive.*

Scottish Government (2011). *Children's Social Work Statistics Scotland, No.1: 2012 Edition.*

Separated Children in Europe Programme (2009, 4th edition). *Statement of Good Practice: Separated Children in Europe Programme.* Copenhagen: Save the Children.

Statistics for Wales (2011). *Adoptions, Outcomes and Placements for Children Looked After by Local Authorities: year ending 31 March 2011.*

UN Convention on the Rights of the Child, 1989.