REVIEW OF ADEQUACY
FOR HSE CHILDREN AND FAMILY SERVICES
2012

THIS REPORT IS PUBLISHED BY TUSLA REGARDING SERVICES PROVIDED BY THE HSE IN 2012 PRIOR TO ESTABLISHMENT OF TUSLA IN 2014

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FOREWORD`

2012 was a year of transition for Children and Family Services.

The programme of reform was beginning to impact upon service delivery and, in particular, there was considerable improvement in clear lines of accountability as a consequence of the restructuring of Area teams and the appointment of a Service Director in each region. The pace of the reform programme was inevitably impacted by the continuing severe financial constraint and recruitment restrictions.

Service delivery continued to improve and the Government pushed ahead with the reform programme establishing a task force to bring forward recommendations to the Minister for Children and Youth Affairs regarding the establishment of an Agency as a separate legal entity dedicated solely to the welfare and protection of children and the support of their families. These recommendations were published in July 2012.

2012 also saw the publication of a major review of child deaths. The review illustrated in compulsive detail and forensic insight the risks faced by many children in Ireland as a consequence of abuse, neglect, violence and the impact of social factors including the abuse of drugs and alcohol. The report also illustrated the lack of integrated service provision and the difficulty in accessing services from social care, social work, mental health services and services for children affected by disabilities. The recommendations were accepted by Health Service Executive and integrated into the implementation agenda for the Service Delivery Framework and associated reports and the modernisation of arrangements for information transfer, record keeping and file integrity.

2012 also saw the publication of the HSE's audit relating to child protection in church dioceses. This report made clear the scale of the historic problem, the range of practice across the country and the lack of consistency in support and response from HSE services. This report and reports by the church's own safeguarding board also identified considerable improvements and increasing good practice, albeit only in certain parts of the country.

This report, against the above background, provides testimony to improving services but ones that faced many challenges. The data provides a number of insights which informed the drive for improvements, identified service gaps and described service provision. The information also gave rise to many questions which should assist the profession in debating what is good practice, for example, when considerably different rates of children taken into care are recorded, differences which do not correlate with socioeconomic factors.

Gordon Jeyes
Chief Executive

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.

During 2012 HSE Children and Family Services received over 40,000 reports; made over 2,000 admissions to care; provided alternative care services to over 6,300 children, over 92% of whom were placed with over 4,100 foster families; and supported over 1,450 young people in Aftercare, 61% of whom were in education/training.

Throughout 2012 there has been considerable effort to ensure the success of an ambitious Change Programme hallmarked by greater accountability, consistency and transparency. 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.

The intensive preparations for the establishment of a new Agency for child care services was given impetus and focus with the publication of the *Report of the Task Force on the Child and Family Agency* (DCYA 2012).

Chapters 2-7 of this Review of Adequacy provide data on key activities for Children and Family Services in 2012. There continued to be pressure on services, with a continued rise in the size of the child population and increases in the number of child protection reports and in the number of children in care, all within a context of financial restraint. 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 international jurisdictions;
- a high proportion of children in care are in full-time education;
- the stability of placements for children in care is better than comparators;
- the number of children admitted to care has fallen for four years in a row;
- targets for the proportion of children placed in foster care, relative care and residential care have been achieved;
- there has been a substantial rise over the last four years in the number of young people receiving aftercare support.

There remain variations between individual Local Health Areas (LHAs) in the balance of child protection and welfare cases and the number of children in care. Variations in local business processes 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 will enhance comparability in the future.

At end of 2012, 91.9% of children in care had an allocated social worker, 87.6% had written care plans and 83.3% of approved foster carers had an allocated social worker. Normal day-to-day exigencies of

service provision including staff absence through annual/sick/maternity leave and staff turnover impact on this area of services. It is also important to note that cases are subject to ongoing review and risk assessment and, where appropriate, the level and nature of the support being provided to foster carers and children in care will change depending upon the needs of the child.

Children and Family Services have experienced a rise in referrals received of around 91% since 2006 (n=40,187/21,040) and an increase in children in care over the same period of 20.7% (n=6,332/5,247), while the 0-17 population has also grown in the same period by 11.6% (n=1,160,200/1,039,500) and the number of births by 10.4% (n=72,225/65,425). 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. However the Change Programme will deliver a range of efficiencies and enhancements to service delivery with a number of demonstrable improvements already in place. This means that some new services will be available, some services will be doing more with less and some services will develop to better meet changing needs.

Priorities for 2013 include preparations for the transition in 2014 into a new Child and Family Agency, the development and implementation of an enhanced budgetary framework, continuing work with private sector providers to develop contractual arrangements within a formal procurement process, and a comprehensive review of internal residential provision.

1 INTRODUCTION

1.1 Requirement for an Annual Review of Adequacy Report

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. There is a range of methods by which this is achieved, including:

- 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.

Children and Family Services is part of the national Health Service Executive (HSE). 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 that are reported in this Review of Adequacy under the broad headings of Family Support, Child Protection and Alternative Care. These services are either 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*. The bibliography for this report shows a list of Legislation and Regulations with which the Agency must comply.

1.2 Changes to the Delivery of Children and Family Services in the Future

The Programme for Government (Government of Ireland, 2011) set out changes to how children and family services will be delivered in the future. This was to be achieved by:

- **The establishment of a Ministry and Department of Children and Youth Affairs (DCYA)** (established in June 2011).
- **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 put in place a new Children and Family Support Agency incorporating child protection and welfare services and other service. Section 9.1 of this review describes the progress made in designing this new Agency during 2012.
- **The delivery of a Change Programme to standardise and integrate services and re-focus on outcomes** (see section 9 of this Review). The Change Programme has particularly sought

to address:

- 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.

The need to promote consistency has been seen in a range of national initiatives that were ongoing in 2012. For example:

- **The development of Standardised Business Processes**: this will ensure that key processes from referral through to assessment, plans and reviews are done the same way throughout the country, using the same paperwork and sharing a common language about what the processes mean and how they should be applied (see section 9.5).
- **Improving data:** Children and Family Services has been making improvements to the quality, consistency and relevance of the data that it collects. Progress continued on the commissioning of a National Child Care Information System (see section 9.7).
- **The development of a Family Support suite of policy, strategy and guidance documents** (see section 4.2.3).
- **Ensuring that *Children First 2011* is implemented consistently:** Children and Family Services has embarked on an extensive programme of briefings and training with regards to the new Guidance (see section 5.2.1).
- **Development of standardised national policies and procedures for foster care** (see section 6.2.1).
- **Development and implementation of national training courses** (see section 8).

There were several important reports and documents published in 2012 that have also impacted on approaches to service delivery:

- ***National Standards for the Protection and Welfare of Children*** (HIQA 2012) (see section 5.2.2).
- ***Report of the Independent Child Death Review Group*** (Shannon and Gibbons 2012) (see section 5.2.5).
- ***Audit of Safeguarding Arrangements in the Catholic Church in Ireland: Volume 1 Dioceses Report*** (HSE 2012c) (see section 5.2.6).

The scope and methods of delivery of child and family services for the future is also under review:

- The ongoing development and roll-out of **Children's Services Committees (CSCs)** provide a common strategic platform for interagency local development of services across a continuum of support (see section 4.2.1).
- The **National Service Delivery Framework (NSDF)** continued to be designed, drawing on learning from several local projects. 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. This may re-direct to other agencies of some welfare referrals that currently come to social work services (see section 4.2.2).
- Children and Family Services is working on the development of a **Commissioning Strategy** linked where possible to CSCs. The continued need for a mixed economy of statutory, non-statutory and private sector providers, against a backdrop of financial restraint, means that Children and Family need to ensure that quality, value for money services promote positive

outcomes for children and their families in a sustainable manner (see 4.2.3).

During 2012 Children and Family Services organisational structure included a National Director, a National Office, four Regional Directors, and 17 local Areas for the delivery of services. In the light of the future transition of services to the new Child and Family Agency, work was ongoing in 2012 on the developmental of an Organisational Management Model for the new Agency (see section 9.2).

1.3 Structure of the Review of Adequacy

The Review of Adequacy is structured as follow:

Chapter 2 provides a **summary of data**, intended as a quick look-up for headline figures. Further analysis of this data can be found in the main body of the report.

Chapter 3 looks at **demographic factors** that provide the context for the provision of Services.

Chapter 4 describes service developments and data relating to **family support** services. When an assessment concludes that a child has unmet needs requiring social work intervention, a Family Support Plan may be drawn up with the family. This chapter describes some of the initiatives that are being undertaken with other agencies where children have additional needs, as some of those needs may be more appropriately be met by (or in conjunction with) other agencies.

Chapter 5 looks at service developments and data that relates to **child protection.** The term 'child protection' is used when there are reasonable grounds for believing that a child may or may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected.

Chapter 6 describes service developments and data relating to **alternative care.** 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, residential care or placement with relatives. The vast majority of children who are placed in alternative care are in foster placements.

Chapter 7 looks at some **other services** that are provided by HSE Children and Family Services – early years inspections, the enhancement of sexual abuse services, and adoption.

Chapter 8 shows progress made in developing a nationally co-ordinated approach for **workforce development.**

Chapter 9 describes some elements of the **Change Programme** that have not been covered in the previous chapters.

Chapter 10 provides **Conclusions and Priorities for 2013.**

2 SUMMARY OF DATA

This chapter provides a summary of some key data, for quick reference. More detailed analysis of this data is provided within the main body of the report.

The 0-17 population is estimated to have risen by 11.6% between 2006 and 2012 from 1,039,500 to 1,160,200.

Referrals to HSE Children and Family Services rose between 2006 and 2012 by 91% from 21,040 to 40,187 per year, with the number of welfare referrals rising by 82% (from 12,579 to 21,043) and the number of child protection referrals rising by 101% (9,461 to 19,044).

There were 164.1 child protection referrals per 10,000 population aged 0-17 in 2012, a rise on the estimated 137.7 per 10,000 population aged 0-17 in 2011.

There have been 60 notifications of child deaths to the National Review Panel since 2010, of which 23 were in 2012.

Some 284 Family Welfare Conferences were convened in 2012, with the recommended outcome for 55% (n=151) being that the child remained at home (with either a formal or informal supports from the HSE) and 12% (n=35) returned to relative care.

Admissions to care increased each year between 2006 and 2009 but have been falling since then. There were 2,070 admissions in 2012, a 7.9% fall from the highpoint in 2009. As in 2011, around 62% of children were admitted to care on a voluntary basis.

The number of children in care rose by 20.7% between 2006 and 2012 (from 5,247 to 6,332). There has been a 2.7% rise since 2011. The rate of 54.6 children in care per 10,000 population aged 0-17 was slightly higher than in 2011 (53.6 per 10,000) but was lower than comparator international jurisdictions.

The percentage of children in mainstream foster care (62.8%), general residential care (5.3%) and high support (0.3%) were all better than national targets. The targets were marginally missed for foster care with relatives (29.0%) and special care (0.4%).

Around 96.0% of children in care aged 6-16 were in full-time education.

There were 65 applications to Special Care in 2012, of which 35 led to an admission, and 76 applications to national High Support, of which 21 were admitted. The average length of stay in special care was 4.5 months and the average length of stay in national high support was seven months.

The percentage of children in residential care aged 12 or under was 9.7% (n=36) in 2012. This was lower than the 12.9% (n=53) in 2009.

Some 172 children in care experienced three or more placements within 12 months, representing 2.7% of the number of children in care (2011 n=150, 2.4%). This percentage is lower than in comparator jurisdictions (England 11.0%, Wales 9.1%).

In December 2012 around 18.2% (n=1,151) of children had been in care for less than a year, 44.9% (n=2,842) had been in care for one to five years, and 36.9% (n=2,339) had been in care for more than five years.

There were 355 placements in the private sector during the year: given that the number of children in care in December 2011 was 6,160 and there were 2,070 new admissions in the year 2012 (a total of 8,230 placements during the year), the 355 represent around 4.3% of all care placements made in the year. Around 60.3% of private sector placements were in foster care general. Dublin Mid-Leinster made the majority of placements in the private sector (52.4% of the National total).

In 2012 25 children were placed abroad. This represents a fall from 2011 (n=27) with the majority of placements being in the UK (none of these placements were in Northern Ireland).

Around 44.4% of children admitted to care during 2012 were also discharged within the year (2011 36.7%).

Around 72% more young people were recorded as being in receipt of aftercare services in 2012 than in 2009 (1,457 compared to 847). Around 61.1% of 18-21 year olds in receipt of an aftercare service were in education/training (55.8% were in full-time education).

Some 91.9% of children in care had an allocated social worker compared to 83% in 2009.

Around 87.6% of children in care had a written care plan compared to 84.7% in 2009. However the average was lowered significantly by Dublin Mid-Leinster (only 68.1% with a written care plan).

Some 72.1% of children in care who were due a statutory review of their care plan had that review take place on time, with 2,143 not having the scheduled review take place on time.

Around 83.3% of approved foster carers had an allocated social worker.

Some 83.7% (n=343) of relative foster carers who had children placed for longer than 12 weeks were awaiting approval by the foster care panel.

There were 4,269 foster carers in December 2011 (December 2011 n=3,783).

There were 99 children placed in youth homeless centres/units for more than four consecutive nights (or more than ten separate nights over the year) during 2012 (2011 n=99). Fourteen of these children were also in the care of the HSE, representing 0.22% of the 6,332 children in care.

In December 2012 there were 23 children aged 17 years or younger accommodated under Section 5 of the *Children Act, 2001.*

The number of Separated Children Seeking Asylum (n=71) was much lower than pre-2009 levels (peak in 2001 of 1,085).

The number of Intercountry Adoptions continued to decline, falling from 396 in 2009 to 215 in 2012.

3 DEMOGRAPHIC FACTORS

Key Messages: The children's population in Ireland continues to rise year-on-year, having increased in 2012 by 11.6% since the 2006 Census. HSE Children and Family Services is also seeking to develop a resource allocation model that will reflect not just the distribution of children across the country but deprivation and other socio-economic factors.

3.1 Children's Population

The Central Statistics Office estimates that the 0-17 population in April 2012 was 1,160,000. This is a rise of 11.6% since 2006 (CSO 2012b). 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 stabilised.

Table 1: Population estimates x Age group (000s), April 2012

Year / Age Group	2006	2007	2008	2009	2010	2011	2012	% Change since 2006
0-4	302.3	312.3	327.9	341.6	353.8	356.3	364.6	+20.6%
5-9	288.5	295.9	303.4	308.0	311.6	320.8	324.8	+12.6%
10-14	274.2	275.6	281.0	288.1	293.6	302.5	305.4	+11.4%
15-17[1]	174.5	171.6	170.3	167.2	164.0	169.1	165.4	-5.2%
Total	**1039.5**	**1055.4**	**1082.6**	**1104.9**	**1123.0**	**1148.7**	**1160.2**	**+11.6%**

Data from Census 2011 is available by Local Health Area (LHA)[2]. Table 2 shows the resultant populations, by Region and table 3 shows it by LHA. These tables also show the 2012 population for children if the estimated national 2012 population of 1,160,000 was distributed in the same proportions as Census 2011.

Table 2: Population aged 0-17 (2011 Census) x Region, plus estimated 2012 distribution

Region	0-17 population (2011 Census)	% of 0-17 population in 2011	0-17 population (2012 estimated)
Dublin Mid-Leinster	324,955	28.3%	328,212
Dublin North East	258,569	22.5%	261,161
South	292,796	25.5%	295,731
West	272,367	23.7%	275,097
National	**1,148,687**	**100.0%**	**1,160,200**

[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.

[2] Data from HSE Health Information Unit.

Table 3: Population aged 0-17 (2011 Census) x LHA, plus estimated 2012 distribution

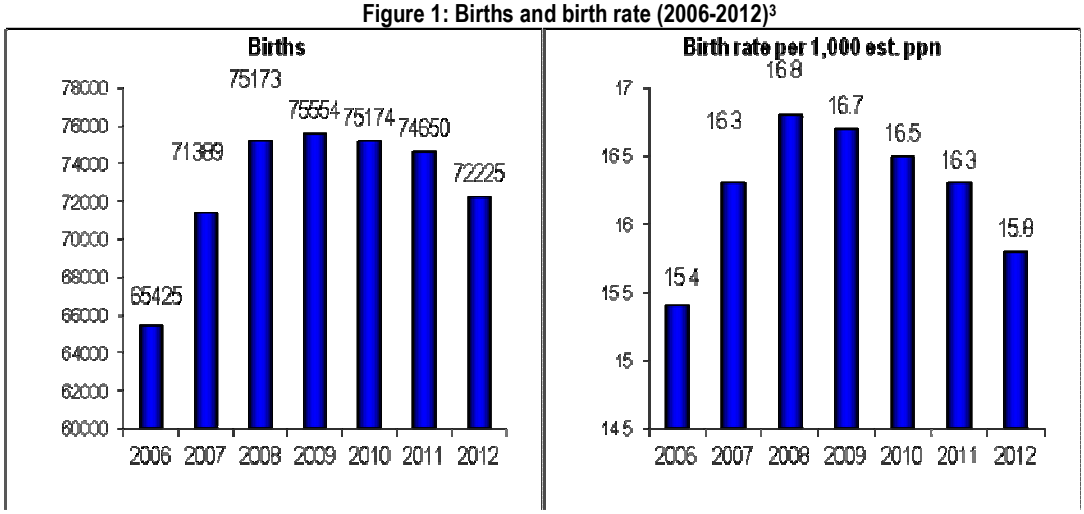
LHA	0-17 population (2011 Census)	% of 0-17 population in 2011	0-17 population (2012 estimated)
Carlow/Kilkenny	33,790	2.9%	34,129
Cavan/Monaghan	35,955	3.1%	36,315
Clare	30,666	2.7%	30,973
Donegal	43,732	3.8%	44,170
Dublin North Central	23,524	2.0%	23,760
Dublin North West	49,142	4.3%	49,635
Dublin South City	22,850	2.0%	23,079
Dublin South East	22,672	2.0%	22,899
Dublin South West	38,227	3.3%	38,610
Dublin West	39,029	3.4%	39,420
Dun Laoghaire	28,558	2.5%	28,844
Galway	61,194	5.3%	61,807
Kerry	34,940	3.0%	35,290
Kildare/West Wicklow	64,573	5.6%	65,220
Laois/Offaly	44,081	3.8%	44,523
Limerick	36,813	3.2%	37,182
Longford/Westmeath	33,645	2.9%	33,982
Louth	33,292	2.9%	33,626
Mayo	32,514	2.8%	32,840
Meath	53,400	4.6%	53,935
North Cork	22,887	2.0%	23,116
North Dublin	63,256	5.5%	63,890
North Lee	46,453	4.0%	46,919
Roscommon	16,076	1.4%	16,237
Sligo/Leitrim/W Cavan	23,862	2.1%	24,101
South Lee	44,904	3.9%	45,354
Tipperary North	27,510	2.4%	27,786
Tipperary South	24,010	2.1%	24,251
Waterford	32,766	2.9%	33,094
West Cork	14,204	1.2%	14,346
Wexford	38,842	3.4%	39,231
Wicklow	31,320	2.7%	31,634
National	**1,148,687**	**100.0%**	**1,160,200**

3.2 Other Demographic Factors

3.2.1 Births and Birth Rate

Both the number of births and the birth rate have declined in Ireland since 2009. However, this still means that there were over 10% more births in 2012 than in 2006 (figure 1).

Figure 1: Births and birth rate (2006-2012)[3]



3.2.2 Immigration

Immigration sharply declined between 2006 and 2010, rose again in 2011 and steadied out in 2012 (CSO 2012a) (see figure 2).

Figure 2: Estimated immigration (all age groups, 000s) (2006-2012)

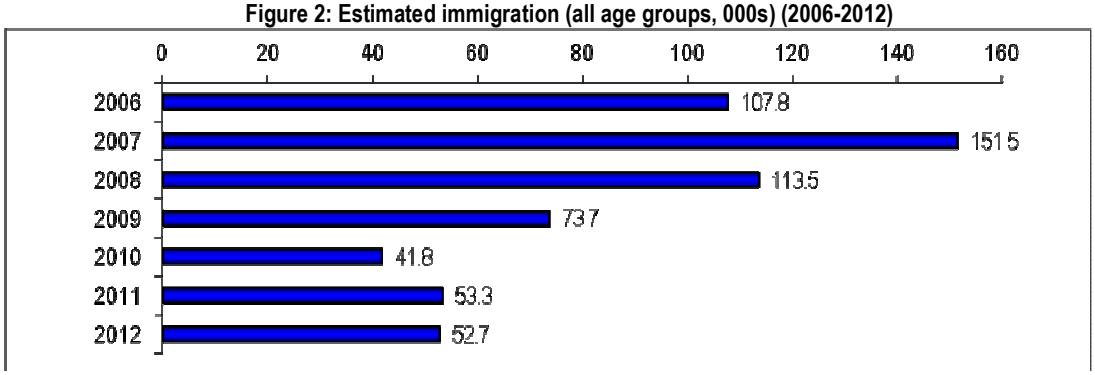


Table 4: Estimated immigration x Nationality, all age groups (000s), April 2012

Year / Nationality	2006	2011	2012
Irish	18.9	19.6	20.6
UK	9.9	4.1	2.2
Rest of EU15 (EU before enlargement in 2004)	12.7	7.1	7.2
EU12 (accession countries on enlargement)	49.9	10.1	10.4
Rest of world	14.7	12.4	12.4

[3] www.cso.ie/en/statistics/birthsdeathsandmarriages/numberofbirthsdeathsandmarriages/ accessed 28/10/13

Total	**107.8**	**53.3**	**52.7**

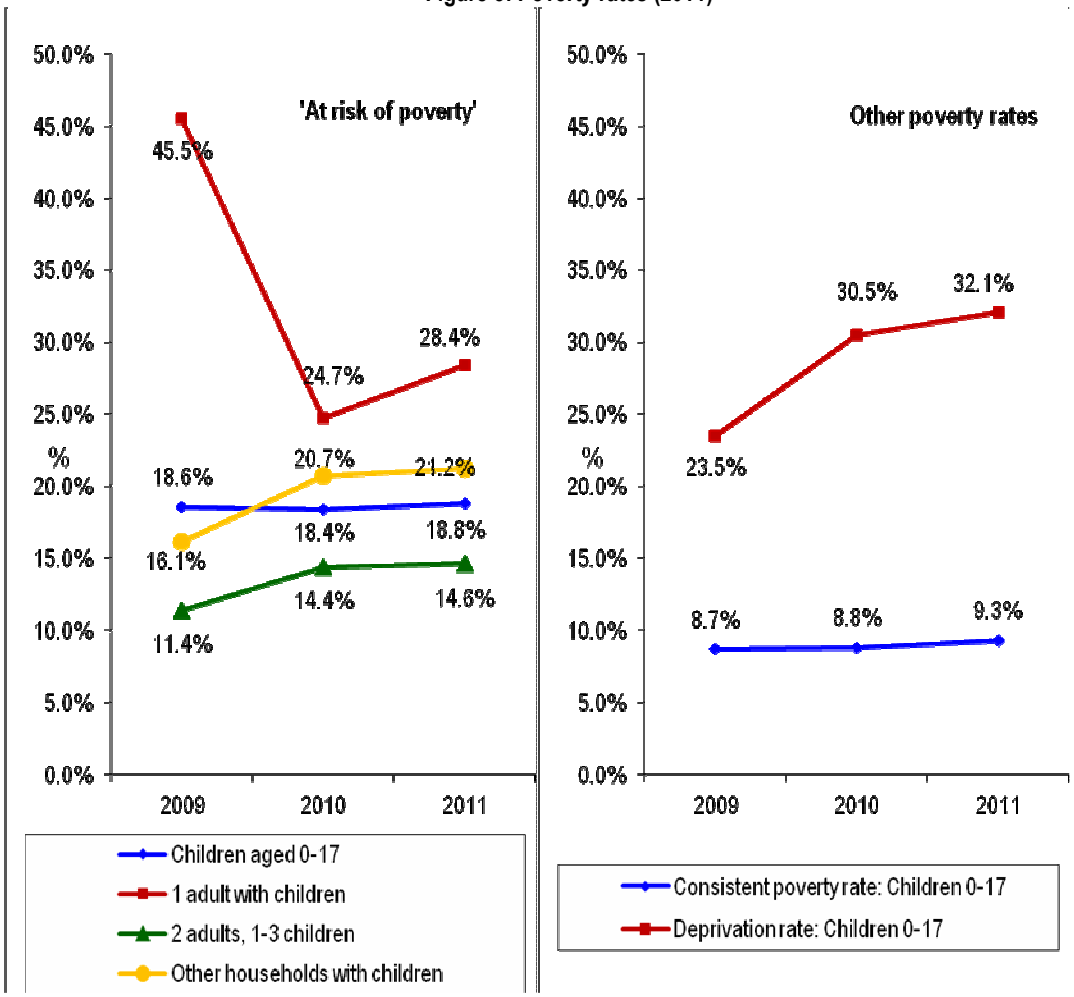
3.2.3 Poverty

People defined as being 'at risk of poverty' have an income below 60% of median disposable income. In 2011, the most recent data available, some 18.8% of children aged 0-17 were 'at risk of poverty', an increase from the previous two years (2009=18.6%, 2010=18.4%) and higher than the figure for the national population covering all age groups (16.0%) (CSO 2013a). The 'at risk of poverty' rate for households composed of one adult with children remained high at 28.4% (2009=45.5%, 2010=24.7%). Households consisting of two adults with up to three children recorded an increase in their 'at risk of poverty rate' to 14.6% (2009=11.4%; 2010=14.4%). Similarly other households with children had an increase in their 'at risk of poverty' rate to 21.2% (2009=16.1%; 2010=20.7%).

The 'deprivation 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). This rose for children aged 0-17 from 23.5% in 2009 to 32.1% in 2011.

The 'consistent poverty rate' is defined as those at the 60% of median income threshold *and* living in a household experiencing at least two forms of enforced deprivation. The 'consistent poverty rate' for children aged 0-17 rose from 8.7% in 2009 to 9.3% in 2011, higher than the national average (for all age groups) of 6.9%.

Figure 3: Poverty rates (2011)



3.2.4 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 / Ethnicity	0-4	5-9	10-14	15-19	Total 2011	% 2011
White Irish	288,199	264,915	259,228	244,136	**1,056,478**	84.4%
White Irish Traveller	4,676	3,905	3,554	3,279	**15,414**	1.2%
Any other white background	28,308	20,933	18,772	17,123	**85,136**	6.8%
Black or Black Irish - African	8,442	11,233	5,983	3,470	**29,128**	2.3%
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%
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%
Total	**354,602**	**319,117**	**300,273**	**278,393**	**1,252,385**	**100%**
%	28.3%	25.5%	24.0%	22.2%		

3.3 Resource Allocation Model

During 2012, HSE Children and Family Services worked on a project to develop an appropriate resource allocation model 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. Most Areas in the past allocated scarce health care resources on the basis of historic allocations to existing providers and facilities but the move is towards more objective measures of needs. The model being developed will reflect demographics, deprivation, socio-economic measures and other factors. Account will also be taken of cross boundary flows of clients between geographical areas. Work on the Resource Allocation Model was ongoing at the end of 2012.

[4] Interactive tables at http://www.cso.ie/px/pxeirestat/Statire/SelectVarVal/Define.asp?maintable=CD701&PLanguage=0 accessed on 2/10/13

4 FAMILY SUPPORT SERVICES

Key Messages: Earlier intervention in the lives of children with additional needs can have a major impact on the lives of those children and prevent their needs increasing to the point where child protection or alternative care services are required. Effective interagency collaboration and high quality family support services can help in this regard. Children and Family Services is committed to improving interagency working through Children's Services Committees and is working in collaboration with partners to develop the National Service Delivery Framework and Local Area Pathways.

4.1 Introduction to Family Support Services

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);
- *The National Children's Strategy* (DoHC 2000a);
- *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);
- *The Agenda for Children's Services* (OMCYA 2007).

4.2 Service Development

4.2.1 Children's Services Committees

Children's Services Committees (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 and Children and Family Services have been fully involved in their development. 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 and a further four (Meath, South Tipperary, Waterford and Wicklow) established in 2011. In 2012 a Children and Young People's Plan was published by each of the CSCs in Louth, Meath and Wicklow, in addition to the eight CSCs that had previously published one of these plans (Carlow, Dublin City, Fingal, Kerry, Kildare, Limerick City, Longford/Westmeath and South Dublin).

4.2.2 National Service Delivery Framework (NSDF)

The development 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. During 2012 HSE Children and Family Services continued to 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 key statutory agencies and partner voluntary/ community agencies. This draws on the learning from four projects in Dublin South West, North Dublin, Limerick and Sligo/Leitrim/West Cavan.

The NSDF includes 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. A multi-agency design group worked on this, including representatives from HSE Children and Families, Barnardos, the Daughters of Charity Child and Family Services, the Family Support Agency, Pobal, the Child and Family Research Centre (NUI Galway), and representatives from the two projects in Sligo/Leitrim/West Cavan and Limerick. Particular attention was paid to the design of Local Area Pathways and case co-ordination arrangements for children and families with identified needs. Finalisation of the NSDF is expected to be achieved in 2013-14.

4.2.3 Family Support Suite of Policy, Strategy and Guidance Documents

A programme of work was undertaken in 2012 (to conclude in 2013) to define, design and implement a framework for prevention, partnership and family support provision as part of the NSDF. This programme of work has been funded by Atlantic Philanthropies and has been carried out by the Child and Family Research Centre, Galway, in conjunction with the HSE Children and Family Services.

The main components of this programme of work were:

- A suite of policy/strategy related documents:
  - What Works in Family Support?
  - Commissioning Strategy for the CFA.
  - Participation Strategy.
  - Investing in Parenthood Strategy and 50 Key Messages in Supporting Parenting.
  - A National Survey of funding to the non-statutory funded services.
  - A Service Design Project:
    - Design of the 'Guidance for Implementation of an Area-based approach to Prevention, Partnership and Family Support through the development of Local Area Pathways as part of the NSDF';
    - 'Meitheal – A National Practice Model for All Agencies Working with Children, Young

People and their Families'.

An extensive consultation process was carried out in 2012 on a number of the components of the Family Support Suite. This consultation was overseen by an Advisory Group with representatives from Barnardos, the Centre for Effective Services, Daughters of Charity Children & Family Services, DCYA, the Family Support Agency and Pobal. Three rounds of consultation were carried out in relation to the total Family Support suite of documents. Area Managers and Regional Directors were invited on three separate occasions to provide comments/feedback on the draft documents. A presentation was also given to the National Voluntary/Community Forum on the suite of documents as part of an overall presentation on the NSDF and comments were invited from the services. The following components of the Family Support Suite were involved in the consultation, with a view to implementation in 2013:

Guidance for Implementation of an Area-based approach to Prevention, Partnership and Family Support. This provides a framework for a network of agencies, led by the Child and Family Agency, to work in co-operation with parents to address child welfare concerns in a timely fashion and to support families to avail of universal service provision. It highlights the need for structural change in governance and leadership at Area Management level to advance this effectively. It states:

- Governance and leadership for the Local Area Pathways will be the responsibility of the CFA through the current 17 Area Managers for Children and Family Services in Ireland.
- A Senior Manager for Prevention, Partnership and Family Support will be appointed under each Area Manager.
- A process of engagement with voluntary, community and statutory partners on the set-up and operation of the Local Area Pathways will be established in each Area (where Children's Services Committees (CSCs) exist, this engagement should occur through the CSCs).
- A number of local Child and Family Support Networks (CFSNs) consisting of local statutory providers, local voluntary/community children and family services. Family Resource Centres and CFA staff will be established in each Area. Co-ordinators will be identified at local level to co-ordinate these networks and to support the implementation of the Meitheal approach.

Meitheal – A National Practice Model for All Agencies Working with Children, Young People and their Families. The Meitheal Model is targeted at children with unmet additional needs which, if left unmet, place children at risk of poor outcomes. This document places a focus on practice change through encouraging all agencies to use the same way of assessing need, sharing information and linking assessment to service provision for children and families who do not require social work intervention but have unmet additional needs requiring the support and help of more than one agency. 'Meitheal' is an old term that describes how neighbours would come together to assist in the saving of crops or other tasks. In this context Meitheal is a National Practice Model to ensure that the needs and strengths of children and their families are effectively identified and understood and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and realise their rights.

The Commissioning Strategy. The purpose of the Commissioning Strategy is to ensure that the total resources available are applied to improving outcomes for children and families in the most efficient, effective, equitable, proportionate, evidence-based and sustainable way. The Commissioning Strategy advocates that Area Managers assess needs and current service provision, identify gaps and priorities, consider how to put the required strategy in place, and monitor and evaluate outcomes. The Commissioning Strategy advocates that where a Children's Services Committee is in place in an Area that the analysis of needs, current service provision and gaps should be done through one process locally. Work was ongoing on this in 2012.

What Works in Family Support? *What Works in Family Support?* provides an overview of evidence-based family support practices and programmes for children and families. It complements, and is to be used in conjunction with, the Commissioning Strategy and the Parenting Support Strategy. The report contains five sections:

- A summary of the issues in considering 'what works?', what is meant by an 'evidence base' and the types and levels of evidence that can be obtained.
- A definition of Family Support and accompanying practice principles. A theoretical framework for Family Support is also presented along with the description of the current framework used to categorise the services delivered within an Irish context.
- National and international examples of evidence-based programmes.
- Issues of implementation of programmes and fidelity to programme design.
- The challenges of gathering evidence and establishing 'what works?'

The CFA Parenting Support Strategy. The CFA Parenting Support Strategy *Investing in Families: Supporting Parents to Improve Outcomes for Children 2013-16* is the first national parenting support strategy for children and family services in Ireland. The strategy states that investing in all families in order to support parents improves outcomes for children and young people and is core business for the CFA. The Parenting Strategy requires a partnership approach that involves the full participation of parents. It also relates to and forms part of a suite of documents within *What Works in Family Support?* and the Commissioning Strategy. Parenting support services form part of the continuum of support services which need to be provided in each CFA Area, as envisaged in the Commissioning Strategy.

50 Key Messages in Supporting Parents. *50 Key Messages in Supporting Parents,* provides practitioners and parents with evidence-based advice as to how they can best support parents across the life-course of the child and across different contexts in which parents find themselves.

National Analysis of Funding to Non-Statutory Funded Services. The HSE has a National Service Level Agreement (SLA) Repository, the primary purpose of which is to monitor compliance with SLAs and grant-aid processes. The Repository also holds information on service provision that is useful in mapping current commissioning patterns as a basis for developing a commissioning strategy. In August 2011 there were 765 SLAs on the Repository that were within the children and family care group category (see table 6). The scale and scope of SLAs vary considerably, some being with small local provider and others with larger regional or national level providers. In July 2012 a survey was carried out on these 765 SLAs with the aim to establish the level and type of service being delivered to children and their families by HSE funded external agencies. The end date for the survey is June 2013.

Table 6: 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**

At the end of 2012, this suite of policy, strategy and guidance documents were in draft format and consultation with key stakeholders had taken place. However, outside the stated pilot sites,

implementation had not begun.

4.3 Family Support Data

A **child welfare concern** is a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may or may not require a child protection response. A **child protection concern** is where there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected. *(HSE 2011a)*

4.3.1 Child Welfare Referrals

Key Messages: Child welfare referrals to Children and Family Services continue to rise. Since 2006 they have risen by 82% from 11,579 to 21,043.

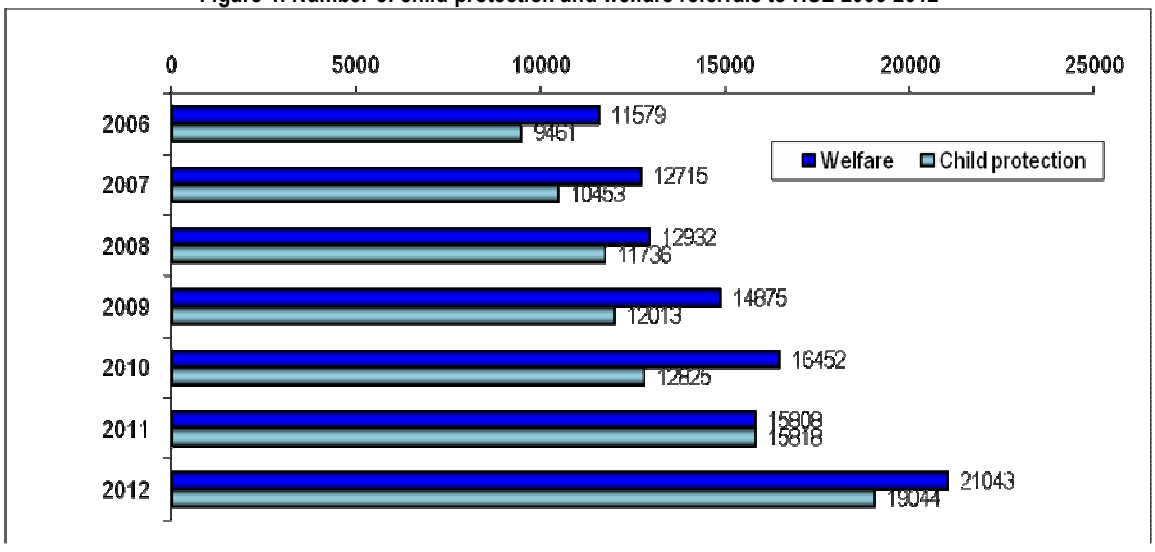
Social work services received 40,187 referrals in 2011, with more welfare referrals (n=21,143) than child protection referrals (n=19,044) and (table 7).

Table 7: Referrals to Social Work Departments x Referral type x HSE Region (2012)

Region / Report type	Number of welfare referrals	Number of child protection referrals	Total	% welfare
Dublin Mid-Leinster	4,718	4,645	9,363	50.4%
Dublin North East	5,005	5,379	10,384	48.2%
South	5,354	4,912	10,266	52.2%
West	6,066	4,108	10,174	59.6%
National	**21,143**	**19,044**	**40,187**	**52.6%**

The figures for 2006-2012 (figure 4) show a year-on-year rise in referrals received by social work departments for both child protection and welfare. Since 2006, the number of referrals overall has risen by 91% (n=40187/21040). Child protection referrals have risen by 101% (n=19044/9461) while welfare referrals have risen by 82% (n=21043/11,579). Once in place, the National Service Delivery Framework (see section 4.2.3) should re-route some welfare referrals along a different welfare pathway involving other agencies, freeing up social work time.

Figure 4: Number of child protection and welfare referrals to HSE 2006-2012



The number of welfare and child protection referrals per LHA, and the balance between the two types of referrals, is shown in table 8. The data indicates significant variation between areas; once the resource allocation model is in place in the future (see section 3.3), the impact of local pressures will be taken into account to provide a more accurate picture.

Table 8: Referrals to Social Work Departments x Report type x LHA (2012)

Report type / LHA	Number of welfare referrals	Number of child protection referrals	Total	% welfare
Carlow/Kilkenny	648	545	1,193	54.3%
Cavan/Monaghan	1,046	1,371	2,417	43.3%
Clare	707	597	1,304	54.2%
Donegal	783	353	1,136	68.9%
Dublin North Central	452	325	777	58.2%
Dublin North West	891	459	1,350	66.0%
Dublin South City	227	337	564	40.2%
Dublin South East	90	250	340	26.5%
Dublin South West	371	613	984	37.7%
Dublin West	329	364	693	47.5%
Dun Laoghaire	212	232	444	47.7%
Galway	1,597	1,210	2,807	56.9%
Kerry	434	329	763	56.9%
Kildare/W Wicklow	1,098	693	1,791	61.3%
Laois/Offaly	1,049	522	1,571	66.8%
Limerick	1,049	593	1,642	63.9%
Longford/Westmeath	821	1,244	2,065	39.8%
Louth	400	1,159	1,559	25.7%
Mayo	401	353	754	53.2%
Meath	1,036	1,430	2,466	42.0%
North Cork	296	525	821	36.1%
North Dublin	1,180	635	1,815	65.0%
North Lee	1,044	706	1,750	59.7%
Roscommon	319	335	654	48.8%
Sligo/Leitrim/W Cavan	589	323	912	64.6%
South Lee	455	411	866	52.5%
Tipperary North	621	344	965	64.4%
Tipperary South	441	481	922	47.8%
Waterford	637	857	1,494	42.6%
West Cork	220	208	428	51.4%
Wexford	1,179	850	2,029	58.1%
Wicklow	521	390	911	57.2%
National	**21,143**	**19,044**	**40,187**	**52.6%**

4.3.2 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 6.2.2 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 on legacy health board boundaries primarily. 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 Cavan/Monaghan, Meath, Tipperary South, and Waterford/Wexford).

In 2012 a national 'special interest' group of FWC managers held regular teleconferences to discuss and develop FWC services. Arising from this, it was agreed to propose piloting the draft FWC Business Process in 2013.

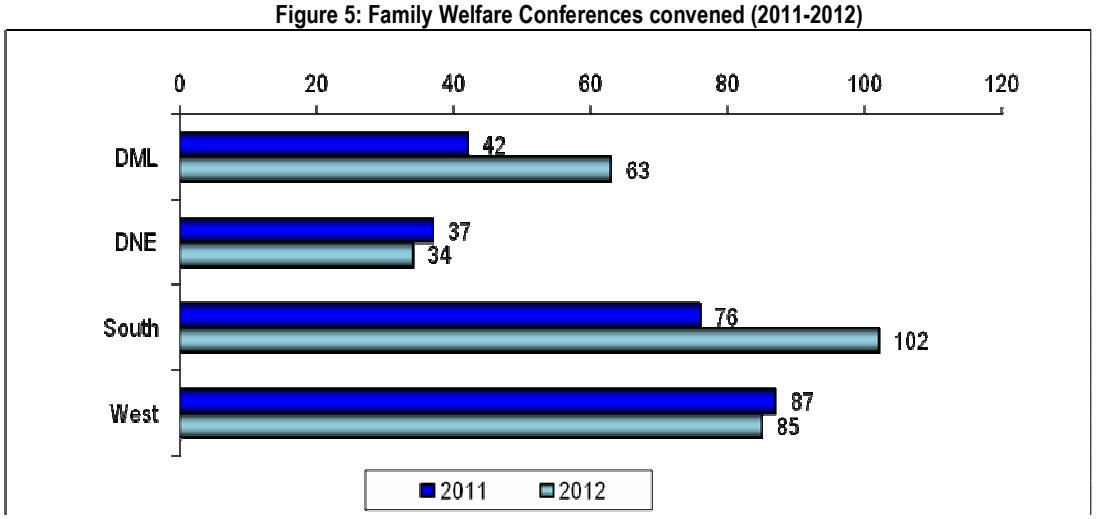
HSE policy and practice on FWCs adheres to the internationally established best practice 'Family Group Conference' model. The model facilitates and empowers extended family networks to come together to devise safe family plans that seek to address concerns. The conference itself is the culmination of a process of 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.

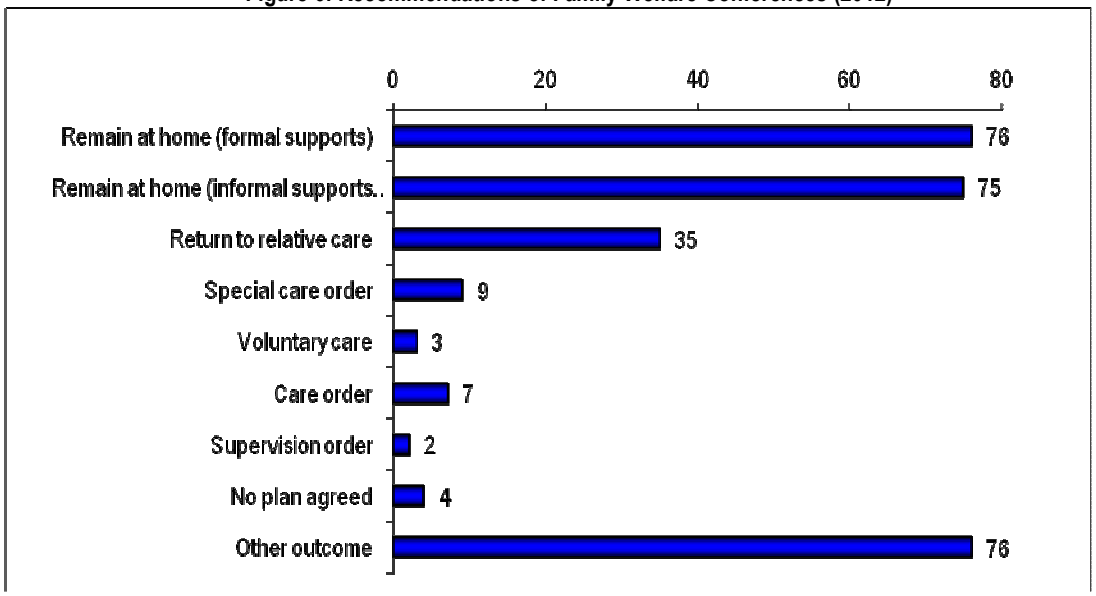
In 2012 there were 284 Family Welfare Conferences convened (2011 n=242) (figure 5). The variation in different levels of service is under review.

Figure 5: Family Welfare Conferences convened (2011-2012)



For 55% of the conferences, the recommendation of the FWC was that the child remained at home, either with a formal supports from the HSE (n=76) or an informal supports from the HSE (n=75) (figure 6). An application for special care was the outcome from nine FWCs and for 12% (n=35) the recommendation was a return to relative care.

Figure 6: Recommendations of Family Welfare Conferences (2012)



4.4 Non-Statutory Sector Partners in Providing Family Support Services and Other Services

Key Messages: HSE Children and Family Services provides funding via Service Level Agreements (SLAs) to a large number of non-statutory sector providers and in 2012 conducted a survey to map the services provided under those SLAs. Pending the completion of that survey, this section provides commentary on the services and activities of some of the larger providers. Some of the services described are alternative care services (relating to foster care, residential care, Aftercare) but they are included in this section of the Review of Adequacy to ensure that the collective services of each non-statutory sector provider are described in one place.

HSE Children and Family Services provide services through a mixed economy of statutory, non-statutory and private sector providers.

The larger providers described in this section are:

- Barnardos;
- Crosscare;
- Daughters of Charity Child and Family Service;
- Extern Ireland;
- ISPCC;
- Teen Parent Support Programme;
- Traveller Families Care;
- YAP.

4.4.1 Barnardos

Barnardos works with children growing up in disadvantaged communities who experience daily challenges in their lives which affect their ability to grow and develop. Barnardos operates eight Early Years projects, 20 Family Support projects, four Teen Parent Support programmes, and five Family Welfare Conferences. Barnardos also have some specialist programmes such as a Guardian Ad Litem service, a Post Adoption Advice Service, and Roots of Empathy.

4.4.2 Crosscare

HSE Children and Family Services funded four separate services from Crosscare in 2012

Teen Counselling is a community based counselling service for adolescents aged 12-18 and their families, based in Dun Laoghaire, Tallaght, Clondalkin, Blanchardstown, Finglas and Drumcondra. It is an 'adolescent friendly' model which aims to enable the young person and their parents and/or carers to work through difficulties in the context of the family. The service employs counsellors, psychologists and social workers. During 2012 Professor Alan Carr, UCD concluded an evaluation of Teen Counselling's model of working – Positive Systemic Practice.

Echlin House is a six bed children's residential centre for boys aged 12 to 18 who are or are at risk of experiencing homelessness. The objectives of the service are:

- to provide short-medium term accommodation and a space for crisis to be resolved in a supportive home like environment;
- to provide short-medium term high quality placements for up to six boys at a time;
- to provide a range of interventions to move through the outcome measurement tool;

- to provide a range of interventions for moving on to aftercare.

Ranelagh Road and Youth Aftercare Support Service. Crosscare also provided two Aftercare projects, Ranelagh Road and the Youth Aftercare Support Service.

4.4.3 Daughters of Charity Child and Family Service

The Daughters of Charity Child and Family Service (DoCCFS) provides a range of family support services, primarily based in the Dublin region. The Service works in collaboration with HSE Children and Family Services, with the HSE being the principal funders of the Service. In 2012 services included an Early Childhood Development Service (ECDS), Family Centre Service, and Fostering Service.

There are ten family centres in Dublin: Balbriggan, Blanchardstown, Cherry Orchard, Darndale, Jobstown, Kilbarrack, North Inner City, Phibsboro, and Santry. Dublin North City became an early implementation site for the National Service Delivery Framework (NSDF) (see section 4.2.2). The DoCCFS Family Centres in North Dublin continued to develop the Differential Response Model and worked closely with colleagues in HSE Child and Family Services in providing initial assessments on families referred to the HSE where there was low to medium risk.

4.4.4 Extern Ireland

Extern Ireland receives funding from HSE Children and Family Services for the following services:

- **Janus:** The Janus Programme provides intensive one-to-one support for young people aged 10-17 years who are living in the community or within the care system. These young people have been assessed as having very challenging behaviour which may pose a risk to themselves and to others. The Janus Programme was available through projects in Limerick City and County, Clare, Tipperary, Dublin, Kildare, Wicklow, Bray, Portlaoise and Mullingar. In 2012, 277 young people participated in the programme with Extern.
- **Linx:** The Linx project was developed in response to the needs of young people aged 13-17 years who have been assessed as 'high risk' and require intensive community-based support. Support is also provided to the families of these young people to enable parents/carers to better manage the behaviours of the young person. Linx was provided in the Dundalk, Drogheda and Cavan regions and in 2012 supported 80 young people and their families.
- **Youth Support:** The Youth Support Programme works on a community-based group model and provides support to referred young people aged 10-14 years. The programme promotes the development of pro-social activities for young people utilising community based facilities and support. Young people are encouraged to work together and develop peer support in groups of up to twelve. They also have the opportunity for one-to-one support whilst on the programme. Extern currently provides the Youth Support Programme in two areas in Dublin and in 2012 provided support to 63 young people.
- **Time Out:** The Time Out Programme provides either a planned or responsive residential break for between two and four days for young people who have challenging behaviours and who may be in crisis. They take place at residential facilities in County Limerick and County Fermanagh. In 2012 Extern provided 149 Time Out interventions to young people from Limerick, Clare, Tipperary, Dublin, Kildare, Wicklow, Cavan and Louth.
- **Traveller Health and Social Care Programme:** The HSE has continued to support Extern's Primary Health and Social Care Programme for Traveller Women and Extern has employed seven Traveller Women in the Cavan area as Primary Health Care Workers. In 2012 the service worked with over 35 people from the community to raise awareness of healthcare issues. Towards the end of the year, Extern was nominated as one of the top five organisation's in Ireland recognising Traveller culture through its work.

4.4.5 Focus Ireland

Focus Ireland receives funding from HSE Children and Family Services for the following services:

- **The Dublin Preventative Tenancy Support and Sustainment (TSS) Service.** This service supports families and children who are at risk of homelessness in the Dun Laoghaire-Rathdown, Fingal and South Dublin areas.
- **Waterford Supported Temporary Accommodation (STA), Aftercare and Childcare Service.** This service provides transitional accommodation and support for families (and single adults) in Waterford City and County, with the ultimate aim of enabling the household to live independently within the community or to develop the skills necessary to live independently.
- **George's Hill STA, Dublin**. This service provides a semi-independent living experience in self-contained units where individualized support focusing on challenges and goals is delivered. The service supports and encourages young people to remain in education, training or employment and to reach their maximum potential. Guidance, advice and support is provided in relation to the individual health needs of each young person, including sexual health, mental well-being and addictions. Staff also support young people with practical living skills, including budgeting skills, paying rent, personal care, creating a home and becoming part of a community. Staff also support residents with move-on options, including settlement work.
- The **South Dublin Aftercare Service** and **North Dublin Aftercare Service.** These services provide young people leaving state care, aged between 17.5 and 21 years, with specialised one-to-one support to help them through the process of leaving care and becoming independent. An associated Aftercare Residential service provides semi-independent, residential accommodation for young people aged 18 to 21 years, who are leaving state care.
- The **Limerick Aftercare Service.** The Limerick Aftercare Service provides support, planning, advice and guidance to young people aged 17.5 - 23 years. The primary goal is the settlement of young people in appropriate accommodation and a successful transition to adult life, ensuring that young people leaving care or home achieve independence as quickly as possible and that they avoid homelessness, imprisonment, mental illness or institutional care.
- **Off-The-Streets, Dublin.** This service is part of the Crisis Intervention Service (see section 6.6). It provides residential accommodation for young people aged 16-18 years, for six to nine months. These are high needs, complex cases, with the young people hard to place and hard to reach. The aim of the service is to provide young people who are experiencing homelessness with a stable placement from which to address their educational, social, health and emotional needs. The project aims to move young people in a planned way to more suitable, long-term accommodation.
- **Crisis Intervention Services Partnership.** This service seeks to prevent homelessness and divert young people aged 12-18 from requiring placement via Crisis Intervention Services. This is described in more detail in section 6.8.2 on the Crisis Intervention Service.

4.4.6 ISPCC

ISPCC has four main services located throughout ten counties in Ireland:

- **Childhood Support Service:** A home-based service which builds psychological resilience and increases the ability of children/parents to self-regulate their behaviour and resolve emotional and behaviour difficulties.
- **Child and Parent Mentoring Programme:** A community based service which increases levels of social support for children aged 10-18 years and parents/carers of children up to 18 years.
- **Leanbh:** A 24-hour service which increases opportunities for children and families from ethnic minority groups to access support services and stop begging.

- **Childline:** A 24-hour listening service which supports and empowers children using the medium of telecommunications and information technology.

The target group for face-to-face services is children with early onset or established emotional and behavioural issues, poor coping ability and peer or family related difficulties including poor informal social support networks.

4.4.7 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, and training. In 2012, there were 1,639 births registered to mothers aged under 20 (2011 n=1,720; 2010 n=2,059) (CSO 2013b). When the births were registered, 484 (29%) were either married, in a civil partnership or living at the same address (CSO 2013b). This was higher at 33% for 18-19 year olds. In 2012 the TPSP received €1.52m in HSE funding. However, with year-on-year reductions in funding, at any one time in 2012 the number of TPSP project staff was reduced by 3-4 WTE from a maximum complement of 21 staff.

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; and North Wexford.

In 2012 the TPSP supported 1,268 service users. These consisted of:

- 377 new referrals (327 mothers, 39 fathers and 11 other family members);
- 29 re-opened (25 mothers and 4 fathers);
- 453 service users who were referred prior to 2012 and whom the TPSP continued to support during 2012 and into 2013 (398 mothers, 38 fathers and 17 other family members);
- 409 service users for whom support ended during 2012 (362 mothers, 35 fathers, 12 other family members).

4.4.8 Traveller Families Care

Traveller Families Care (TFC) has provided a wide range of care services to the Travelling community since 1975. TFC is an independent organisation, funded by HSE Children and Family Services. TFC has developed foster care, residential, and aftercare programmes specifically designed to meet the needs of the Travelling Community.

Ballyowen Meadows is a family support and assessment unit located in Clondalkin. This is a Traveller-specific residential based service, providing a setting in which Traveller families are supported in addressing child protection issues in a safe and secure environment. The primary aim is to meet the needs of Traveller children who are at risk of going into care. Ballyowen Meadows offers support to a family of up to eight children along with both parents. The service works with one family at a time in the main unit and at the same time can offer shorter assessments in the annex. Parents are admitted on a voluntary basis.

Derralossary House is a Traveller-specific, mixed gender, mainstream residential service, situated in Roundwood, Co. Wicklow. This provides culturally appropriate, medium to long-term residential

placements for up to four young people. The service offers care to children and young people from 12 to 15 years, providing educational, social and emotional support. TFC aims to help young people reconcile their past life experiences while preparing them for reunification with family, foster care, aftercare or independent living. The service promotes close links with family, extended family and the Travelling Community and its staff are from both the settled and travelling community.

The TFC Community Support Service aims to provide culturally appropriate support for families, individuals and children from the Travelling Community who have or are experiencing difficulty in their lives. The Service includes both professional Traveller and non-Traveller staff. Young people under 18 are prioritised and a focus of child protection always guides the practice of the Service. The Service includes aftercare provision for young people and families leaving Ballyowen Meadows and Derralossary House.

Shared Rearing Service: Shared Rearing is a Traveller Fostering Service which was established in 1991 as a partnership between the then Eastern Health Board and TFC. It is the only specialised fostering service for Travellers in Ireland. It is currently run and managed by the HSE. Shared Rearing families may live anywhere in the 26 counties and placements are determined by how the needs of a child/children and their family can best be met. Traveller families apply to their local HSE office. The assessment process will normally be carried out by a Shared Rearing Social Worker. When required the Shared Rearing Social Worker will also work in close partnership with the staff of Derralossary House. Where long term care is identified as necessary, children should be placed with their extended family. Only in exceptional circumstances should other Traveller families be considered.

4.4.9 Youth Advocate Programmes Ireland (YAP)

Youth Advocate Programmes Ireland (YAP) provides intensive support programmes for young people and families, using a strengths-based, family-focused approach for young people with complex needs. A number of programmes have been developed using the YAP model to address a range of service needs in partnership with the HSE. The programmes may be provided to a range of client groups including young people at risk of care or custody, young people with mild learning difficulties, mental health issues, drug misuse or those in custody moving to independent living.

- The **Intensive Support Programme** is provided to young people aged 10-18 years at high risk of placement in care, secure care and custody. It provides intensive support of up to 15 hours a week for six months for the young person and family.
- The **Family Support Programme** is provided to families in need of time-limited, focused support. The service provides support of eight hours a week for four months focusing on goals set with the family.
- The **Aftercare Support Programme** is provided to young people aged between 17 and 19 years who meet HSE criteria for Aftercare support. It provides support of eight hours a week for six months to support the transition from care to independent living.
- The **Access Support Programme** facilitates transport and support for children and families who are involved in access arrangements as agreed with the HSE.
- The **Crisis Intervention Service** aims to provide a rapid response to a young person aged 8-18 years in crisis for a specific time period.

5 CHILD PROTECTION SERVICES

5.1 Introduction to Child Protection Services

Key Messages: There has been a number of child protection inquiries over the last few years that have highlighted inadequacies in child protection services, including:

- *The Ferns Report*, *presented by the Ferns Inquiry to the Minister for Health and Children* (Murphy et al., 2005);
- 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).

The Change Programme for HSE Children and Family Services has included several strands to address the issues that have arisen through a National programme of reform. This has included: a National co-ordinated response to the revised *Children First* guidance (DCYA 2011a); the development of internal review mechanisms to prepare for national inspections against the *National Standards for the Protection and Welfare of Children* (HIQA 2012); the implementation of a National Audit of Child Neglect; the continued operation of the National Review Panel to review serious incidents, including the deaths of children in care; and an audit of dioceses and religious orders to review child protection practices and compliance with recommendations from inquiry reports.

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.

5.2 Service Development

5.2.1 Implementation of Revised Guidance on Children First

Children First (DCYA 2011a) 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.

A number of reviews of the implementation of Children First over the years have 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 2010e); *A report based in an investigation into the implementation of Children First: National Guidelines for the Protection and Welfare of Children* (OCO 2010)].

HSE Children and Family Services has considered the findings and recommendations of all of these

reports and incorporated them within the Change Programme. Particular focus has been given to actions required to implement the revised *Children First 2011 Guidance* (DCYA 2011a). Implementation of the revised Guidance has been undertaken in two phases.

Phase 1 was undertaken in 2011 and completed in 2012. This involved:

- distribution of around 15,900 copies of the Guidance throughout the HSE, with the intention that all Children and Family Services Social Workers, Child Care Managers and Public Health Nurses at a minimum receive a copy;
- 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* (HSE 2011a) and signed an *Acknowledgement of Receipt* form.

Phase 2 began in 2012 and has involved:

- 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.
- The development of communication strategies to inform the general public about Children First.
- A range of training initiatives, overseen by a governance group to quality assure delivery and implementation, including:
    - a review of training provided on Children First;
    - further development of joint training with An Garda Síochána;
    - the development of processes for HSE Children and Family Services to provide training and information/advice to external agencies.
- A National Working Group within HSE Children and Family Services and refining of structures for ensuring consistency and standardisation in implementation across HSE Children and Family Services, including the provision of regional leads for Children First in each of the four HSE regions and realignment of the role of Children First Information and Advice Officers.

The Department of Children and Youth Affairs intends to place Children First on a statutory basis, launching a Heads of Bill for Children First in April 2012. Key elements include requirements for Mandatory Reporting and Mandatory Co-operation and statutory obligations relating to the policies, procedures and training to promote and ensure child safety. In July 2012 the Houses of the Oireachtas Joint Committee on Health and Children produced a report responding to this (Houses of Oireachtas, 2012) following a period of consultation with key agencies and stakeholders. This report recommended that the Bill[5]:

- reflects the UN Convention on the Rights of the Child and be consistent throughout in using the 'best interests of the child' criterion for actions taken to protect children;
- be implemented on a phased basis so that services and organisations are not overwhelmed, and to allow initial difficulties to be identified and resolved;
- be drafted so that its provisions, terminology, definitions and offences mesh seamlessly proposed and existing legislation related to reporting and prosecuting abuse;
- gives equal recognition to the need to report emotional abuse as well as other types of abuse;
- defines and clarifies the term 'sexual abuse';
- includes a specific provision for Designated Officers to be vetted;
- should ensure that reporting criteria and thresholds are set at appropriate levels so that trivial

[5] http://www.oireachtas.ie/parliament/mediazone/pressreleases/name-8696-en.html accessed 13/6/2013

matters do not add unnecessary work or cause unwarranted stress and anxiety.

The report also recommended that the State invests substantially in resources, including personnel, training, support and feedback to support the implementation of the Bill, particularly in the early stages. Work on drafting the Bill was ongoing by the DCYA at the end of 2012.

5.2.2 National Standards for the Protection and Welfare of Children

Action 87 of the *Ryan Implementation Plan* (OMCYA 2009b) was for HIQA to develop outcome-based standards for child protection services. In July 2012 HIQA launched the *National Standards for the Protection and Welfare of Children* (HIQA 2012). This was preceded by the publication of draft Standards and a period of consultation. The purpose of these Standards is to describe the attributes of the HSE Children and Family Services in carrying out its functions to protect and promote the welfare of children who are not receiving adequate care and protection and to address concerns in relation to the quality and safety of care which children are receiving. The Standards also enable children, their families and carers to see what constitutes an effective and safe service.

There were six key themes for the Standards: child-centred services; safe and effective services; leadership, governance and management; use of resources; workforce; and use of information.

In preparation for the implementation of the Standards, HSE Children and Family Services established a Standard Projects Group comprising a mix of Area Managers, Principal Social Workers and Team Leaders. An audit of Areas was undertaken using the draft standards and this led to the publication in November 2012 of *12 Steps to Managing and Supporting the Child Protection Inspection Process* (HSE 2012a) and learning sessions with each Area. The Twelve Step guide is now in full operation. The process also underlined the importance of developing a standardised Records Management Policy for HSE Children and Family Services as this was identified as an area in need of improvement. A draft Records Management Policy was produced in 2012 with the assistance of Mark Brierley Consulting.

In November 2012 HIQA began its first inspection of child protection and welfare services using the new Standards, focussing on Carlow/Kilkenny.

5.2.3 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) recommended that: **'***The HSE should develop and implement a national policy of audit and review of neglect cases.'* In 2011, the HSE piloted an audit of neglect cases in Dublin South East, Roscommon and Waterford. The findings had implications at local, Regional and National level and the challenge was to decide how best to disseminate the learning points throughout the country as part of a wider dissemination strategy. It was also important to decide how best to extend the audit approach nationally in conjunction with the audit approach being adopted for the National Standards for the Protection and Welfare of Children. While the original audits were undertaken with the assistance of an external consultant, the intention was for future audits to take place on a peer review basis. Work was ongoing on this throughout 2012, with plans for 2013 including: the publication of a summary report for the child neglect audits; a series of regional workshops to share the findings and learning points for this and child death audits with front-line staff; and integration of the neglect audit into the tools for the child protection and welfare audit.

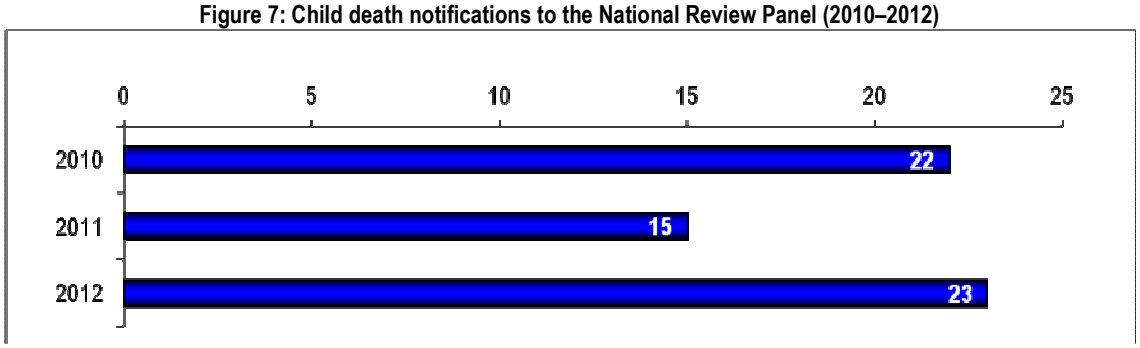
5.2.4 National Review Panel

In January 2010 HIQA published *Guidance for the HSE for the Review of Serious Incidents including Deaths of Children In Care* (HIQA 2010a) 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. The NRP is independently commissioned by the HSE and none of its members have been involved professionally in the cases under review. The *National Review Panel Annual Report 2012* was published in November 2013. Six reports were published in May 2013 and three more were submitted before the end of the year. Work continued on nine other reports which were carried into 2013.

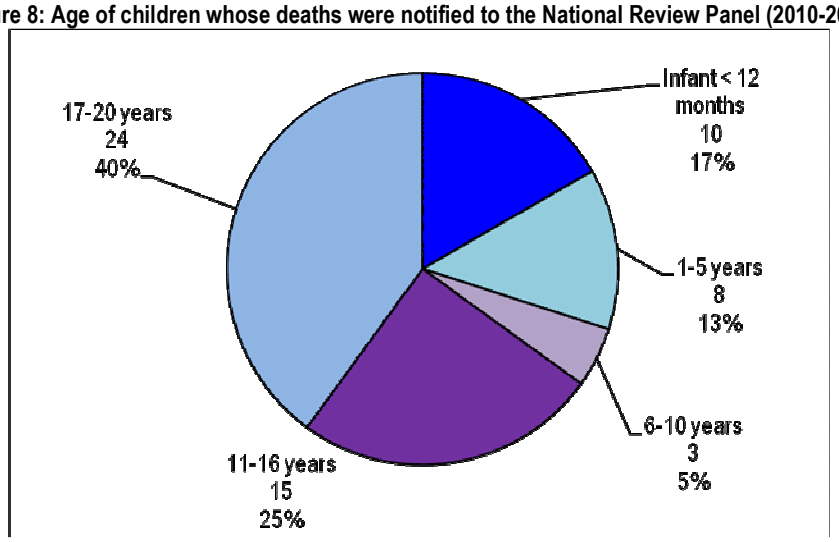
Some 60 child deaths were reported to the NRP between 2010 and 2012 (figure 7).

Figure 7: Child death notifications to the National Review Panel (2010–2012)



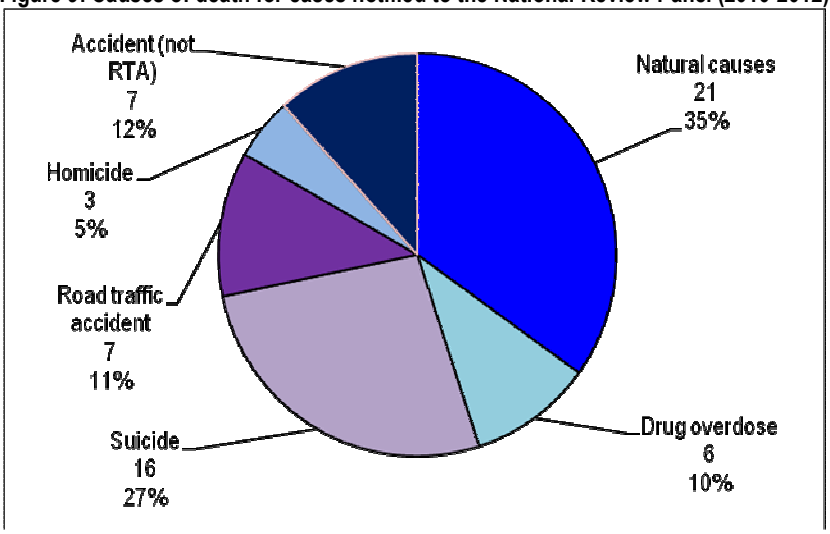
Since notification to the NRP began, 62% (n=37/60) of the deaths notified were for males and (n=23/60) for females. The profile by age group is shown in figure 8. Around 40% (n=24) of the notifications were for those aged 17-20.

Figure 8: Age of children whose deaths were notified to the National Review Panel (2010-2012)



Causes of death between 2010 and 2012 are shown in figure 9.

Figure 9: Causes of death for cases notified to the National Review Panel (2010-2012)



Six of the 60 notified deaths (10%) were children or young people currently in the care of the HSE. Of these, three were young children who had suffered from complex health problems from birth and prior to their admission to care and had died of complications relating to their conditions. One committed suicide within a matter of days of being received into care. The fifth was an infant whose death was recorded as Sudden Unexpected Death in Infancy, and the sixth was the victim of a homicide. A further seven young people were in aftercare situations, supported by HSE services. Three of these young people died from suicide, three were found dead following drug overdoses and one died in an accident.

Table 9: Care status of children whose deaths were notified to the National Review Panel (2010-2012)

Category of case notified	2010	2011	2012	No.	%
In care of the HSE	2	1	3	6	10%
In receipt of aftercare services	3	1	2	7	12%
Living at home and known to child protection services	16	12	19	47	78%
Total	**22**	**15**	**23**	**60**	**100%**

All of the children and young people whose deaths were notified to the NRP came from complex backgrounds. Some were already very ill before they came into contact with the services, others had mental health and behavioural problems and some young people habitually engaged in risk taking behaviour. While a number of management and practice weaknesses were identified, there was no case in which the review team concluded that action or inaction on the part of HSE services was a direct contributory factor in the child or young person's death.

In approximately one third of the published reports, it was considered that the Social Work Departments were challenged in their capacity to deal with the pressure of work being referred to them. The majority of conclusions reached in reports were concerned with poor interagency cooperation and substandard assessment of the child or young person's needs which meant that frontline practitioners were working with limited information. In a minority of cases, the conclusions of reports focussed on missed opportunities to work with the families involved.

One of the main objectives of the process adopted by the NRP is to promote learning and the development of creative responses to challenging practice and policy issues. A number of points were identified in the different reports, some of which were specific to particular cases and others which were generalizable. The consequence of failing to respond to the early signs of child neglect was highlighted as a learning point in several reports, as was the importance of a holistic response and greater sharing between disciplines and services of responsibility for child protection and welfare. Some of the learning issues identified were quite challenging, including the need to address the tensions that commonly exist between families and professionals which sometimes prevent the concerns of carers from being heard.

5.2.5 Report of the Independent Child Death Review Group (ICDRG)

In 2010 the OMCYA commissioned an independent review of child deaths. In early 2012 the *Report of the Independent Child Death Review Group* (Shannon and Gibbons, 2012) was published. The ICDRG received and reviewed files relating to the deaths of children between 1/1/2000 and 30/4/10 who were:

- in care within the meaning of the *Child Care Act, 1991* at the time of their death;
- in receipt of aftercare within the meaning of Section 45 of the *Child Care Act, 1991* at the time of their death;
- known to child protection services within the meaning of the HIQA guidance to the HSE as of 20 January 2010 at the time of their death.

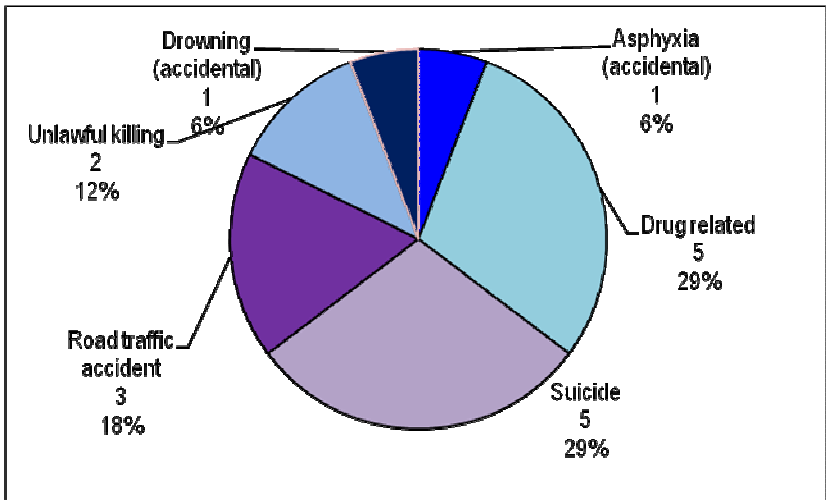
Around 57% (n=112/196) of these deaths were from non-natural causes, with 17 of these being for children in the care of the State (table 10).

Table 10: Cases reviewed by the Independent Child Death Review Group (1/1/2000-30/10/2010)

	Natural causes	Non-natural causes	Total
Children in care	19	17	36
Children/young people in receipt of aftercare	5	27	32
Children known to child protection services	60	68	128
Total	**84**	**112**	**196**
%	43%	57%	

Non-natural causes of death for the children in care cases reviewed by the ICDRG are shown in figure 10. Around 71% of these deaths were for males and 29% for females.

Figure 10: Non-natural death of children in care for cases reviewed by the ICDRG (1/1/2000-30/10/2010)



The ICDRG report made a number of recommendations, concluding that 'the system must be accountable, it must be consistent and it must strive always to minimise the risk of the death of any child where that death is preventable.'

HSE Children and Family Services welcomed the report as an important contribution to recent investigations and research and a further source of evidence to inform and reinforce the Reform Programme for children and family services while additionally heightening the debate regarding the importance of child protection. Children and Family Services felt it was unfortunate, however, that natural deaths were included in the review and was concerned about the potential negative reporting that might arise from inaccurate headlines.

In the broad context the HSE fully accepted the findings of the report and acknowledged responsibility for past systems failures. The report reinforces the ongoing process of structural reform within the Change Programme (see section 9), the need to improve co-ordination, communication and information sharing with partners, and the crucial activity of professional supervision to ensure effective risk assessment. The response to the report from the National Director also highlighted the importance of the Child Protection and Welfare Handbook (see section 5.2.1), the role of the National Review Panel (see section 5.2.4) and the development of a thorough quality assurance policy (see section 9.4). With regards to concerns in the report about the lack of out of hours social work service, this is being steadily progressed (see section 6.8.3). The Change Programme as a whole should make a significant contribution to the concerns expressed in this report.

5.2.6 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.'

In July 2012 the HSE published the *Audit of Safeguarding Arrangements in the Catholic Church in Ireland: Volume 1 Dioceses Report* (HSE 2012c). The Audit process has been protracted and a number of obstacles, which are detailed within that report, had to be overcome. The delay has not been without its benefits as the assessment of safeguarding arrangements could then be done against the *Standards and Guidance Document for the Catholic Church in Ireland* (National Board for Safeguarding Children in the Catholic Church 2008). This document is now the first and key point of reference for all those with responsibility for implementing the Church's safeguarding policy and procedures.

In this audit report, the achievement of each diocese in the application of the standards up to November 2011 was analysed as was the information on allegations and information about accused priests as supplied by dioceses in response to audit questionnaires. It is clear that dioceses are at different stages of development but are progressing positively. The analysis of the position in each diocese will facilitate the further development that is needed to achieve the goal that is set out in the Safeguarding document issued by the National Board.

The report noted that there were some limitations to the audit: in particular, diocesan files were not physically examined and the audit process was voluntary, relying on the cooperation and goodwill of bishops. While this information was cross-referenced with the records of An Garda Síochána and of the HSE, it was not possible to check the files of the civil authorities to see if additional allegations known to them were not included by dioceses in their returns. Notwithstanding this limitation, the audit has been able to glean a reasonable overview of the compliance by dioceses with their policies and procedures.

The report made a number of strategic recommendations:

- A single child protection policy should be provided for all dioceses and maintained by a central body such as the National Board for Safeguarding Children in Catholic Church (NBSCCC). The NBSCCC should have a stronger role in assisting dioceses to implement the policy and establish the requisite diocesan structures.
- The Catholic Church must endeavour to implement Children First 2011 in full.
- The impending legislation on deemed 'soft information' and the statutory instruments concerning Children First should further explicitly address the legal position regarding the reporting and investigation of all allegations of child abuse.
- Information recording systems and data collection methodologies should be agreed and devised to facilitate better co-ordination between the Church, the HSE and An Garda Síochána. Examining the policies and procedures that are in place for the protection of vulnerable adults that are in contact with the Church was not part of the terms of reference of this report. Church safeguarding policies should be extended to include the protection of vulnerable adults who are in contact with the Church. Such vulnerable adults would include the elderly and persons with mental health and learning disabilities who are in care or in the community.

The second part of the audit, relating to the religious orders, commenced in 2012 and made steady progress.

5.2.7 Development of a National Child Protection Notification System (CPNS)

Key Messages: The establishment of the Child Protection Notification System (CPNS) across the HSE has been uneven both in terms of a consistent approach to listing children and in the provision of access for relevant services and agencies. HSE Children and Family Services has initiated a project to address the identified weaknesses in order to produce a more effective and standardised CPNS across the country.

The Child Protection Notification System (CPNS) is an HSE record of every child about whom the HSE is satisfied that there are unresolved child protection issues, including neglect. The purpose of the CPNS is two-fold:

- to provide a clear pathway and rigorous oversight for the management of child protection cases;
- to serve as a marker in the community of children who are at heightened risk of harm:

essentially a database of children known to be at risk, accessible by relevant agencies.

The establishment of the CPNS across the health boards and subsequently the HSE has been uneven both in terms of a consistent approach to listing children and in the provision of access for relevant services and agencies. In particular:

- thresholds for listing vary;
- wide variation in rates of listing;
- absence of a national database;
- no national picture of need or outcomes;
- no national protocols for access by key external stakeholders;
- negligible access by external stakeholders.

A rigorous and consistent CPNS is an essential safeguarding component of children and family services. *Children First: National Guidance for the Protection and Welfare of Children*, 2011, re-affirmed the requirement for a national CPNS, operating in accordance with HSE Children and Family Services standard business processes (DCYA 2011a).

In August 2012, HSE Children and Families initiated a project to address the above weaknesses. This comprised three primary components:

- consistent and standardised multi-disciplinary, multi-agency assessment, planning, intervention and review of child protection cases;
- a secure, rigorously managed national database of children known to be at risk of harm;
- secure access, 24/7, to the database by approved stakeholders.

During late 2012, a working group developed draft National Guidelines, aimed at HSE Children and Family Services' staff (Area Managers, Child Protection Conference chairpersons, Conference administrators, social work managers and practitioners). Simultaneously work began on developing a national database and discussions began with key external stakeholders (An Garda Síochána, hospitals, general practitioners and hospital medical, social work or nursing staff) to develop protocols for those staff to access the database safely, securely and in a controlled manner out of normal office hours. This work will be progressed in 2013 through extensive consultation with HSE Children and Families staff and external stakeholders.

5.3 Child Protection Data

5.3.1 Rates of Child Protection Referrals per Local Population

A 'referral' to a social work department includes all information received where there are concerns about the safety or wellbeing of a child. 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 referrals per 10,000 population for the four HSE Regions and table 12 shows it for the 32 LHAs. The distribution of 0-17 populations is as per table 2. This does not take into account socio-economic factors but at least provides some degree of comparability. The data here should therefore be treated with some caution.

Table 11: Child protection referrals (2012) x Estimated children's population (2012) x Region

Region	Est. population (2012)	Child protection referrals (2012)	Rate per 10,000 population
Dublin Mid-Leinster	328,212	4,645	141.5
Dublin North East	261,161	5,379	206.0
South	295,731	4,912	166.1
West	275,097	4,108	149.3
National	**1,160,200**	**19,044**	**164.1**

Table 12: Child protection referrals (2012) x Estimated children's population (2012) x LHA

LHA	Est. population (2012)	Child protection referrals (2012)	Rate per 10,000 population
Cavan/Monaghan	36,315	1371	377.5
Longford/Westmeath	33,982	1244	366.1
Louth	33,626	1159	344.7
Meath	53,935	1430	265.1
Waterford	33,094	857	259.0
North Cork	23,116	525	227.1
Wexford	39,231	850	216.7
Roscommon	16,237	335	206.3
Tipperary South	24,251	481	198.3
Galway	61,807	1210	195.8
Clare	30,973	597	192.7
National	**1,160,200**	**19,044**	**164.1**
Carlow/Kilkenny	34,129	545	159.7
Limerick	37,182	593	159.5
Dublin South West	38,610	613	158.8
North Lee	46,919	706	150.5
Dublin South City	23,079	337	146.0
West Cork	14,346	208	145.0
Dublin North Central	23,760	325	136.8
Sligo/Leitrim/W Cavan	24,101	323	134.0
Tipperary North/E Limerick	27,786	344	123.8
Wicklow	31,634	390	123.3
Laois/Offaly	44,523	522	117.2
Dublin South East	22,899	250	109.2
Mayo	32,840	353	107.5
Kildare/West Wicklow	65,220	693	106.3
North Dublin	63,890	635	99.4
Kerry	35,290	329	93.2
Dublin North West	49,635	459	92.5
Dublin West	39,420	364	92.3
South Lee	45,354	411	90.6
Dun Laoghaire	28,844	232	80.4
Donegal	44,170	353	79.9

5.3.2 Trends in Number of Referrals

In Dublin Mid-Leinster, the number of child protection referrals consistently exceeded the number of welfare referrals between 2008 and 2011 but this reversed in 2012. Welfare referrals have risen by around 62% overall, with a substantial rise in 2012, while child protection referrals rose by around 48% (table 13). However, some LHAs experienced a fall in the number of welfare referrals (Dublin South East, Dublin South West). Kildare/West Wicklow and Wicklow both experienced the highest rise in welfare and child protection referrals.

Table 13: Dublin Mid-Leinster referrals (2008-2012)

LHA	Category	2008	2009	2010	2011	2012	Change Since 08	%
Dublin South City	Welfare	155	129	153	103	227	72	46%
Dublin South East	Welfare	403	89	67	50	90	-313	-78%
Dublin South West	Welfare	466	508	485	440	371	-95	-20%
Dublin West	Welfare	232	247	146	279	329	97	42%
Dun Laoghaire	Welfare	82	112	137	143	212	130	159%
Kildare/W Wicklow	Welfare	259	395	298	348	1098	839	324%
Laois/Offaly	Welfare	586	555	634	883	1049	463	79%
Longford/Westmeath	Welfare	556	728	711	647	821	265	48%
Wicklow	Welfare	169	233	173	244	521	352	208%
Dublin Mid-Leinster	**Welfare**	**2908**	**2996**	**2804**	**3137**	**4718**	**1810**	**62%**
Dublin South City	CP	264	281	253	309	337	73	28%
Dublin South East	CP	250	87	126	133	250	0	0%
Dublin South West	CP	394	454	475	476	613	219	56%
Dublin West	CP	455	485	382	504	364	-91	-20%
Dun Laoghaire	CP	103	142	116	167	232	129	125%
Kildare/W Wicklow	CP	204	220	309	338	693	489	240%
Laois/Offaly	CP	460	484	511	612	522	62	13%
Longford/Westmeath	CP	847	994	1188	1303	1244	397	47%
Wicklow	CP	169	191	213	258	390	221	131%
Dublin Mid-Leinster	**CP**	**3146**	**3338**	**3573**	**4100**	**4645**	**1499**	**48%**

In Dublin North East, child protection referrals exceeded child welfare referrals throughout the period 2008-2012 (table 14). Welfare referrals rose by 160% (n=3,083), with the largest rise coming in 2012. Child protection referrals rose by 79% (n=2,369). Meath in particular saw a substantial rise in the number of welfare referrals (482%), while Louth experienced only a relatively small increase (31%).

Table 14: Dublin North East referrals (2008-2012)

LHA	Category	2008	2009	2010	2011	2012	Change Since 08	%
Cavan/Monaghan	Welfare	457	522	691	752	1046	589	129%
Dublin North	Welfare	379	429	532	606	1180	801	211%
Dublin North Central	Welfare	214	166	233	229	452	238	111%
Dublin North West	Welfare	389	505	561	536	891	502	129%
Louth	Welfare	305	403	633	591	400	95	31%
Meath	Welfare	178	581	497	622	1036	858	482%
Dublin North East	**Welfare**	**1922**	**2606**	**3147**	**3336**	**5005**	**3083**	**160%**
Cavan/Monaghan	CP	592	672	878	935	1371	779	132%
Dublin North	CP	380	413	506	411	635	255	67%
Dublin North Central	CP	280	277	327	381	325	45	16%
Dublin North West	CP	388	398	420	498	459	71	18%
Louth	CP	565	526	704	852	1159	594	105%
Meath	CP	805	794	575	940	1430	625	78%
Dublin North East	**CP**	**3010**	**3080**	**3410**	**4017**	**5379**	**2369**	**79%**

In the South welfare referrals (64%) and child protection referrals (66%) experienced a similar proportional rise between 2008-2012 (table 15). Tipperary South experienced a decline in welfare referrals over that period although numbers fluctuate substantially there from year to year. North Cork

experienced the highest proportional rise in child protection referrals.

Table 15: South referrals (2008-2012)

LHA	Category	2008	2009	2010	2011	2012	Change Since 08	%
Carlow/Kilkenny	Welfare	317	634	712	521	648	331	104%
Kerry	Welfare	325	355	369	364	434	109	34%
North Cork	Welfare	237	166	147	227	296	59	25%
North Lee	Welfare	505	551	723	704	1044	539	107%
South Lee	Welfare	167	170	203	265	455	288	172%
Tipperary South	Welfare	525	268	214	536	441	-84	-16%
Waterford	Welfare	386	574	688	660	637	251	65%
West Cork	Welfare	127	203	192	248	220	93	73%
Wexford	Welfare	679	861	1112	822	1179	500	74%
South	**Welfare**	**3268**	**3782**	**4360**	**4347**	**5354**	**2086**	**64%**
Carlow/Kilkenny	CP	290	276	398	483	545	255	88%
Kerry	CP	215	213	282	259	329	114	53%
North Cork	CP	192	226	349	470	525	333	173%
North Lee	CP	407	354	337	617	706	299	73%
South Lee	CP	407	390	495	417	411	4	1%
Tipperary South	CP	272	291	271	499	481	209	77%
Waterford	CP	454	527	601	699	857	403	89%
West Cork	CP	115	154	198	209	208	93	81%
Wexford	CP	614	590	835	905	850	236	38%
South	**CP**	**2966**	**3021**	**3766**	**4558**	**4912**	**1946**	**66%**

The West experienced the lowest overall rise in welfare referrals between 2008 and 2012 (25%). Welfare referrals consistently exceeded child protection referrals (table 16). Roscommon and Sligo/Leitrim/West Cavan experienced a decline in welfare referrals over the period. Roscommon also experienced a substantial decline in the number of child protection referrals (-49%) whereas Sligo/Leitrim/West Cavan experienced the highest rise (183%).

Table 16: West referrals (2008-2012)

LHA	Category	2008	2009	2010	2011	2012	Change Since 08	%
Clare	Welfare	425	450	616	584	707	282	66%
Donegal	Welfare	551	631	565	682	783	232	42%
Galway	Welfare	1101	1568	1897	911	1597	496	45%
Limerick	Welfare	732	713	800	927	1049	317	43%
Mayo	Welfare	327	366	422	320	401	74	23%
Roscommon	Welfare	389	462	503	399	319	-70	-18%
Sligo/Leitrim/W Cavan	Welfare	701	667	724	674	589	-112	-16%
Tipperary North	Welfare	608	634	614	491	621	13	2%
West	**Welfare**	**4834**	**5491**	**6141**	**4988**	**6066**	**1232**	**25%**
Clare	CP	255	254	219	349	597	342	134%
Donegal	CP	369	344	404	454	353	-16	-4%
Galway	CP	512	155	184	448	1210	698	136%
Limerick	CP	268	307	286	420	593	325	121%
Mayo	CP	251	278	277	240	353	102	41%
Roscommon	CP	657	677	251	654	335	-322	-49%
Sligo/Leitrim/W Cavan	CP	114	230	211	239	323	209	183%
Tipperary North	CP	188	329	244	339	344	156	83%

West	**CP**	**2614**	**2574**	**2076**	**3143**	**4108**	**1494**	**57%**

5.3.3 Child Protection Business Processes

Key Messages: Several previous studies identified variations in processes and practices around items such as preliminary enquiries, initial assessments and notification to the Child Protection Notification System (CPNS). HSE Children and Family Services have developed a range of Standardised Business Processes (SBPs – see section 9.5 on *Child Protection and Welfare Business Processes*) to promote standardisation across the country and these are now in place for these business processes.

At the referral stage, a '**screening process'** will take place that will identify which referrals do not belong within the remit of HSE Children and Families Services and divert these away to a more appropriate agency.

The second part of the referral process is to make **preliminary enquiries** to confirm key information (eg verify reporter's contact details, child's address, nature of the concern, checks whether already known to the department, checks with other agencies). 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 referral. 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.

Table 17: Preliminary Enquiries for child protection referrals (2012)

	No. of referrals of child abuse	No. of these where a preliminary enquiry that took place within 24 hours.	% where a preliminary enquiry took place within 24 hours.
Dublin Mid-Leinster	4,645	2,543	54.7%
Dublin North East	5,379	4,471	83.1%
South	4,912	2,319	47.2%
West	4,108	3,610	87.9%
NATIONAL	**19,044**	**12,943**	**68.0%**

The **Initial Assessment** is a time-limited process to allow sufficient information to be gathered on the needs and risks within a case so that informed decision and recommendations can be made and actions that will result in better outcomes for children taken. They are expected to be carried out within a specific time frame (up to 21 working days although they may be completed much sooner), using standardised procedures and approved templates and forms. The Initial Assessment is normally centred around 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.

Table 18: Initial Assessments for child protection referrals (2012)

	No. of referrals of child abuse	No. that received an Initial Assessment	% of referrals that received an IA	No. of IAs completed within 21 working days of receipt of the referral	% of IAs completed within 21 working days of receipt of the referral
Dublin Mid-Leinster	4,645	3,119	67.1%	740	23.7%
Dublin North East	5,379	2,579	47.9%	319	12.4%
South	4,912	2,714	55.3%	266	9.8%
West	4,108	2,908	70.8%	797	27.4%
NATIONAL	**19,044**	**11,320**	**59.4%**	**2,122**	**18.7%**

6 ALTERNATIVE CARE SERVICES

Key Messages: HSE Children and Family Services is committed to the principle that the family affords the best environment for raising children and the objective of external intervention should be to support families within the community. Policy is to place children in a family based setting with over 92% of children in foster care placements. One of the priorities of the new Agency will be to provide safer, more reliable and effective services for children in alternative care and to develop a range of placement options for children with additional needs.

6.1 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 present as out of home in need if safe placement and care, or who are separated children seeking asylum. The HSE also has responsibilities with regards to adoption processes.

6.2 Service Development

6.2.1 Development of Foster Care Services

Key Messages: There have been several studies into foster care services over the last few years, including the *National Audit of Foster Care Services* (HSE 2010c) and various inspections by HIQA against National Standards. In January 2012 the HSE completed a second *National Action Plan on compliance with the National Standards for Foster Care* (HSE 2012h). With policies, procedures and practice varying across the country, a key focus has been on the development of standardised National policies and procedures.

A National Alternative Care Committee is in place, to provide oversight and drive for national initiatives relating to children in care. There are subgroups for foster care and residential care. All new policies, procedures and best practice guidance have to go through this committee, ensuring that they are standardised nationally. In 2012 work was completed in the following areas:

- **The development of policy, procedures and best practice guidance for foster care committees** (HSE 2012e). This includes sections on: foster care committees; guidelines for processing fostering assessments; guidelines for presenting to foster care committees; and guidance and templates for Supported Lodgings. The policy and procedures were approved and issued during 2012, with a series of national seminars to support implementation.
- Work began on the **development of Standardised Business Processes** to provide consistency in assessment tools and care plans, for completion in 2013.
- A range of policy and guidance was approved and issued on:
    - **role of fostering link workers** (covering recruitment, assessment, training, and supervision and support);
    - **foster care reviews;**
    - **dealing with incidents of bullying against foster children;**

- **respite care** (due to be reviewed in 2013).

- **Standardised contracts for both general and relative foster carers** were developed, including a requirement for foster carers to attend training.
- **Fostering Awareness Campaign:** In 2012 HSE Children and Family Services began to plan a fostering awareness campaign. This includes the standardisation of enquiry and assessment procedures and the development of a website (fostering.ie). The campaign would be launched in 2013.

6.2.2 Special Care and High Support

Key Messages: The Purpose and Function of Special Care and High Support services is to provide young people with a positive experience of placement in secure care including the timely delivery of care and placement plans. Young people are encouraged to be active participants in their care, engage in therapeutic interventions, and work on personal risk reduction strategies which will also contribute to creating safety for young people and staff together.

The HSE is currently implementing a capital development programme for Special Care services in order to ensure that there is sufficient capacity to meet the needs of children requiring this specialised type of care. The first phase of the programme is underway with improvements to facilities in Dublin and Limerick being completed. Planning is well underway for phase 2 of the programme which will double the capacity of the service to 34 beds in early 2016.

Special care refers to a type of alternative 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. The three SCUs are at Ballydowd in the Dublin area, Coovagh House in Limerick and Gleann Alainn in Cork.

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 (Crannog Nua and Ráth na nÒg, both in the Dublin North East region).

Capital Development Programme

A capital development programme was established in 2011 to increase capacity. Refurbishment of the facilities at Ballydowd was completed in 2011 with capacity increased to eight. During 2012 there was ongoing consultation with HSE Architectural Services to progress other capital development projects and planning applications were made relating to:

- 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).

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 2010b), followed by *The National Overview Follow-Up Inspection Report of Special Care Services provided by the HSE* (HIQA 2011a) which provided an update on the HSE's implementation of the Authority's previous recommendations. The latter report found that five of

the seven national recommendations made had been met by the HSE. HIQA stated 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. Given an expectation that the *Child Care (Amendment) Act, 2011* will place special care on a statutory footing, a national strategy will be published in the light of that.
- The other was a recommendation for the HSE to implement the recommendations of the Children Acts Advisory Board/Social Information Systems report, *Tracing and Tracking of Children Subject to a Special Care Application 2010* within reasonable timeframes. These recommendations are being steadily progressed. For example: the development of Standardised Business Processes for National High Support and Special Care will create a single entry point for all applications to both special care and high support; the development of ACTS (Assessment, Consultation and Therapy Service – see section 6.2.3) will provide a national specialist multidisciplinary team for children in special care; and there is ongoing review of outcomes for young people and data to be collected routinely on children in special care.

HIQA's overview report of inspections conducted in 2012 (HIQA 2013b) stated that: 'services demonstrated that they had met many of the National Standards for Special Care with few Standards not being met.'

6.2.3 Supporting Care Placements (ACTS)

Key Messages: The Ryan Report (Commission of the Inquiry into Child Abuse, 2009) stated: *'Currently, children in care or detention are not prioritised for specialist health or psychological services or education. Many children in State care and in detention have common profiles of need. They may have experienced abandonment, abuse, physical violence, bereavement or neglect. Where children in care have to move placements, they may move from one catchment area to another and lose their place on a waiting list. They frequently require psychological, psychiatric and educational supports. Given the disadvantages for children in care and in detention, a dedicated team of specialists – including psychiatry, psychology, child psychotherapy, addictions counselling and speech and language therapy – should be available to work with them and their carers on a full-time basis'.*

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.'* Action 15 of the same Plan stated: *'The HSE will review need and establish resourced multidisciplinary assessment services for children and young people at risk.'*

A National service named ACTS (Assessment, Consultation and Therapy Service) began to operate in 2012 in response to these recommendations.

A multidisciplinary Working Group representing the HSE and the IYJS developed the specification of a national specialised clinical service named ACTS (Assessment, Consultation and Therapy Service), with the intention to provide multidisciplinary consultation, assessment and focused interventions to young people who have high risk behaviours associated with complex clinical needs. These therapeutic inputs will be provided in a flexible, timely and responsive manner with a focus on improving outcomes for young people and their families. ACTS will also support other professionals in their ongoing work with young people and their families. This includes:

- on-site therapeutic services to the national high support and special care units and the children detention schools;
- assessment and focused intervention services in the community for children at risk of placement in high support, special care or detention.

ACTS began operating as a service on the appointment of a National ACTS Manager in September 2012. Focus was on bringing the small number of clinicians already in the services together (e.g. those already working in the HSE assessment service and high support/special care units) and developing a strategy for the services. ACTS will be based in Dublin with regional clinics in Cork and Limerick. One way that ACTS will be different to existing services is that its flexible model allows clinicians to continue working with children when they move away from high support/special care placements and detention.

ACTS clinicians began working in four of the five national high support and special care units towards the end of 2012. Once fully resourced ACTS will have a multidisciplinary team which includes clinical psychology, social work, child psychiatry, speech and language therapy, counselling and social care. ACTS is led by a management team consisting of a national manager and three heads of discipline whose central responsibility is the implementation of systems of clinical governance.

6.2.4 Improving the 'Voice of the Child' for Children In Care

Key Messages: Recommendation 13 of the *Commission of the Inquiry into Child Abuse* (2009) stated 'children in care should be able to communicate concerns without fear.' HSE Children and Family Services are committed to improving the 'voice of the child', through the positive engagement of children, families, and the agencies advocating on their behalf. The Service is seeking to ensure that children and young people are consulted on all key decisions that affect them, including seeking their views when policy is being formulated.

Advocacy for Children In Care

HSE Children and Family Services work in partnership with EPIC (Empowering People in Care, formerly IAYPIC) to ensure that the voice of children is heard. EPIC is an independent Irish charity working for and with young people in care. In 2012 EPIC received funding from the One Foundation and Atlantic Philanthropies to provide advocacy services for children in care in Dublin Mid-Leinster and the South. .

EPIC work in partnership with HSE Children and Family Services and are keen to stress the positive nature of that relationship, seeing it as showing a commitment from the HSE to accountability and transparency. In 2006 EPIC set up an advocacy service in Dublin North East with funding from the HSE in that Region. In 2012, with philanthropic funding, EPIC extended this service to include Dublin Mid-Leinster and the South, promoting the service to professionals working in the sector, with many of the resultant referrals coming via social workers. EPIC also provided a visiting advocacy service to the three national Special Care Units and Crannog Nua High Support Unit, with Ráth na nÒg High Support Unit planned to also receive this service in 2013. EPIC has also been planning with the Irish Youth Justice Service to extend the service to Children's Detention Schools in 2013, where many of the young people also have a care history. Issues that arise from the advocacy process are being addressed individually on a case-by-case basis, at Area level, or thematically where common patterns emerge (eg relating to disability).

In 2012, there were 123 Advocacy Cases. Around 58% (n=71) were female and 41% (n=50) were male. With regards to age:

- 4% (n=5) of cases were individuals younger than 11 years old;

- 20% (n=23) of cases were individuals aged between 11-15 years old;
- 45% (n=51) of cases were individuals aged between 16-17 years old;
- 31% (n=35) of cases were individuals aged 18 years or over.

Around 38% (n=47) of the young people were based in Dublin Mid-Leinster, 28% (n=35) in Dublin North East, 18% (n=22) of young people were from the South and 5% (n=6) were from the West.

With regards to the main presenting issue:

- care placement was the most common presenting issue, accounting for 37% (n=46) of EPIC's advocacy cases;
- support in relation to a Care or Aftercare Plan was the next most common issue at 13% (n=15) of cases;
- family contact represented 11% (n=13) cases; accommodation represented 9% (n=11) of cases and education represented 5% (n=6).

Data source: EPIC (2013).

Challenges for the development of the service include:

- a desire to maintain and develop the positive relationship with HSE Children and Families staff while balancing that against the primary requirement of being independent advocates on behalf of children;
- the thin geographical spread (with only two advocates per Region) and the absence of funding for the service in the West;
- the difficulty of promoting the service to children in foster care (where the majority of children in care are placed): work has been done with fostering teams, children in care teams, private fostering agencies and the Irish Foster Care Association.

In addition to the provision of advocacy services, EPIC also contributes to debates on issues around children in care and aftercare, seeks to highlight good practice, help to improve systems to produce better outcomes, and provide research.

HSE Children and Family Services is committed to the ongoing development of EPIC advocacy services in the years ahead and to mainstreaming this service in 2015.

The Advisory Group (TAG) for Children In Care

In 2012, the National Director of HSE Children and Family Services established a consultative group of young adults who had been through the care system. EPIC helped to establish the group and facilitated its sessions. Much of the work for 2012 was to establish the group, including training and the establishment of membership, structures and processes. Known as TAG, the advisory group meets every other month with the National Director in the offices of the Ombudsman for Children and has offered advice on a range of matters including care planning, aftercare and voice of the child. In addition the group are preparing a charter and considering the most effective way of providing advice to children in care from a peer perspective.

Listen to Our Voices

In 2011 the DCYA published *Listen to Our Voices: Hearing Children and Young People in the Care of the State* (DCYA 2011b). This report came from a consultation with 211 children and young people living in the care of the State. HSE Children and Family Services participated in the implementation group for this report. The implementation group has continued to involve children and young people

from the age of 9 to aftercare age – for example, the children and young people have been developing age-appropriate information leaflets for children coming into care.

6.2.5 Care Planning for Children in Children Detention Schools

Key Messages: 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.'* HSE Children and Family Services have been working closely with the Irish Youth Justice Service to address this requirement.

In 2012 HSE Children and Family Services and Irish Youth Justice Services agreed and implemented joint protocol for working together where children in detention are known to HSE social work services. 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 an HSE social work assessment as having ongoing 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.

6.2.6 Revised Joint Protocol on Children Missing from Care

Key Messages: Children who go missing from care may place themselves and others at risk and may be in potential danger. The reasons for their going missing are often varied and complex and cannot be viewed in isolation from their home circumstances and their experiences of care. In 2012 HSE Children and Family Services worked with An Garda Síochána to review and revise the existing joint protocol.

In 2012 HSE Children and Family Services and An Garda Síochána reviewed and revised the existing joint protocol on children missing from care (HSE/An Garda Síochána 2012). The joint aim is to prevent children who go missing from suffering harm and to return them to safety as soon as possible. The protocol requires Children and Family Services to produce an Absence Management Plan for children in care to assess risk of the event of a child going missing. A universal reporting mechanism was introduced for HSE Children and Family Services to report children missing from care to An Garda Síochána. The protocol also includes an enhanced Management Prevention Strategy to streamline co-operation and provide a more effective co-ordinated response.

6.2.7 Placement of Sibling Groups

Key Messages: Recommendation 18 of the Ryan Report stated: *'Children in care should not, save in exceptional circumstances, be cut off from their families… Priority should be given to supporting ongoing contact with family members for the benefit of the child.'* Linked to this, 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 and will be completed in 2013.

6.2.8 Alternative Care Handbook

HSE Children and Family Services commenced work on an Alternative Care Practice Handbook in 2012. As a prerequisite to this it was important to first standardise policies and procedures across the country. The aspiration is to publish this handbook in 2013.

6.3 Children in Alternative Care Data

6.3.1 Children in Care

Between 2006 and 2012, the number of children in care rose from 5,247 to 6,332, an increase of 20.7% over that period (figure 11). The number of children in care rose by 2.8% between 2011 and 2012.

Figure 11: Number of children in care (December 31st)

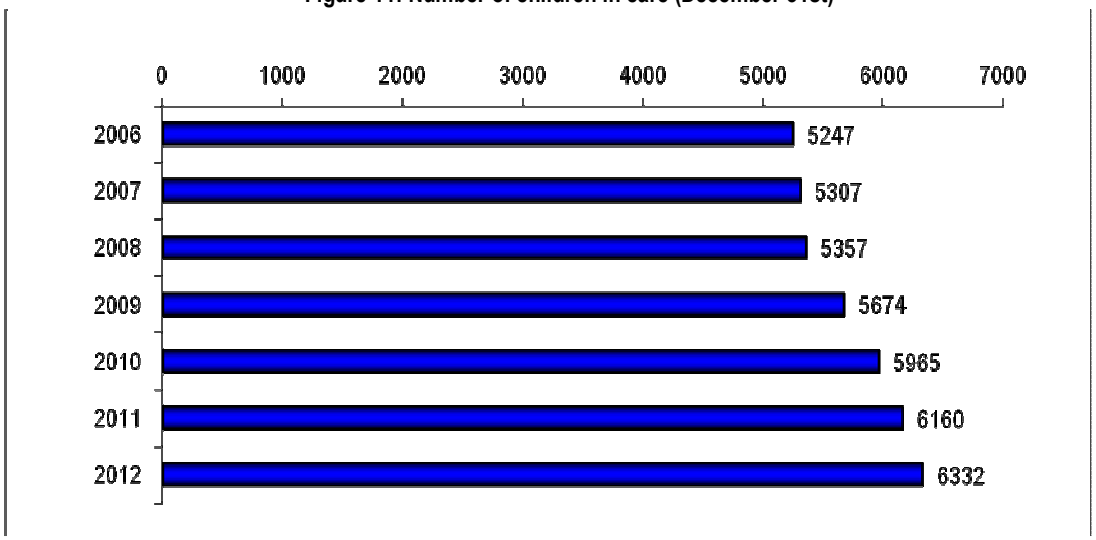
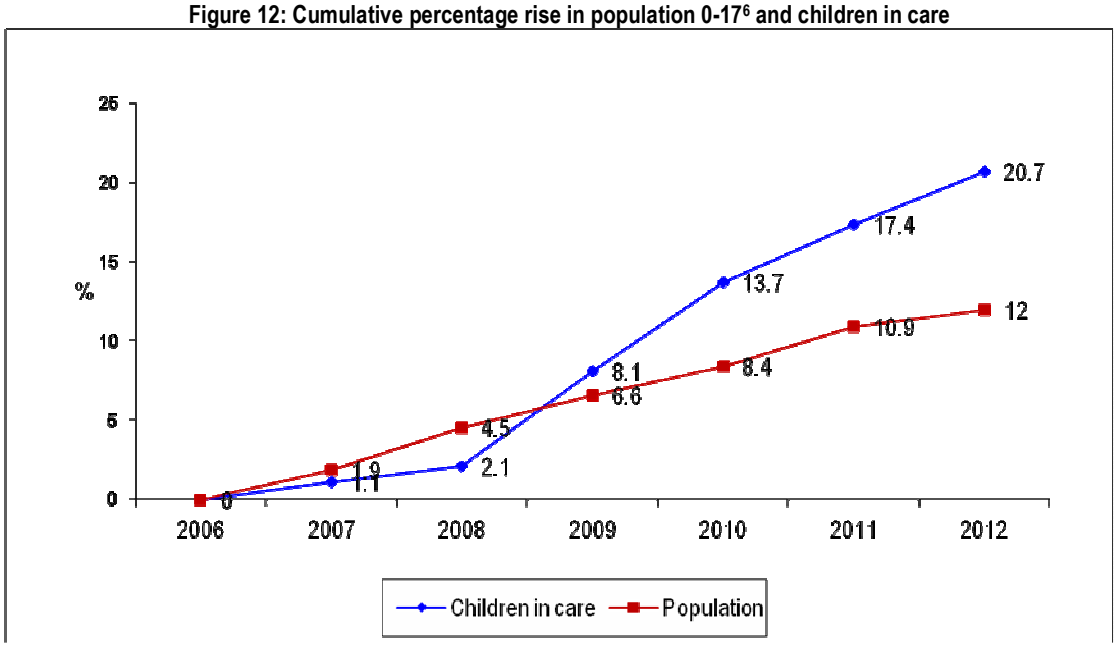


Figure 12 shows that the cumulative growth in the number of children in care since 2006 compared to the estimated growth in the population aged 0-17.

Figure 12: Cumulative percentage rise in population 0-17[6] and children in care



[6] Central Statistics Office (CSO, 2012b).

6.3.2 Rates of Children in Care per Local Population

Key Messages: The rate of children in care per 10,000 population in Ireland continues to be lower than in other international jurisdictions.

Table 19 shows the rate of children in care per 10,000 population for different international 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. The annual rise in the number of children in care was comparable to England and lower than Northern Ireland, Wales and Australia.

Table 19: Children in care – comparative rates for 0-17 populations internationally

	Children in care 2011	Children in care 2012	Annual change	0-17 population	Rate per 10,000 population 2012
Ireland (Dec 2012)	**6,160**	**6,332**	**2.8%**	**1,160,000**[7]	**54.6**
Northern Ireland (Mar 2012)[8]	2,511	2,644	5.3%	n/a	61.2
England (Mar 2012)[9]	65,520	67,050	2.3%	n/a	59
Australia (June 2012)[10]	37,648	39,621	5.2%	n/a	77
Wales (Mar 2012)[11]	5,419	5,726	5.7%	n/a	92
Scotland (Jul 2012)[12]	16,231	16,248	0.1%	1,036,409	156.8

Table 20 shows the rate of children in care per 10,000 population for the four HSE regions.

Table 20: Children in care (December 2012) x Estimated children's population (April 2012) x Region

Region	0-17 ppn 2011	% in 2011	Ppn in 2012 on same distribution	Children in Care 2012	% of Children in Care	Rate per 10,000 ppn
Dublin Mid-Leinster	324,955	28.3%	328,212	1,542	24.4%	47.0
Dublin North East	258,569	22.5%	261,161	1,474	23.4%	56.4
South	292,796	25.5%	295,731	1,945	30.9%	65.8
West	272,367	23.7%	275,097	1,371	21.7%	49.8
National	**1,148,687**	**100.0%**	**1,160,200**	**6,332**	**100.0%**	**54.6**

Table 21 shows the same information by LHA. There are major variations, with Dublin North Central having a substantially higher rate than other areas (149.8 per 10,000 population aged 0-17) while neighbouring Dublin North had a rate that was just under one-sixth of this (26.1 per 10,000 population aged 0-17).

[7] Central Statistics Office (CSO, 2012b).
[8] DHSSP, Northern Ireland (2012).
[9] Department for Education, England (2012).
[10] AIHW (2013).
[11] Statistics for Wales (2012).
[12] Scottish Government (2013); General Register Office, Scotland (2012). Note Scottish data for 2012 comprises 1,433 in residential care (451 of whom were in "residential schools" and 95 in "secure accommodation)", 5,279 in foster care (of which 3,946 or 75% were in the public sector), 4,076 placed with friends/relatives, and 5,153 at home. It also includes 18-21 year olds. It is therefore not easy to compare directly.

Table 21: Children in care (December 2012) x Estimated children's population (April 2012) x LHA

LHA	0-17 ppn 2011	% in 2011	Ppn in 2012 on same distribution	Children in Care 2012	% of Children in Care	Rate per 10,000 ppn
Dublin North Central	23,524	2.0%	23,760	356	5.6%	149.8
North Lee	46,453	4.0%	46,919	507	8.0%	108.1
Dublin North West	49,142	4.3%	49,635	413	6.6%	83.2
Roscommon	16,076	1.4%	16,237	134	2.1%	82.5
Waterford	32,766	2.9%	33,094	269	4.3%	81.3
Limerick	36,813	3.2%	37,182	289	4.6%	77.7
Tipperary South	24,010	2.1%	24,251	184	2.9%	75.9
Dublin South City	22,850	2.0%	23,079	170	2.7%	73.7
Louth	33,292	2.9%	33,626	217	3.4%	64.5
Dublin South West	38,227	3.3%	38,610	240	3.8%	62.2
Carlow/Kilkenny	33,790	2.9%	34,129	196	3.1%	57.4
Clare	30,666	2.7%	30,973	171	2.7%	55.2
National	**1,148,687**	**100%**	**1,160,200**	**6,332**	**100%**	**54.6**
South Lee	44,904	3.9%	45,354	246	3.9%	54.2
Dublin West	39,029	3.4%	39,420	213	3.4%	54.0
Wexford	38,842	3.4%	39,231	208	3.3%	53.0
Laois/Offaly	44,081	3.8%	44,523	228	3.6%	51.2
North Cork	22,887	2.0%	23,116	116	1.8%	50.2
Cavan/Monaghan	35,955	3.1%	36,315	180	2.9%	49.6
Tipperary North	27,510	2.4%	27,786	137	2.2%	49.3
West Cork	14,204	1.2%	14,346	66	1.0%	46.0
Dublin South East	22,672	2.0%	22,899	102	1.6%	44.5
Kerry	34,940	3.0%	35,290	153	2.4%	43.4
Galway	61,194	5.3%	61,807	265	4.2%	42.9
Dun Laoghaire	28,558	2.5%	28,844	123	2.0%	42.6
Mayo	32,514	2.8%	32,840	132	2.1%	40.2
Donegal	43,732	3.8%	44,170	175	2.8%	39.6
Longford/Westmeath	33,645	2.9%	33,982	133	2.1%	39.1
Wicklow	31,320	2.7%	31,634	121	1.9%	38.3
Kildare/West Wicklow	64,573	5.6%	65,220	212	3.4%	32.5
Sligo/Leitrim/W Cavan	23,862	2.1%	24,101	68	1.1%	28.2
Dublin North	63,256	5.5%	63,890	167	2.6%	26.1
Meath	53,400	4.6%	53,935	141	2.2%	26.1

6.3.3 Trends in Number of Children in Care 2008-2012

Since 2008, the number of children in care has risen by 18.2% (n=975, table 22). The distribution of this rise has been uneven, with South experiencing a rise of 32.2% (n=474), West 32.6% (n=337), Dublin Mid-Leinster 5.9% (n=86) and Dublin North East 5.6% (n=78).

Table 22: Trends in children in care 2008-2012 (Dec 31st each year)

Area	2008	2009	2010	2011	2012	Change	%
Dublin South City	141	176	165	170	170	29	20.6%
Dublin South East	102	98	100	93	102	0	0.0%
Dublin South West	183	204	229	211	240	57	31.1%
Dublin West	214	209	220	214	213	-1	-0.5%
Dun Laoghaire	141	133	127	131	123	-18	-12.8%
Kildare/W Wicklow	209	224	217	219	212	3	1.4%
Laois/Offaly	202	209	210	225	228	26	12.9%
Longford/Westmeath	116	110	135	124	133	17	14.7%
Wicklow	148	163	154	144	121	-27	-18.2%
Dublin Mid-Leinster	**1456**	**1526**	**1557**	**1531**	**1542**	**86**	**5.9%**
Cavan/Monaghan	152	119	125	155	180	28	18.4%
Dublin North	137	146	144	149	167	30	21.9%
Dublin North Central	356	374	389	374	356	0	0.0%
Dublin North West	430	423	437	445	413	-17	-4.0%
Louth	178	190	199	223	217	39	21.9%
Meath	143	145	146	138	141	-2	-1.4%
Dublin North East	**1396**	**1397**	**1440**	**1484**	**1474**	**78**	**5.6%**
Carlow/Kilkenny	148	155	180	199	196	48	32.4%
Kerry	130	144	155	151	153	23	17.7%
North Cork	78	103	97	117	116	38	48.7%
North Lee	363	414	442	485	507	144	39.7%
South Lee	190	184	216	233	246	56	29.5%
Tipperary South	134	160	158	173	184	50	37.3%
Waterford	187	199	226	236	269	82	43.9%
West Cork	61	65	68	65	66	5	8.2%
Wexford	180	212	216	218	208	28	15.6%
South	**1471**	**1636**	**1758**	**1877**	**1945**	**474**	**32.2%**
Clare	126	141	156	163	171	45	35.7%
Donegal	124	123	138	161	175	51	41.1%
Galway	170	206	229	235	265	95	55.9%
Limerick	225	236	257	264	289	64	28.4%
Mayo	111	108	112	110	132	21	18.9%
Roscommon	121	128	122	130	134	13	10.7%
Sligo/Leitrim/W Cavan	76	73	73	70	68	-8	-10.5%
Tipperary North	81	100	123	135	137	56	69.1%
West	**1034**	**1115**	**1210**	**1268**	**1371**	**337**	**32.6%**
NATIONAL	**5357**	**5674**	**5965**	**6160**	**6332**	**975**	**18.2%**

Figure 13: LHAs with a more than 25% rise in the number of children in care (2008-2012)

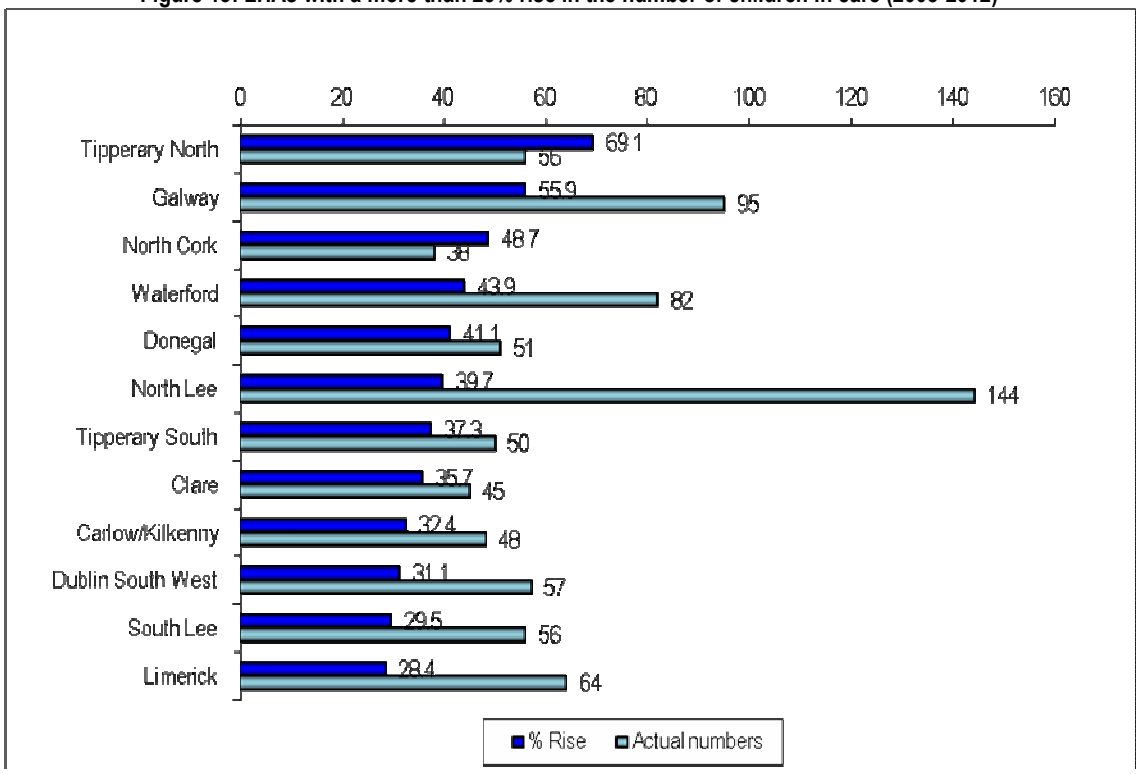
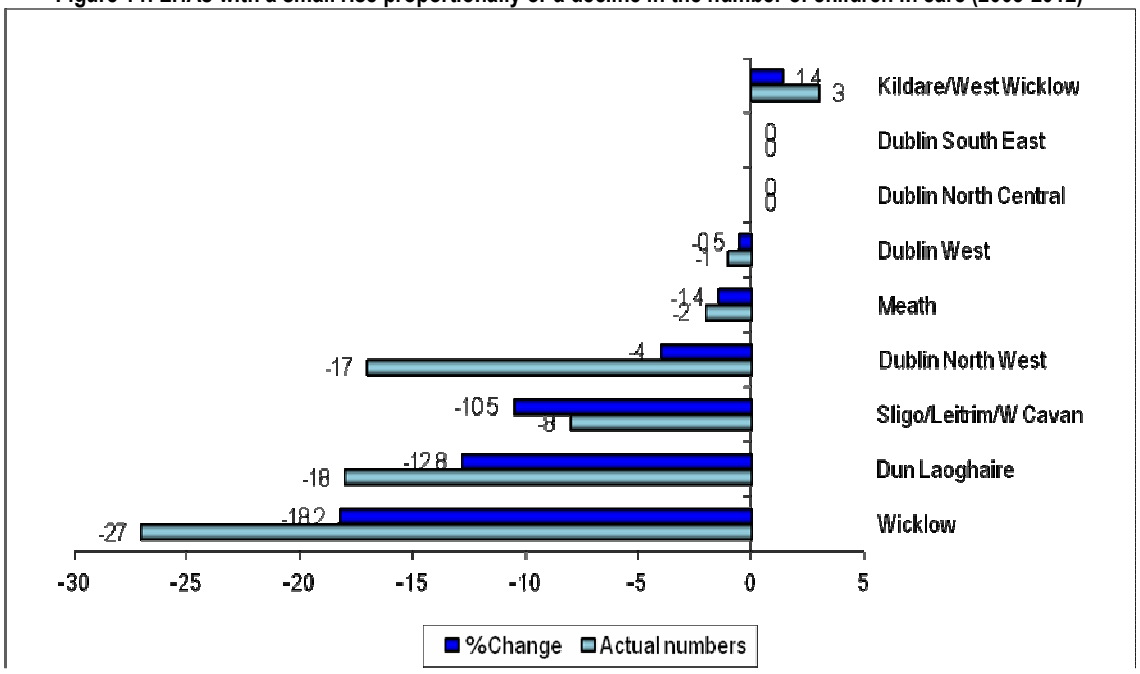


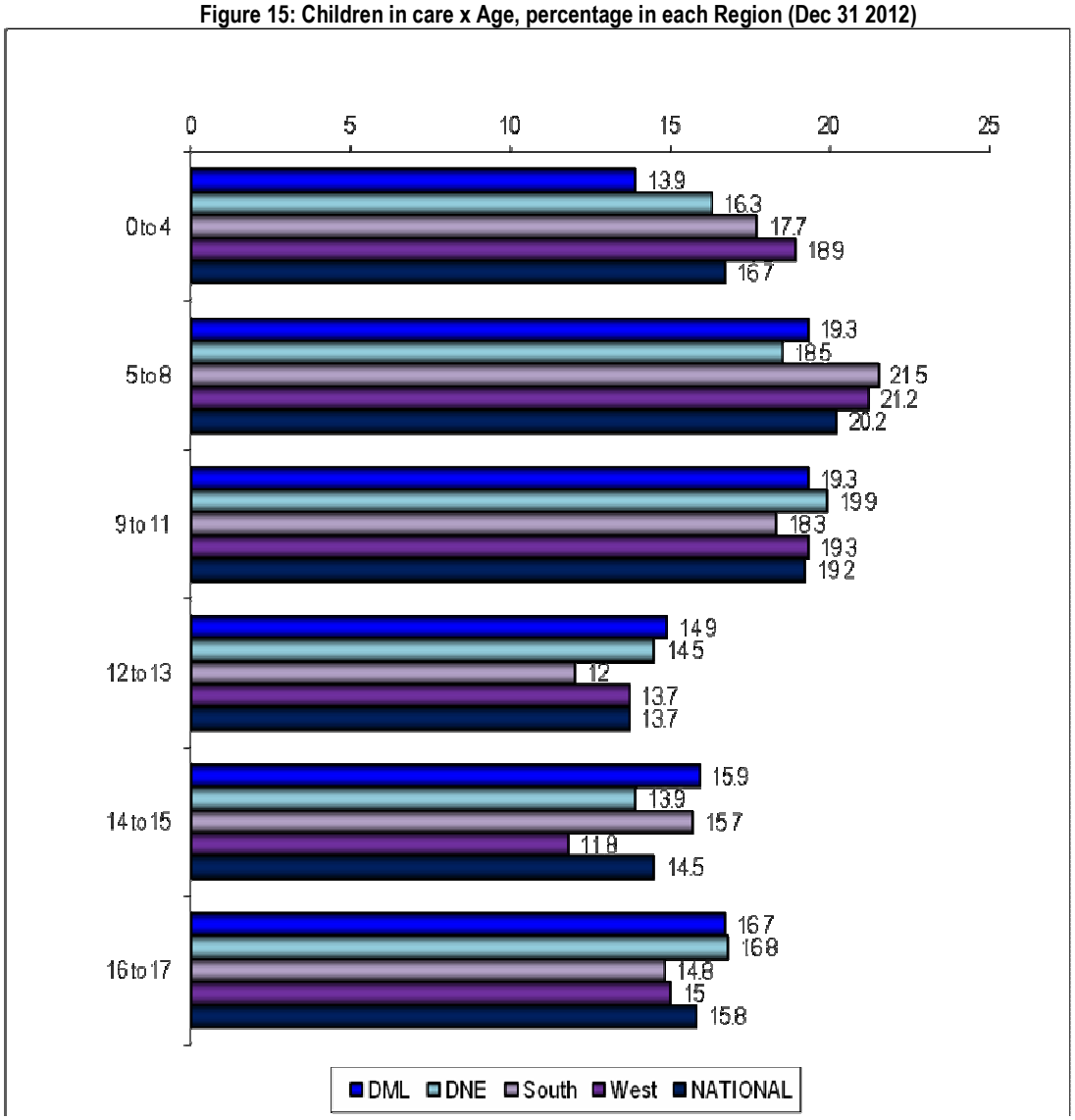
Figure 14: LHAs with a small rise proportionally or a decline in the number of children in care (2008-2012)



6.3.4 Age and Gender of Children in Care

There was a reasonably even balance in terms of gender for children in care in 2012, with 51.2% (n= 3,245) being male and 48.8% (n=3,087) female. With regards to age, around 36.9% of children in care were aged 0-8 (37.0% in 2011), 32.8% were aged 9-13 (32.0% in 2011) and around 30.3% (30.9% in 2011) were aged 14-17[13]. Figure 15 shows the distribution of children in care by age group across the Regions. There were more children in alternative care aged 16-17 nationally (15.8%) than in either the 12-13 or 14-15 age bands.

Figure 15: Children in care x Age, percentage in each Region (Dec 31 2012)



[13] Figures may not add up to 100% as the result of rounding.

6.3.5 Placement Type for Children In Care

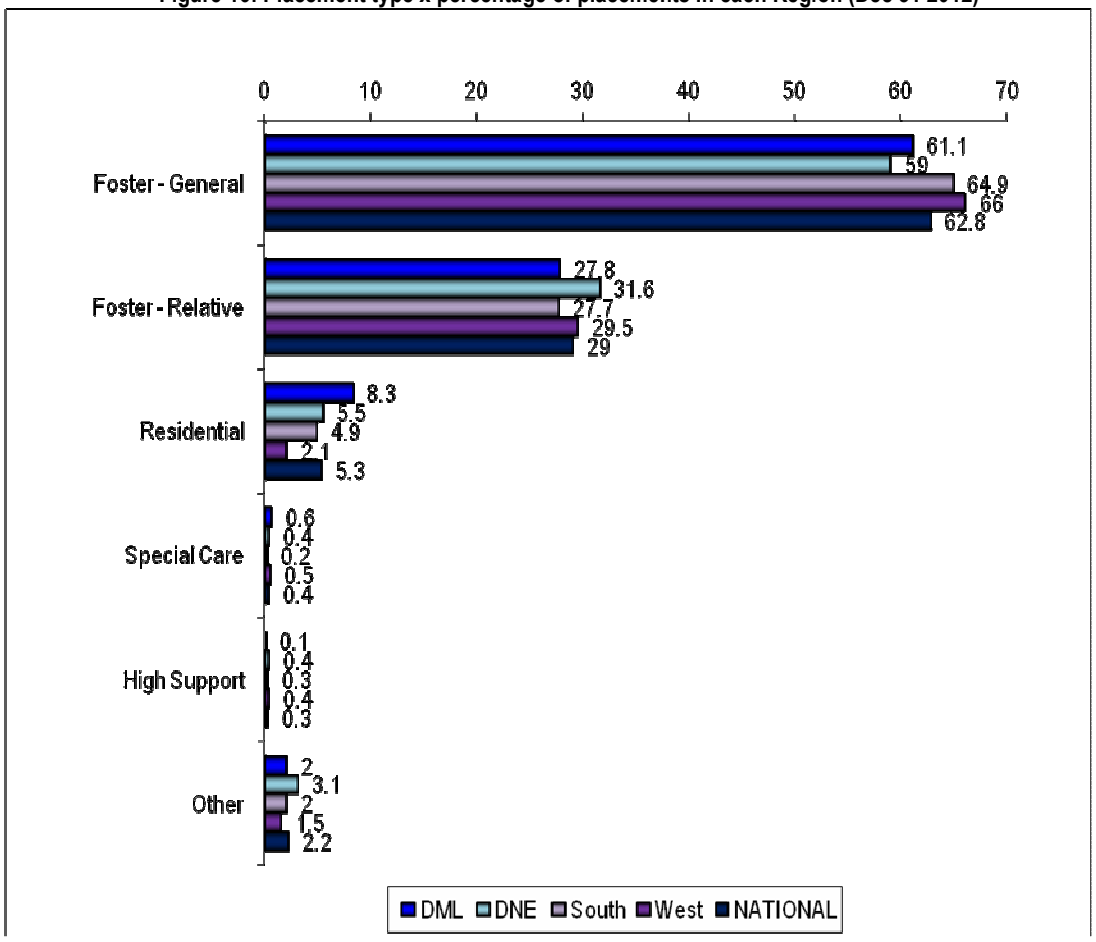
Key Messages: Relative Foster Care and General Foster Care are preferred options for children in care compared to residential care. HSE Children and Family Services continues to achieve targets for the proportion of children placed in foster care. The year 2012 also saw the target for residential care hit for the first time, with a substantial fall in the number of children placed in residential care.

Performance indicators in the *HSE National Service Plan 2012* (HSE 2012g) included targets that:

- at least 60% of children in care would be placed in general foster care;
- at least 30% would be in foster care with relatives;
- less than 0.2% would be in special care;
- less than 0.5% would be in high support;
- less than 6.3% would be in residential care.

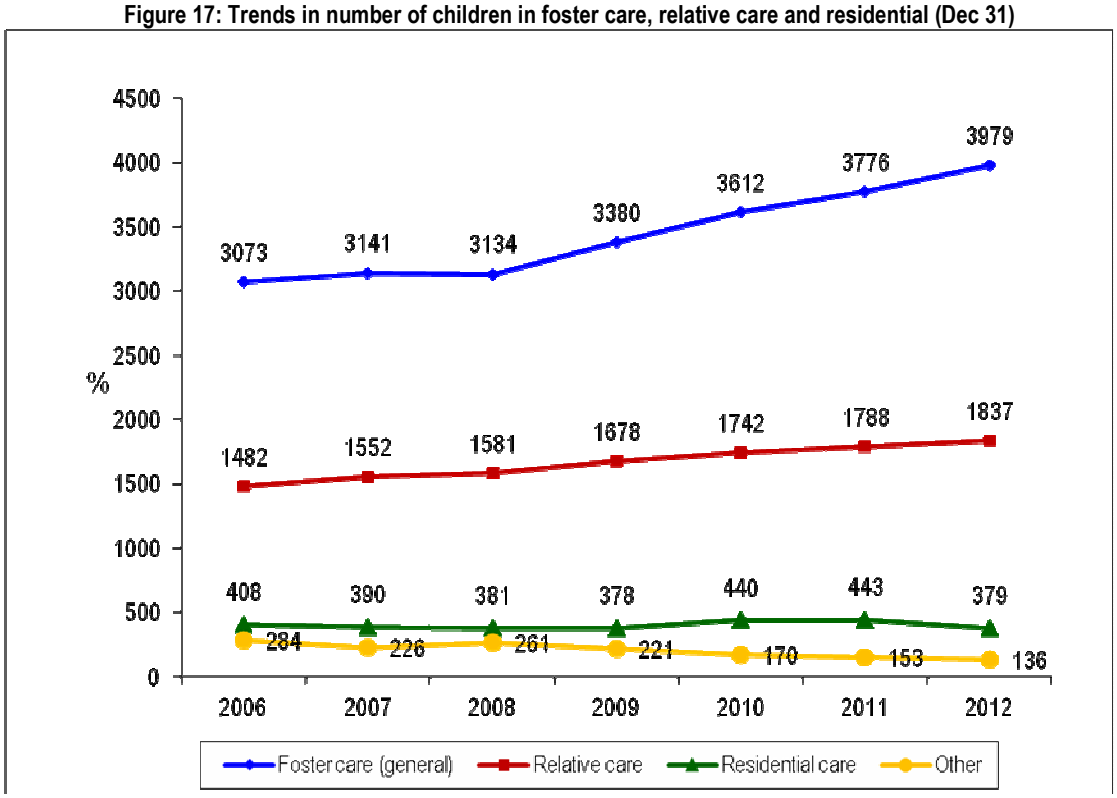
In December 2012, targets were exceeded for general foster care (62.8%, n=3,979/6,228), general residential care (5.3%, n=334) and high support (0.3%, n=19). The targets were marginally missed for foster care with relatives (29.0%, n=1,837) and special care (0.4%, n=26).

Figure 16: Placement type x percentage of placements in each Region (Dec 31 2012)



For residential care, this was the first time that the target had been made and represented a substantial decline in the number of children in residential care.

Figure 17: Trends in number of children in foster care, relative care and residential (Dec 31)



Note: 'Residential care' includes mainstream residential, high support and special care.

Percentages for LHAs are shown in table 23.

Table 23: Placement type x percentage of placements in each Region and LHA (Dec 31 2012)

Dublin Mid-Leinster	Foster	Relative	Residential	Other
Dublin South City	56.5%	34.7%	7.6%	1.2%
Dublin South East	57.8%	24.5%	9.8%	7.8%
Dublin South West	46.7%	41.7%	11.3%	0.4%
Dublin West	69.0%	19.2%	11.3%	0.5%
Dun Laoghaire	58.5%	28.5%	6.5%	6.5%
Kildare/W Wicklow	73.1%	14.2%	11.3%	1.4%
Laois/Offaly	62.7%	29.4%	5.7%	2.2%
Longford/Westmeath	67.7%	24.1%	8.3%	0.0%
Wicklow	56.2%	33.1%	8.3%	2.5%
DML total	**61.1%**	**27.8%**	**9.1%**	**2.0%**

Dublin North East	Foster	Relative	Residential	Other
Cavan/Monaghan	76.1%	19.4%	2.2%	2.2%
Dublin North	54.5%	35.3%	7.2%	3.0%
Dublin North Central	51.7%	37.4%	9.0%	2.0%
Dublin North West	48.9%	39.5%	8.7%	2.9%
Louth	71.0%	21.7%	2.8%	4.6%
Meath	71.6%	20.6%	2.1%	5.7%
DNE total	**59.0%**	**31.6%**	**6.3%**	**3.1%**

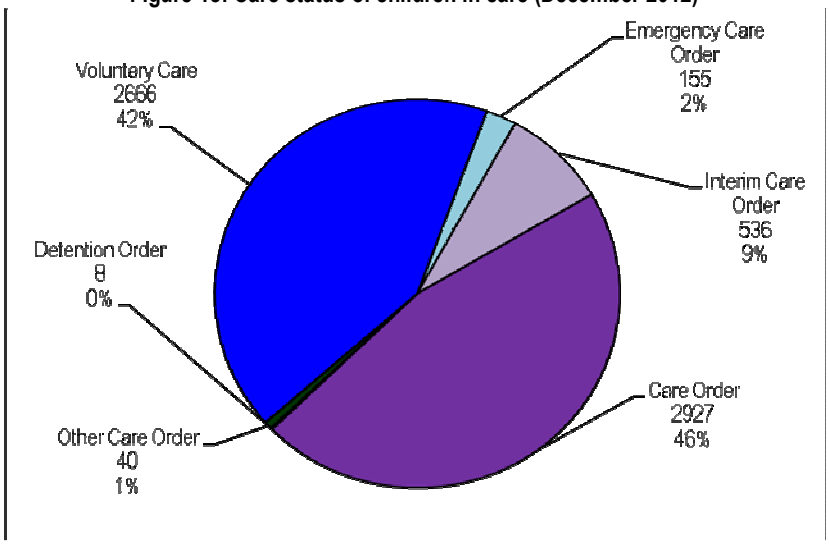
South	Foster	Relative	Residential	Other
Carlow/Kilkenny	54.1%	38.8%	5.1%	2.0%
Kerry	52.3%	41.2%	5.2%	1.3%
North Cork	57.8%	38.8%	2.6%	0.9%
North Lee	66.9%	26.8%	4.7%	1.6%
South Lee	57.3%	32.5%	5.3%	4.9%
Tipperary South	71.2%	16.8%	8.2%	3.8%
Waterford	69.5%	21.9%	7.8%	0.7%
West Cork	72.7%	24.2%	0.0%	3.0%
Wexford	78.8%	15.4%	5.3%	0.5%
South total	**64.9%**	**27.7%**	**5.4%**	**2.0%**

West	Foster	Relative	Residential	Other
Clare	72.5%	23.4%	3.5%	0.6%
Donegal	68.0%	22.9%	4.6%	4.6%
Galway	70.6%	26.8%	2.3%	0.4%
Limerick	58.5%	35.6%	2.8%	3.1%
Mayo	70.5%	25.8%	3.8%	0.0%
Roscommon	63.4%	35.8%	0.7%	0.0%
Sligo/Leitrim/W Cavan	76.5%	17.6%	4.4%	1.5%
Tipperary North	55.5%	40.9%	2.9%	0.7%
West total	**66.0%**	**29.5%**	**3.0%**	**1.5%**

6.3.6 Care Status for Children In Care

Around 42% (n=2,666) of children in care in December 2012 were there under a voluntary care arrangement. Some 46% (n=2,927) were in care under a full Care Order.

Figure 18: Care status of children in care (December 2012)



6.3.7 Length of Time in Care

Key Messages: Research suggests that the age of entry and the speed of action to either return the child home or find long term permanency options 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 or more.

In December 2012, around 18.2% (n=1,151) of children had been in care for less than a year, 44.9% (n=2,842) had been in care for one to five years, and 36.9% (n=2,339) more than five years (table 24). The percentage of children in care for more than five years was higher in Dublin North East (44.0%, n=648) and Dublin Mid-Leinster (40.6%, n=626) than in West (34.4%, n=472) or South (34.4%, n=472).

Table 24: Number of children in care x Length of stay (Dec 2012)

Length of stay / Region	Number			Percentage			
	Less than one year	One to five years	More than 5 years	Less than one year	One to five years	More than 5 years	Total
Dublin Mid-Leinster	224	692	626	14.5%	44.9%	40.6%	1,542
Dublin North East	229	597	648	15.5%	40.5%	44.0%	1,474
South	419	933	593	21.5%	48.0%	30.5%	1,945
West	279	620	472	20.4%	45.2%	34.4%	1,371
National	**1,151**	**2,842**	**2,339**	**18.2%**	**44.9%**	**36.9%**	**6,332**

Table 25 shows this same information by Area, with data sorted according to the number of children in care for more than five years.

Table 25: Number of children in care x Length of stay – Sorted by no. in care for more than five years (Dec 2012)

Length of stay / Area	Number			Percentage			
	Less than one year	One to five years	More than 5 years	Less than one year	One to five years	More than 5 years	Total
Dublin North West	31	169	213	7.5%	40.9%	51.6%	413
North Lee	83	234	190	16.4%	46.2%	37.5%	507
Dublin North Central	40	155	161	11.2%	43.5%	45.2%	356
Limerick	55	113	121	19.0%	39.1%	41.9%	289
Kildare West Wicklow	32	81	99	15.1%	38.2%	46.7%	212
Laois Offaly	37	93	98	16.2%	40.8%	43.0%	228
Dublin West	35	81	97	16.4%	38.0%	45.5%	213
Meath	23	34	84	16.3%	24.1%	59.6%	141
Louth	44	94	79	20.3%	43.3%	36.4%	217
Wexford	44	88	76	21.2%	42.3%	36.5%	208
South Lee	48	128	70	19.5%	52.0%	28.5%	246
Dun Laoghaire	12	42	69	9.8%	34.1%	56.1%	123
Longford Westmeath	23	41	69	17.3%	30.8%	51.9%	133
Clare	47	59	67	27.2%	34.1%	38.7%	173
Galway	50	148	65	19.0%	56.3%	24.7%	263
Roscommon	14	59	61	10.4%	44.0%	45.5%	134
South Tipperary	33	91	60	17.9%	49.5%	32.6%	184
Dublin South City	22	90	58	12.9%	52.9%	34.1%	170
Dublin South West	42	140	58	17.5%	58.3%	24.2%	240
Dublin North	39	72	56	23.4%	43.1%	33.5%	167
Cavan/Monaghan	52	73	55	28.9%	40.6%	30.6%	180
Carlow Kilkenny	50	94	52	25.5%	48.0%	26.5%	196
Waterford	100	117	52	37.2%	43.5%	19.3%	269
North Tipperary	27	60	50	19.7%	43.8%	36.5%	137
Wicklow	9	66	46	7.4%	54.5%	38.0%	121
Mayo	27	60	45	20.5%	45.5%	34.1%	132
Donegal	42	94	39	24.0%	53.7%	22.3%	175
Kerry	24	91	38	15.7%	59.5%	24.8%	153
North Cork	22	59	35	19.0%	50.9%	30.2%	116
Dublin South East	12	58	32	11.8%	56.9%	31.4%	102
Sligo Leitrim	17	27	24	25.0%	39.7%	35.3%	68
West Cork	15	31	20	22.7%	47.0%	30.3%	66

6.3.8 Placement Stability

Key Messages: Placement stability is a key indicator of the quality of care services and is a crucial determinant of successful long term outcomes. Proportionally fewer children in care experienced three or more placement moves in Ireland than in other international jurisdictions where this information is collected. More research is required to identify the particular characteristics of HSE Care Services which contribute to the very low levels of placement disruption.

A new performance indicator was introduced on placement stability in 2011. This recorded the number of children in care in their third placement within 12 months. In December 2012, the number of children in care who were in their third placement within 12 months was 172[14], higher than in December 2012 (n=150). This represented 2.7% of children in care, a rise from the 2011 figure of 2.4% (table 26). The West had a substantially lower rate (0.7%) than other Regions.

Table 26: Number of children in care in third placement within 12 months x Number of children in care (Dec 2012)

	No. of children in care in 3rd placement within 12 months	No. children in care	Rate
Dublin Mid-Leinster	47	1,542	3.0%
Dublin North East	52	1,474	3.5%
South	64	1,945	3.3%
West	9	1,371	0.7%
National	**172**	**6,332**	**2.7%**

Two other jurisdictions collect this information, England and Wales: for England the figure was 11.0% (n=7,380/67,050, Department for Education, 2012) and for Wales it was 9.1% (n=524/5,726, Statistics for Wales, 2012). Placements for children in Ireland were therefore substantially more stable than for children in care in England and Wales.

6.3.9 Education of Children In Care

In the National Service Plan for 2012 (HSE 2012g), a new performance indicator was introduced relating to the *Number of children in care aged between 6 and 16 (inclusive) who are in full-time education on the last day of the reporting period.* Similar data was also collected for the young people in care aged 17 or more. Data was available for 4,237 children aged 6-16 and 479 young people aged 17+.

Around 96.0% of children aged 6-16 were in full-time education, with figures exceeding 97% for all Regions except Dublin Mid-Leinster. For young people aged 17+, 84.1% were in full time education. More of these were in full-time education in the South (94.4%) than other Regions (DNE 84.5%, DML 81.7%, West 72.0%).

Table 27: Education of children in care (Dec 2012)

	Number of children in care aged 6 to 16	Number of these in FT education	% in FT education	Number of children in care aged 17+	Number of these in FT education	% in FT education
Dublin Mid Leinster	944	843	89.3%	120	98	81.7%
Dublin North East	1,066	1,042	97.7%	116	98	84.5%
South	1,346	1,310	97.3%	143	135	94.4%
West	881	872	99.0%	100	72	72.0%

[14] Data was missing for one LHA, Laois/Offaly.

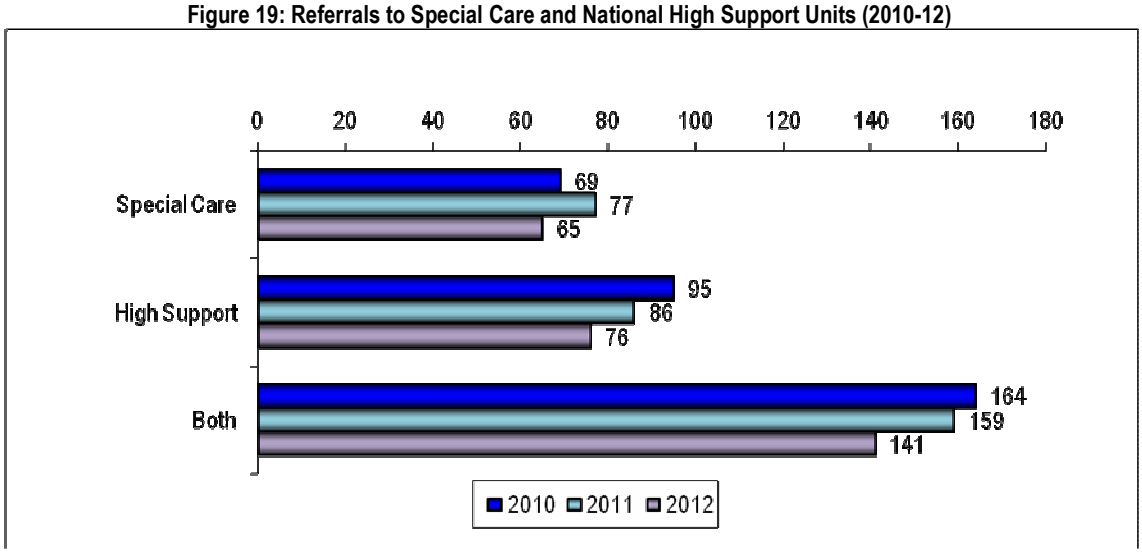
National	**4,237**	**4,067**	**96.0%**	**479**	**403**	**84.1%**

6.3.10 Special Care and High Support

Key Messages: HSE Children and Family Services continues to place very few children in Special Care or High Support. In December 2012 only 26 children had a special care placement, representing only 0.4% of the 6,332 children in care.

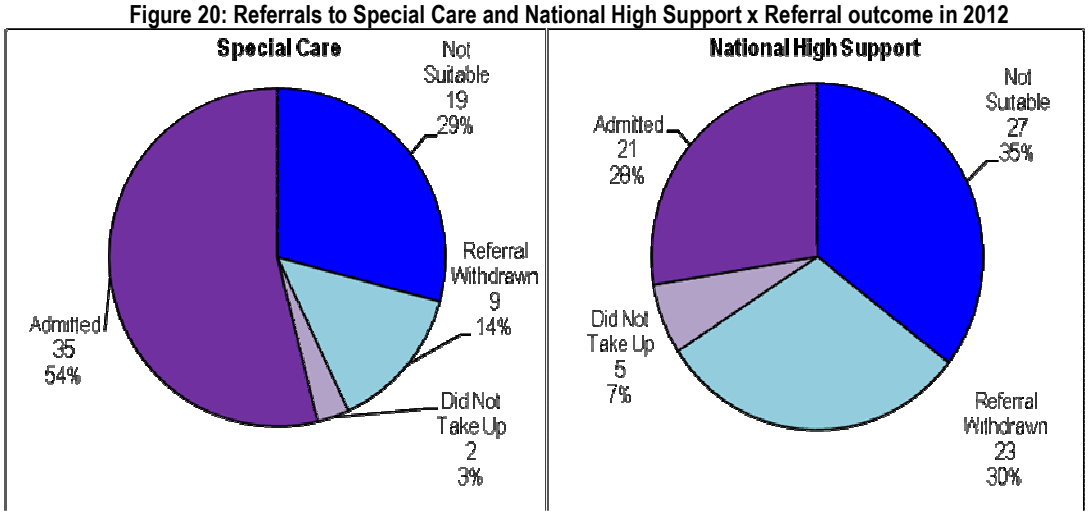
In 2012 there were 141 referrals to the three special care units and the two national high support units (2010 n=164; 2011 n = 159), 76 for high support (a large reduction from the 95 in 2010) and 65 for special care (figure 19).

Figure 19: Referrals to Special Care and National High Support Units (2010-12)



Referrals to special care were more likely to result in an admission (54%, n=35) than applications to high support (28%, n=21) (figure 20). The percentage of referrals for special care that led to an admission was higher than in 2010 (2010 46%, n=32) and similar to 2011 (2011 54%, n=39). Nine of the referrals for special care were re-referrals, as were three of the referrals for high support.

Figure 20: Referrals to Special Care and National High Support x Referral outcome in 2012



Applications to special care were higher for females (n=36 or 55%) than males (n=29 or 45%), with 83% (n=24/29) of the applications for females resulting in an admission and 31% (n=11/36) of

applications for males. This suggests the need for further research into this discrepancy. For high support, there were slightly more applications for males than females (f=36, m=40), with 28% (n=11/36) of females admitted and the same proportion of males admitted (n=11/40).

In 2012 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 children in special care or high support (2012)

Placement type	Minimum Length of Stay	Maximum Length of Stay	Average Length of Stay
Special care	2 weeks	11.5 months	4.5 months
National high support	2.5 months	17 months	7 months

6.3.11 Placement of Children Aged 12 or Under in Residential Care

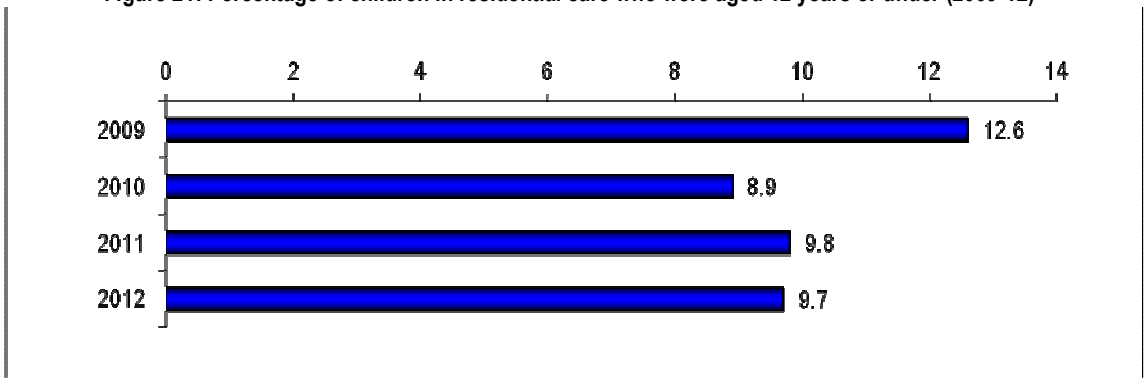
Key Messages: The policy of Children and Family Services is that children aged under 12 years should be placed in foster care. However, there may be exceptional cases where it is not possible or not in the best interests of the child aged 12 years and under to be placed in a foster care setting, for example where an emergency/long-term foster/relative care setting is not immediately available or where there are particular identified therapeutic needs which are best met within a residential setting. By the end of 2012 the number of children in residential care aged under 12 had fallen by 32% since 2009.

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). Table 29 shows the position in December 2012 with a national average of 9.7% of residential placements being for children aged 12 years or under. By the end of 2012 the number of children in residential care aged 12 years or under had fallen by 32% since 2009 (n=17/53).

Table 29: Number and percentage of children in residential care aged 12 years or under (Dec 31st)

Region	Number aged under 12 in residential care				% in residential care aged under 12			
	2009	2010	2011	2012	2009	2010	2011	2012
Dublin Mid-Leinster	25	21	26	15	15.6%	12.7%	15.7%	10.7%
Dublin North East	10	11	3	9	8.3%	9.1%	2.5%	9.7%
South	10	5	10	11	11.6%	4.7%	9.4%	10.6%
West	8	2	4	1	15.1%	4.3%	8.5%	2.9%
National	**53**	**39**	**43**	**36**	**12.6%**	**8.9%**	**9.8%**	**9.7%**

Figure 21: Percentage of children in residential care who were aged 12 years or under (2009-12)



6.3.12 Placement Abroad

Key Messages: 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, providing a tightly managed process.

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, have an allocated social worker who visits them in their placement, 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 inspection 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. Children placed abroad in special care are placed under the inherent jurisdiction of a High Court Order. Funding for such placements is provided on a case by case basis as required.

On December 31st 2011 some 25 children were placed outside Ireland, eleven in mainstream residential care, seven in relative foster care, four in special care and three in high support. Eleven (44%) were in a specialised needs placement. None of these were placements in Northern Ireland, with almost all (n=23) placed in other parts of the UK, one in another EU country and one in the USA.

Table 30: Principal reason for placement of children in care outside HSE (Dec 2012)

Principal reason / Region	Special Care	High Support	Residential General	Relative foster care	Total	Number of these in specialised needs placements
Dublin Mid-Leinster	2	0	3	2	7	1
Dublin North East	0	2	3	1	6	4
South	1	1	4	4	10	6
West	1	0	1	0	2	0

National	**4**	**3**	**11**	**7**	**25**	**11**

6.3.13 Single Care Placements

Key Messages: In 2012 HSE Children and Family Services introduced a new performance indicator relating to the single care placements.

In December 2012 there were six children in a single care placement, three placements made by Dublin Mid-Leinster and three by South.

6.3.14 Private Sector Placements

Key Messages: In 2012 HSE Children and Family Services introduced a new set of performance indicators relating to the number of children in care placed in the private sector.

HSE Children and Family Services supports a mixed economy of providers from statutory, non-statutory and private sectors. In order to promote better value for money from the services used, improvements have been made to the information collected on private sector placements.

A set of new performance indicators were introduced in 2012 relating to placements in the private sector. There were 355 placements in the private sector during the year: given that the number of children in care in December 2011 was 6,160 and there were 2,070 new admissions in the year 2012 (a total of 8,230 placements during the year), the 355 represent around 4.3% of all care placements made in the year (table 31).

Around 60.3% (n=214/355) of private sector placements were in foster care general. Dublin Mid-Leinster made the majority of placements in the private sector, with 186 placements (52.4%). Note that foster placements using the Emergency Placement of Safety Service (EPSS, see section 6.8.1) or made by the Separated Children Seeking Asylum service (see section 6.9) are under an SLA with Five Rivers Ireland and are included in these figures.

Table 31: Placements in the private sector (2012)

	Special care	High support	Residential general	Foster care general	Foster care with relatives	Total	%
DML	2	0	78	106	0	186	52.4%
DNE	0	2	11	61	0	74	20.8%
South	1	0	38	31	0	70	19.7%
West	1	2	6	16	0	25	7.0%
NATIONAL	**4**	**4**	**133**	**214**	**0**	**355**	**100%**
%	1.1%	1.1%	37.5%	60.3%	0.0%	100%	

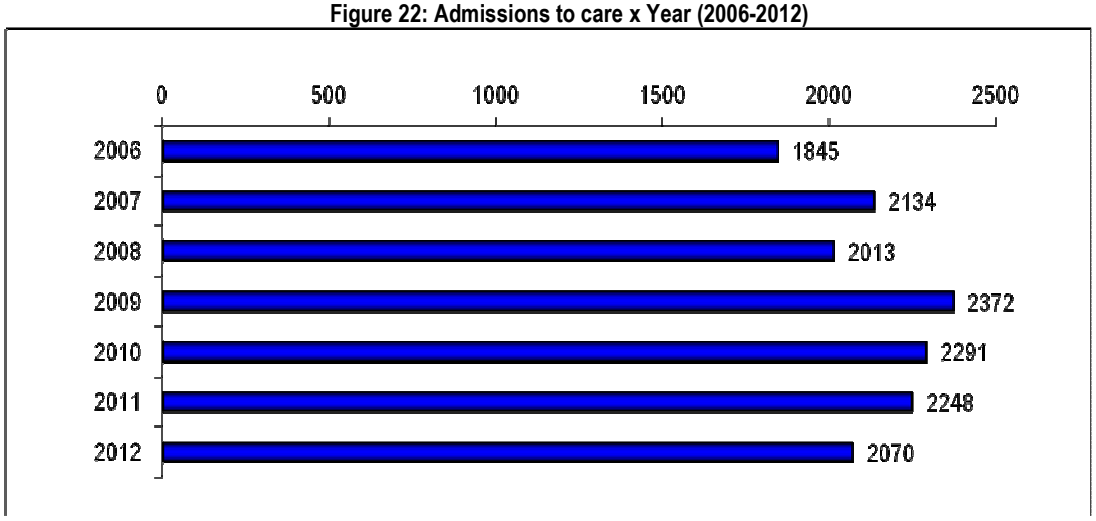
6.4 Admissions and Discharges from Alternative Care

6.4.1 Admissions to Alternative Care

Key Messages: Overall admissions to care fell by 7% between 2011 and 2012. This steady fall in the number of admissions to care since 2009 is contrary to other key related trends: the rising child population overall, rising levels of referrals to HSE Children and Family Services, and rising numbers of children in alternative care. There have been sharp rises in the proportions of children admitted to care where the primary reason for admission to care was *emotional abuse* or *neglect* but this is more than compensated for by the decline in admissions for *child welfare reasons.*

There were 2,070 children admitted to alternative care in 2012 (figure 22). This represented a fall of 7.9% (n=178) since the high point in 2009. Around 51% (n=1,056) of those admitted were female and around 49% (n=1,014) were male.

Figure 22: Admissions to care x Year (2006-2012)



This steady fall in the number of admissions to care since 2009 is contrary to other key related trends: the rising child population overall and rising levels of referrals to HSE Children and Family Services. This may reflect improved assessment leading to more community-based alternatives, or better/more available community-based alternatives, a cultural shift away from placing children in care except as a last resort, or tighter gatekeeping for entry into care.

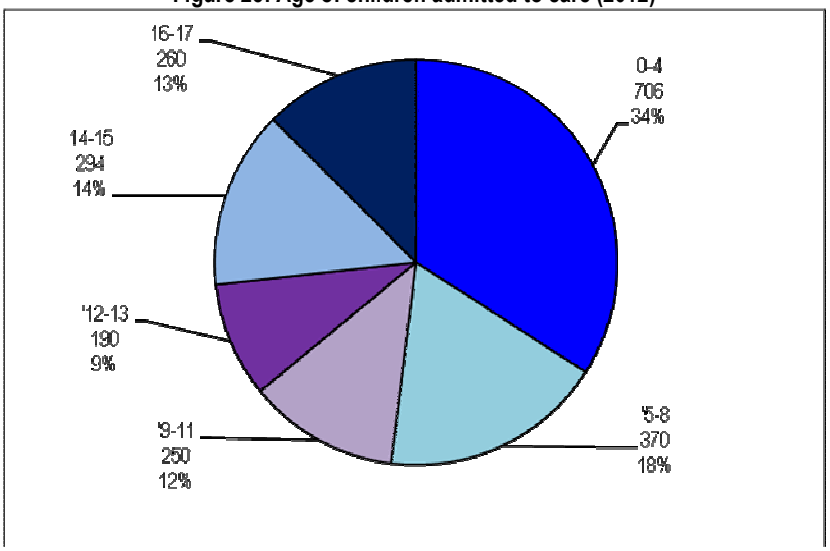
Compared to 2011, there were rises in all categories of abuse as the primary reason for admission to care (see table 32), with the highest proportionate rises being for *emotional abuse* (44%, 2011 n=87, 2012 n=154) and *neglect* (19%, 2011 n=483, 2012 n=593). Conversely, admissions to care where the primary reason was *child welfare concern* fell and indeed account for the fall in total number of children admitted to care (-30%, 2011 n=1446, 2012 n=1115). Some of the children admitted to care who might previously have been categorised as *child welfare concern* might in 2012 have been categorised as *neglect* or *emotional abuse.*

Table 32: Primary reason for admission to care (2011-2012)

Primary reason for admission to care	2011 No.	2011 %	2012 No.	2012 %	Change	Change %
Physical abuse	169	7.6%	173	8.4%	4	2%
Emotional abuse	87	3.9%	154	7.4%	67	44%
Sexual abuse	33	1.5%	35	1.7%	2	6%
Neglect	483	21.8%	593	28.6%	110	19%
Child welfare concern	1446	65.2%	1,115	53.9%	-331	-30%
Total	**2,218**	**100.0%**	**2,070**	**100.0%**	**-148**	**-7%**

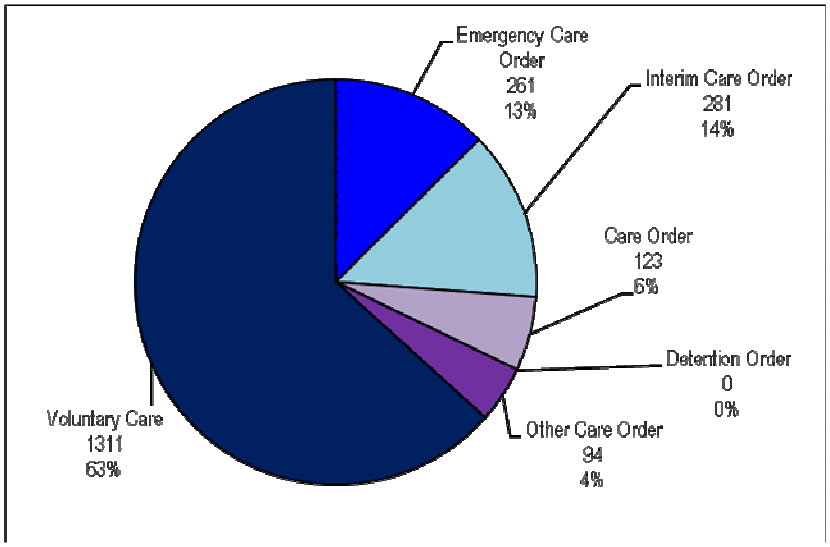
Around 52% of the children admitted to care were aged 0-8 (0-4 n=706, 5-8 n=370) (figure 23).

Figure 23: Age of children admitted to care (2012)



Around 62% (n=1,311) of children in 2012 were admitted to care under a voluntary care arrangement (2011 62%). Around 27% (n=542) were admitted via an Emergency Care Order or Interim Care Order.

Figure 24: Care status of children admitted to care in 2012



6.4.2 Discharges from Care

Key Messages: The number of new admissions to care continues to exceed the number of discharges from care but the totals for both are reducing and the gap is narrowing.

The total number of children in alternative still rose in 2012 as the number of children admitted exceeded the number discharged.

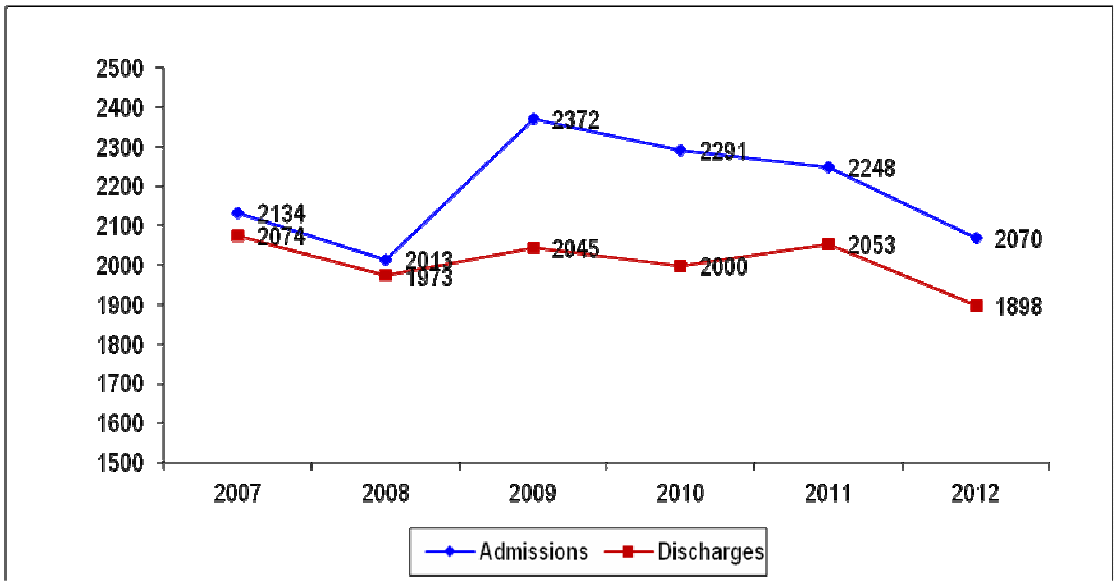
In 2012 HSE Children and Family Services began to collect data on the profile of children when they were discharged from care and the introduction of Standardised Business Processes and the NCCIS will address this in the future (see sections 9.5 and 9.7). It is possible to calculate numbers of children discharged from care, as shown in table 33.

Table 33: Changes in the number of children in care in 2012

Items	No.
Children in care December 2011 (A)	6,160
New admissions in 2012 (B)	2,070
Children in care December 2012 (C)	6,332
Discharges from care (A+B-C)	1,898

The number of new admissions to care has exceeded the number of discharges consistently but the gap has narrowed over the last few years. In 2009 there were 327 more admissions than discharges whereas in 2012 there were only 172 more admissions than discharges.

Figure 25: Changes in admissions and discharges to and from care x Year



In December 2012 around 18.2% (n=1,151) of children in care had been in care for less than a year. This means that it is possible to calculate that, if only 1,151 of the 2,070 admitted to care during 2012 were still in care by December 2012, then 919 (44.4%) had been discharged from care within the year (2011: 36.7% of the new admissions discharged within the year).

6.5 Aftercare

Key Messages: Good practice clearly indicates that where a young person needs to be in care, they should remain in their placement until they are ready to leave. Preparation for leaving care should be an integral part of the care placement and should be introduced formally to young people usually at 16 years of age. This preparation, determined by a comprehensive needs assessment, should set out a process of targeted and structured support to enable the young person to make a smooth transition from statutory care to independent living, where appropriate.

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:

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.

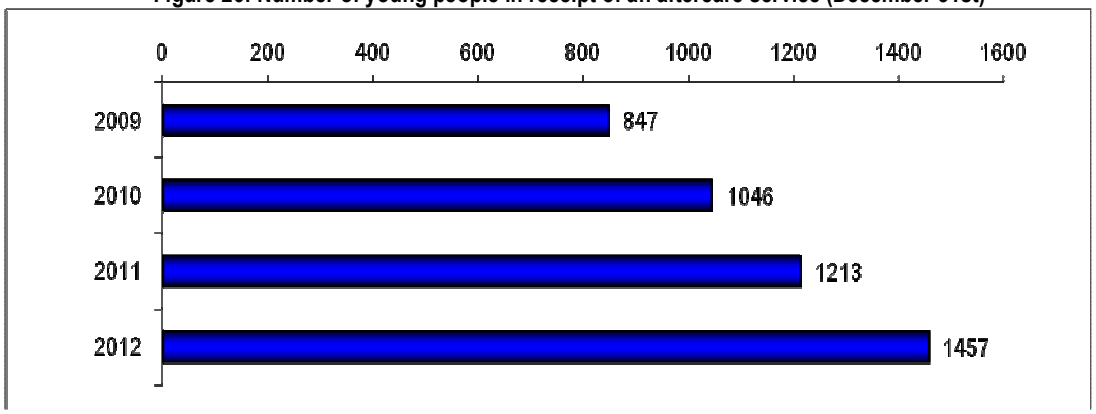
HSE Children and Family Services may support young people who have been in care up to the age of 21, or, where they are involved in a course of education, until the young person completes that course. In April 2011 the HSE published *Leaving Care & Aftercare Services: National Policy and Procedure Document* (HSE 2011c). This defined: the context, principles and framework for service delivery; practice and procedures; special considerations (disabilities, substance misuse, mental health, parent and child, complex needs, asylum seeking young people leaving care, homelessness, and non-engagement).

A multi-agency Aftercare Steering Committee meets quarterly to progress Aftercare issues (it includes the Irish Youth Justice Service and Focus Ireland). In 2012 there were a number of service developments relating to Aftercare:

- An **implementation plan for the National Policy and Procedure** was developed, with key areas including: standardisation of financial payments nationally; protocols for joint working with other HSE care groups (Disabilities, Mental Health and Social Inclusion; and the development of a dedicated Aftercare Service. Approval for this plan will be sought from senior management in 2013.
- Action 66 of the *Ryan Implementation Plan* (OMCYA 2009b) stated: *'The HSE and the Department of the Environment, Heritage and Local Government will review the approach to prioritising identified 'at risk'* ***young people leaving care and requiring local authority housing****.'* In 2012 a joint working group was established with the County and City Managers Association to develop a national protocol to address this, with the intention of implementing it in 2013.

In December 2012 there were 1,457 young people in receipt of an aftercare service (see figure 26). This is a rise of 72% since 2009 (n=1457/847).

Figure 26: Number of young people in receipt of an aftercare service (December 31st)



Of the 1,457, some 1,073 young adults aged 18-21 were in receipt of an aftercare service on the last day of December 2012. Around 61.1% (n=656/1073) of young people aged 18-21 in receipt of an aftercare service were in education/training and 55.8% (n=599/1073) were in full-time education (table 34).

Table 34: Education/training for young people aged 18-21 in receipt of an aftercare service

	No. aged 18 to 21 in receipt of an aftercare service	No. of these who were receiving education/training	% of these receiving education/training	No. of these who were in FT education	%. of these who were in FT education
DML	304	191	62.8%	164	53.9%
DNE	251	118	47.0%	100	39.8%
South	282	199	70.6%	184	65.2%
West	236	148	62.7%	151	64.0%
National	**1073**	**656**	**61.1%**	**599**	**55.8%**

Around 77.2% (n=828/1073) of young people aged 18-21, in receipt of an aftercare service, had an Aftercare Plan.

Table 35: Young people aged 18-21 in receipt of an aftercare service who have an Aftercare Plan

	No. aged 18 to 21 in receipt of an aftercare service	No. of these who have an Aftercare Plan	% of these who have an Aftercare Plan
Dublin Mid-Leinster	304	195	64.1%
Dublin North East	251	201	80.1%
South	282	226	80.1%
West	236	206	87.3%
National[15]	**1073**	**828**	**77.2%**

Data is also collected on the number of young people aged 16, 17 and 18-21 who had an allocated aftercare worker. These were new data collections for 2012. However, this data was incomplete: there were full returns from Dublin North East and South for all these age groups; full data for 16 and 17 year olds from the West but no data for 18-21 year olds; data for seven of the nine Dublin Mid-Leinster Areas for 16 and 17 year olds but none for 18-21 year olds.

[15] For 25 young people, there is no data on whether they had an Aftercare Plan or not.

Table 36: Young people 16-21 with an allocated aftercare worker (Dec 2012)

	No. of children in care aged 16	No. of these who have an allocated aftercare worker	% of these who have an allocated aftercare worker	No. of children in care aged 17	No. of these who have an allocated aftercare worker	% of these who have an allocated aftercare worker	No. of young adults aged 18 to 21 who have an allocated aftercare worker	% of young adults aged 18 to 21 who have an allocated aftercare worker
DML	119	10	8.4%	139	21	15.1%	-	-
DNE	127	10	7.9%	116	58	50.0%	251	100.0%
South	121	5	4.1%	143	35	24.5%	178	63.1%
West	119	56	47.1%	99	65	65.7%	73	30.9%
National	**486**	**81**	**16.7%**	**497**	**179**	**36.0%**	**502**	**46.8%**

See above comments on data limitations.

Data also began to be collected in 2012 on children in care turning 18 in the year, how many were assessed as needing aftercare and how many wished to avail of the service (table 37). There were full data returns for Dublin North East and South and all but one LHA in the West; however, only two of the nine LHAs from Dublin Mid-Leinster provided full data on numbers assessed as needing aftercare and availing of the service. This is the main reason for the difference between the number turning 18 (412) and the number assessed as needing a service (316). Across most of the Regions, around 98% of those turning 18 who were assessed as needing a service took up the opportunity; this was much lower for Dublin Mid-Leinster but this again was because of missing data on the number of young people availing of the service (five LHAs reported the number assessed as needing aftercare but only two reported on whether the service was availed of).

Table 37: Young people 16-21 with an allocated aftercare worker (2012)

	Number of children in care turning 18 during 2012	Of these. how many were assessed as needing aftercare	Of those children assessed as needing aftercare, how many wish to avail of the service	% of children turning 18 during the year who were assessed as needing aftercare and wish to avail of the service
Dublin Mid-Leinster	110	34	18	52.9%
Dublin North East	130	127	124	97.6%
South	111	102	100	98.0%
West	61	53	52	98.1%
National	**412**	**316**	**294**	**93.0%**

6.6 Key Statutory Responsibilities

Key Messages: Legislation and Regulations set down a range of statutory responsibilities for HSE Children and Families. Targets are set for the performance indicators described here for 100% compliance, for example that every child in Care has an allocated social worker. While further progress is required to ensure compliance with statutory responsibilities, it is important to note that 100% compliance is not always achievable due to the normal exigencies of the workplace. Issues including staff absence/ turnover and emergency placements dictate that there will always be temporary gaps in compliance which are met through operational procedures.

6.6.1 Allocated Social Workers for Children In Care

In December 2012, 91.9% of children in care had an allocated social worker (Dec 2011 92.6%, Dec 2010 93.2%). A substantial number of the children without an allocated social worker were in Dublin North East or West (table 38).

Table 38: Proportion of children in care with an allocated social worker x Placement type x Region (Dec 2012)

Region	% Special care	% High support	% Residential	% Foster care	% Relative care	% Other	% All types
DML	100%	100%	98.4%	86.9%	85.0%	93.5%	87.5%
DNE	100%	100%	95.1%	96.3%	95.5%	93.5%	95.9%
South	100%	100%	96.8%	94.9%	92.6%	97.4%	94.4%
West	100%	25.0%	90.0%	88.9%	87.9%	100%	88.6%
National	**100%**	**83.0%**	**96.4%**	**91.9%**	**90.5%**	**95.6%**	**91.9%**

6.6.2 Written Care Plans for Children In Care

In December 2012 87.6% of children in care had a written care plan, a fall from previous years (Dec 2011 90.4%, Dec 2010 90.1%) (table 39). However the average was lowered significantly by Dublin Mid-Leinster (only 68.1% with a written care plan).

Table 39: Proportion of children in care with a written care plan x Placement type x Region (Dec 2012)

Region	% Special care	% High support	% Residential	% Foster care	% Relative care	% Other	% All types
DML	100%	100%	82.8%	66.7%	65.3%	74.2%	68.1%
DNE	100%	100%	92.6%	92.1%	92.5%	89.1%	92.2%
South	100%	100%	100%	95.5%	95.5%	92.3%	95.7%
West	100%	100%	100%	92.7%	92.4%	100%	92.9%
National	**100%**	**100%**	**91.6%**	**87.3%**	**87.0%**	**88.2%**	**87.6%**

6.6.3 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.* At the end of Quarter 4 in 2011, 73.3% of those children due a review in that quarter had received one. For 2012 as whole, this figure was similar at 72.1% (n=5543/7686, see table 40). Dublin North East was closest to achieving the target (92.3%) and Dublin Mid-Leinster furthest away (51.7%).

Table 40: Proportion of children in care for whom a statutory care plan review was due during the reporting period and the review took place x Region (Outturn 2012)

Region	Number of children in care due a review	Number whose review took place	% whose review took place	Number whose review did not take place	% whose review did not take place
HSE Dublin Mid Leinster	1,717	888	51.7%	829	48.3%
HSE Dublin North East	1,785	1,647	92.3%	138	7.7%
HSE South	2,175	1,394	64.1%	781	35.9%
HSE West	2,009	1,614	80.3%	395	19.7%
Totals	**7,686**	**5,543**	**72.1%**	**2,143**	**27.9%**

As table 41 shows, reviews were much more likely to take place for children in special care (98.5%) and high support (83.3%) than for children in foster care with relatives (70.4%) or general foster care (71.4%).

Table 41: 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 (Outturn 2012)

Region	% Foster care	% Relative care	% Residential (General)	% High Support	% Special Care	% Other	% All types
Dublin Mid-Leinster	53.3%	42.3%	61.4%	33.3%	100%	55.9%	51.7%
Dublin North East	89.4%	95.9%	100%	100%	100%	95.4%	92.3%
South	63.5%	63.7%	73.1%	92.9%	90.9%	37.5%	64.1%
West	80.7%	74.3%	93.2%	100%	100%	96.9%	80.3%
National	**71.4%**	**70.4%**	**79.4%**	**83.3%**	**98.5%**	**72.6%**	**72.1%**

6.6.4 Approved Foster Carers with Allocated Social Workers

The *HSE National Service Plan 2012* set a target for 100% of approved foster carers to have an allocated social worker. The actual figure in December 2012 was 83.3% (table 42, n=3,089/3,710), slightly lower than previous years (Dec 11 88.3%, Dec 10 87.6%).

Table 42: Proportion of approved foster carers with an allocated social worker x Region (Dec 2012)

Region	No. foster carers	No. approved by the foster care panel	No. approved foster carers with an allocated social worker	% with an allocated social worker
Dublin Mid-Leinster	985	850	584	68.7%
Dublin North East	902	806	610	75.7%
South	1,351	1,227	1,150	93.7%
West	1,031	827	745	90.1%
National	**4,269**	**3,710**	**3,089**	**83.3%**

6.7 Placement Resources: Foster Carers

Key Messages: Children and Family Services are built on core principles of normalisation and minimum intervention. With regard to Care placements this means that local social work offices need access to an appropriate range of providers in their local area to meet the diverse needs of children as close to their home area as possible. Effective locally based services are best developed in partnership with local communities and local partner agencies.

In December 2012, there were 4,269 foster families in Ireland (Dec 2011 n=3,783; see table 43). There is an ongoing need to recruit to replace foster carers who retire and a particular need to target foster care recruitment for specific children's needs. HSE Children and Family Services are planning a major national recruitment campaign for 2013.

Table 43: Number of foster carers (December)

	2011	2012
Dublin Mid-Leinster	947	985
Dublin North East	895	902
South	1,129	1,351
West	812	1,031
National	**3,783**	**4,269**

Some 84.6% (n=3612/4269) of foster carers were approved and on the foster care panel, in accordance with Part III of the Regulations (table 44). Of the 657 who were awaiting approval, 247 were general foster carers and 410 were relative foster carers.

Table 44: Approved and unapproved foster carers (December)

	2012
Number of foster carers (approved and unapproved)	4,269
Number of foster carers who were approved and on the foster carer panel	3,612
Number of foster carers who awaiting approval	657
% of foster carers who were approved and on the foster carer panel	84.6%

6.8 Emergency and Out of Hours Services

Key Messages: While Section 5 of the *Child Care Act, 1991* allows for the provision of suitable accommodation by the HSE for children who are found to be homeless, it would be highly unusual for a child who is homeless not to require other supports. This is reflected in HSE policy and procedures. Homeless services cannot be considered in isolation from emergency and out of hours services.

6.8.1 Emergency Services

Key Messages: Emergency services address the needs of children and young people that emerge outside standard social work office 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. In recent years this has included the development of the Emergency Place of Safety Service (EPSS) in addition to the pre-existing Greater Dublin-focussed Crisis Intervention Service.

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. Where appropriate, the CIS tries to place children with alternative family members or friends or mediate between children and parents where there is a breakdown in family relations. The placing of a child within emergency residential centres or foster care is a last resort.

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 Separated Children Seeking Asylum 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.

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. The 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.

Emergency Place of Safety Service

The Emergency Place of Safety Service (EPSS) provides an emergency out of hours service throughout the country, with the exception of those areas covered by the Crisis Intervention Service.

The service is subcontracted by HSE Children and Family Services to Five Rivers Ireland. The HSE retains custody, within the meaning of Section 12 of the *Child Care Act, 1991.* EPSS provision is provided via foster carers.

Gardaí access an appropriate place of safety through the EPSS for children found to be at risk outside standard office hours under Section 12 of the *Child Care Act, 1991*. The children who are 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 12. Five Rivers state that typically the large cities and towns have referred more frequently with generally excellent information provided by Gardaí to the on-call social worker.

The number of children placed within the EPSS steadily increased from 66 in 2009 (the service began in June that year), to 171 in 2010, 253 in 2011 and 210 placed in 2012 (with 88 not placed) (table 45).

Table 45: Children placed by the EPSS in 2012 x Age range

Age Range	Total Number referred	Children Placed	Not Placed	% placed
0-10	93	74	19	80%
11-14	63	50	13	79%
15-16	102	66	36	65%
17	37	20	17	54%
Unknown	3	0	3	0%
Total	**298**	**210**	**88**	**70%**

The number placed by age range is shown in table 46[16].

Table 46: Children placed by the EPSS in 2012 x Region

Region / Number	Number of children placed by EPSS	Number of children not placed by the EPSS	Number of referrals made to the EPSS	% placed
Dublin Mid-Leinster	14	7	21	67%
Dublin North East	57	27	84	68%
South	56	27	83	67%
West	56	22	78	72%
Total	**183**	**83**	**266**	**69%**

Most (n=251) children were the subject of a single referral (nine children were the subject of two referrals; two children were the subject of three referrals; two were the subject of four referrals, and one was the subject of eight referrals).

Five Rivers intend to conduct a service evaluation in 2013 to seek feedback from HSE Children and Family Services and An Garda Síochána about the service provided. One of the key issues identified by Five Rivers is that of placing young people who are intoxicated or unsuitable for foster families. The most common reasons for a placement not to proceed were:

[16] Note: data on placement by Region was incomplete, hence the variation in totals with the preceding table.

- parent or other family member identified to care for child (n=27);
- young person refused to go to foster family (n=13);
- young person intoxicated (n=11);
- young person suicidal/self-harm (n=10);
- young person aggressive (n=10);
- young person returned to HSE foster care, placed in a residential placement, placed with friends, or placement not required (n=11).

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 47: Admissions to Pathways and Riverview 2010-12

Number Region	2010	2011	2012
Individual children	47	45	42
Number of admissions	51	58	68
Bed nights – children in care or recently discharged from care	-	259	293
Bed nights – children out of home (Section 5)	-	1,802	1,477
Total bed nights	**-**	**2,061**	**1,770**

6.8.2 Youth Homelessness

Key Messages: Section 5 of the *Child Care Act, 1991* states: 'Where it appears that a child in its area is homeless, the health board shall enquire into the child's circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then unless, the child is received into the care of the board under the provision of this Act the board shall take such steps as are reasonable to make available suitable accommodation for him.' In 2012 a national policy and procedure on the use of Section 5 was implemented. This specifically stated that:

- Children under 16 years presenting as homeless or at risk of homelessness should be categorised as a child protection and welfare concern and referred to the appropriate Children and Family service for an assessment in accordance with Children First. If the assessment determines they cannot return to their parents they should be taken into care under the relevant section of the *Child Care Act, 1991*.
- Bed and Breakfast accommodation shall not be used as accommodation for children and young persons under the age of 18 years.

Oversight for policy, procedures and practice in relation to youth homeless is provided by an inter-agency Youth Homeless Committee that comprises HSE Children and Family Services, Focus Ireland, Probation, the Crisis Intervention Service, and HSE Social Inclusion.

HSE Children and Family Services completed an audit of the use of Section 5 in 2011 and in 2012 a national policy and procedure on the use of Section 5 was implemented (HSE 2012f). This specifically stated that:

- Children under 16 years presenting as homeless or at risk of homelessness should be categorised as a child protection and welfare concern and referred to the appropriate Children and Family service for an assessment in accordance with Children First. If the assessment determines they cannot return to their parents they should be taken into care under the relevant section of the *Child Care Act, 1991.*
- Bed and Breakfast accommodation shall not be used as accommodation for children and young persons under the age of 18 years.

In 2011 HSE Children and Family Services began to collect a new set of data on youth homelessness. Data was collected by the homeless services and reflects the distribution of those services rather than the home area of the child (which means that figures were only reported by Dublin North East and South). The number of children placed in youth homeless centres/units for more than four consecutive nights (or more than ten separate nights over a year) fell by 24% (n=32/131) between 2011 and 2012. The number of children in care placed in a youth homeless centre/unit remained small, at just 0.22% of

the number of children in care (n=14/6332).

Table 48: Number of children placed in youth homeless centres/units

	2011	2012
Number of children placed in youth homeless centres/units for more than four consecutive nights (or more than 10 separate nights over a year)	131	99
Number of children in care 31st December	6,160	6,332
Number of children in care placed in a youth homeless centre/unit 31st December	9	14
% of children in care placed in a youth homeless centre/unit	0.15%	0.22%

A new performance indicator was introduced in 2012 relating to Section 5. On December 31st 2012, 23 children aged 17 years or younger were on a Section 5 of the *Child Care Act, 1991*, mainly in the South (70%, n=16/23). Most had been on a Section 5 for between one and six months (65%, n=15/23.)

Table 49: No. children aged 17 years or younger accommodated under Section 5 of Child Care Act, 1991 (Dec 2012)

	No. of children	No. on Section 5 for less than a month	No. on Section 5 for 1-6 months	No. on Section 5 for greater than 6 months	No. subject to a new Section 5 during the year
Dublin Mid-Leinster	0	0	0	0	0
Dublin North East	2	0	2	0	0
South	16	3	11	2	8
West	5	0	2	3	0
Total	**23**	**3**	**15**	**5**	**8**
%		13%	65%	22%	

In addition, HSE Children and Family Services participated in the DCYA's review of the Youth Homeless Strategy, announced by the Minister for Children and Youth Affairs in December 2011.

In 2012 the Ombudsman for Children published findings of a consultation with young people with experience of homelessness and of accessing out-of-hours, crisis intervention and emergency accommodation services (OCO 2012). The specific concerns that had led to this consultation were:

- children availing of out of hours services for extended periods of time, either continuously or intermittently;
- social workers experiencing difficulties identifying or accessing suitable placements for children due to waiting lists or unavailability and children having to continue to access out-of-hours services during this time;
- in one case, a child having restricted access to out-of-hours accommodation;
- children not having an allocated social worker prior to or while accessing out-of-hours services;
- children having difficulties accessing the appropriate supports, therapeutic interventions and placements to cater for their complex needs.

As a result of progress made by the HSE in 2012, the Ombudsman's report stated: *'Once this examination commenced, the HSE informed me that they were taking steps to mitigate the actions that had caused concern. Therefore I decided to hold over the investigation to allow the HSE to make progress and initiated a regular reporting process where the HSE periodically informed my Office of progress being made. This process is ongoing and the outcome of this work will be published.'*

6.8.3 Out of Hours Pilot Projects

Key Messages: 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) stated: *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.*

Two pilot projects in Cork and Donegal were evaluated in 2012 and HSE Children and Family Services is developing and Emergency Out of Hours Social Work Service in the light of this.

The HSE established Out of Hours Pilot Projects in Cork and Donegal in 2011. Both pilots aimed 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 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 where a Section 12 under the *Child Care Act, 1991* potentially needs to be invoked. The NOWDOC call centre then contacts social workers on the list. 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 20 managers (Principal Social Workers and Team Leaders) and 39 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.

In 2012 the Out of Hours projects were evaluated by Dr Stephanie Holt and Dr Eoin O'Sullivan of Trinity College Dublin.

Gardaí reported that:

- the OOH service was very supportive, where the pressure to resolve an at risk situation was shared and in most cases a more child centred process resulted;
- social workers knowledge of extended family networks resulted on numerous occasions in the child being placed with relatives;
- the involvement of the OOH social worker had supported the resolution of a number of situations that would otherwise have resulted in a Section 12;
- direct access to the OOH social work manager on call in the Cork project was highlighted as

significantly important as both the Gardaí and the placement setting had immediate contact and responses when required.

Several challenges were identified:

- both sites raised the issue of ensuring that all Garda stations continue to be fully aware of the availability of the service;
- difficulties were reported with the operation of the Donegal pilot, specifically with the need to access the OOH service through the NowDoc facility;
- the restricted number of five social work personnel involved in the Donegal project required further consideration as it is not viable going forward to provide an OOH service with five social work managers, on call, on a voluntary basis.

Holt and O'Sullivan concluded 'This brief evaluation of the Pilot projects has demonstrated the clear potential for an OOH service nationally. It is relatively inexpensive and while usage is low, it is an important addition to the range of child welfare and protection services in Ireland.' However, they noted that evaluation of the pilots was limited by data constraints, both in terms of the low number of cases and the limited nature of the data collected. Recommendations included:

- while key stakeholders recommended the addition of further functions to the OOH service, (e.g. support of foster care placements at risk of breakdown, children missing from Care or acute sexual abuse cases), further review was required to assess the viability of this;
- the need for a national protocol to provide standardised purpose, functioning and management of the service prior to implementing an OOH service nationally;
- Gardaí need direct access to the OOH social work service;
- consideration should be given to the future role and function of the existing EPSS as there appeared to be some overlap between both services;
- as the functioning of the OOH is highly dependent on the central role Five Rivers play in the provision of foster family placements, it would need to be established if Five Rivers or another similar organisations have the capacity to offer this service on a national level and the cost implications of such a service level agreement with private providers;
- the need for a joint protocol between the HSE, An Garda Síochána and placement providers to ensure a broad commonality of practices across the country;
- staffing of the service should be determined at local level and agreed with all key stakeholders and in this context, a standardised payment system should be agreed.

In the light of this evaluation, the HSE is currently developing an Emergency Out of Hours Social Work Service to co-operate with and support an Garda Síochána in the execution of their duties and responsibilities under section 12(3) of the *Child Care Act, 1991*. The Emergency Out of Hours Social Work Service will operate in close liaison with the Emergency Place of Safety Service. The service will not operate within counties Dublin, Kildare and Wicklow as the Crisis Intervention Service already operates in this area. This is subject to review. The proposed service is to be operated on the basis of a joint, national protocol between the HSE, An Garda Síochána and the external service provider for the Emergency Place of Safety Service. This service is to be provided subject to resources.

Subject to resource availability, and in order to address the areas of greatest need and to achieve maximum value for money by fully utilizing current funding, it is also proposed to expand the emergency out of hours social work service to include three additional urban areas. In addition, given the low take up of the service in Donegal, a further rural area pilot will be conducted; this will inform planning for service development in rural areas in the context of additional funding becoming available in the future.

6.9 Separated Children Seeking Asylum

Key Messages: Separated children seeking asylum have additional needs to other children in care with regard to separation from parents/guardians, culture and ethnicity, language, education and legal status. The number of Separated Children Seeking Asylum (SCSA) in Ireland has declined substantially since its peak in 2001, as has the number of SCSA children who go missing from care. The SCSA service has developed substantially in recent years and now provides an effective range of intake and assessment services and family based care placements.

6.9.1 Services for Separated Children Seeking Asylum

In the Greater Dublin area, there is a specialist HSE Separated Children Seeking Asylum (SCSA) social work team. The service incorporates three short-term, intake residential units in Dublin that are registered children's homes. During the initial social work assessment, the children are accommodated in these units for a period of a few weeks up to a few months, depending on the complexity of each child's situation. The social work assessment is multidisciplinary in nature and involves a medical examination, an educational assessment and a child protection risk assessment. The team also has use of one longer-term residential unit for children in unique situations. All four units are staffed by social care workers with expertise in caring for the separated child in Ireland.

After assessment children are placed in the most appropriate placement option depending on their identified care 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 local social work teams in order to ensure a seamless transition from the intake and assessment process in Dublin to local area placements.

The social work service for separated children seeking asylum also operates a family reunification service whereby immigration authorities refer families or adults presenting with children in cases where parentage, guardianship or child risk needs to be assessed. The social work team conducts an assessment (which may include D.N.A. testing) and based on this assessment children are either returned to the adults/families presenting or are taken into care if there are continuing 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. All children in the service have a statutory Leaving and Aftercare Plan developed when they reach 16 years of age.

The service has changed substantially over the last few years as it transitioned from a long term children in care service to an intake and assessment service. That shift, combined with a steep decline in the numbers of separated children presenting in Ireland, saw a downsizing of the service. In 2010 there were 30 WTE clinical staff who provided support primarily in hostels: the practice of placing separated children seeking asylum in hostels ended in 2010. In 2012 there were 11 WTE clinical staff, with the focus being on intake/assessment and leaving care/aftercare.

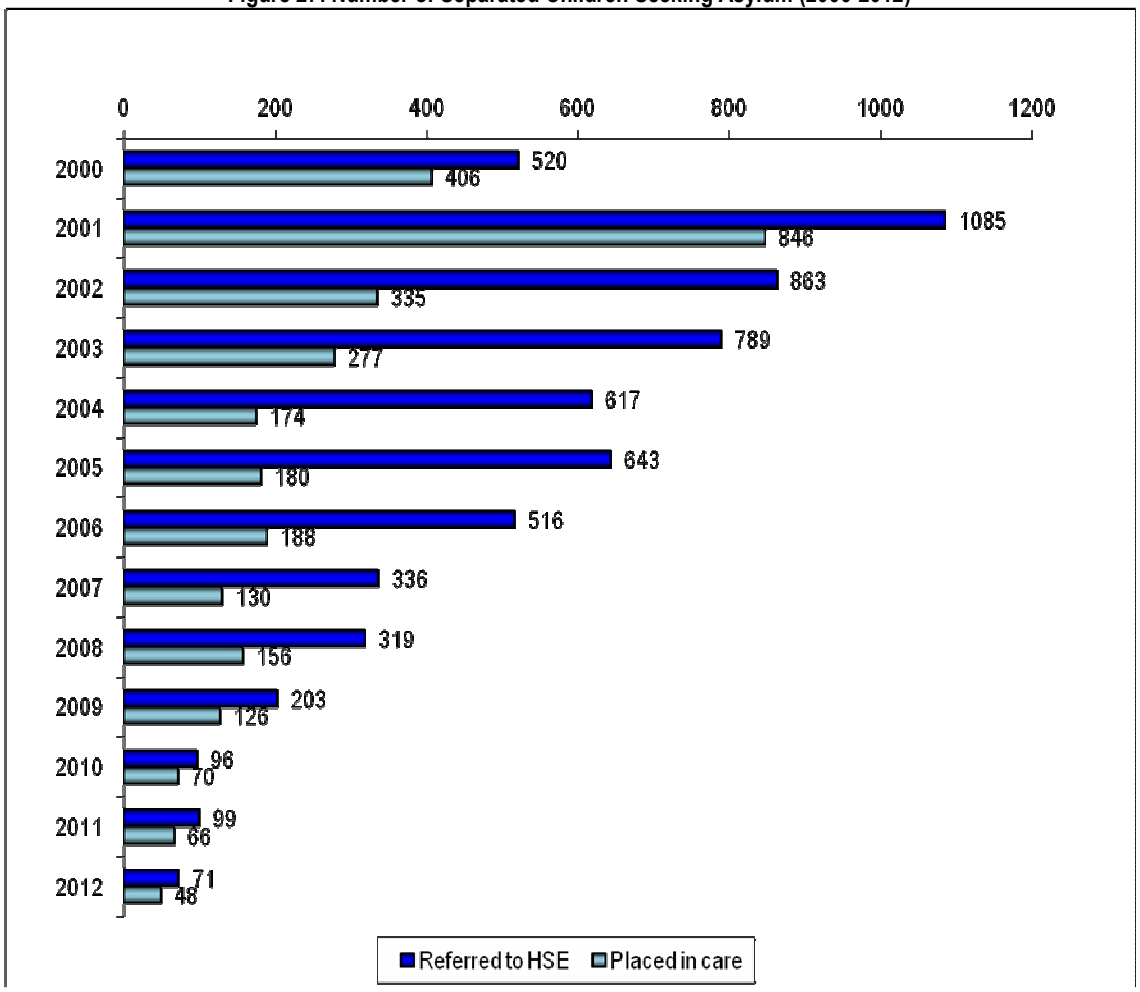
The European Asylum Support Office (EASO) in Malta and the EU in Brussels are looking at policies and practices relating to asylum seekers with a view to both developing a common European asylum system and meeting the needs of separated children in the migration process in Europe. Experts from

member countries gather together to consider a range of issues and the SCSA service sends a representative to these discussions. In 2012 the issue of guardianship was discussed: in Ireland social workers act as custodians for separated children seeking asylum whereas in several other countries there is no such support. In 2013 the expert group will look at practices related to family tracing. The development of a common European asylum system might lead to changes in the next two years in processes and practices in Ireland.

6.9.2 Trends in Numbers of Separated Children Seeking Asylum

The number of Separated Children Seeking Asylum has declined steadily since its peak in 2001 (figure 27).

Figure 27: Number of Separated Children Seeking Asylum (2000-2012)



6.9.3 Separated Children Missing from Care

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

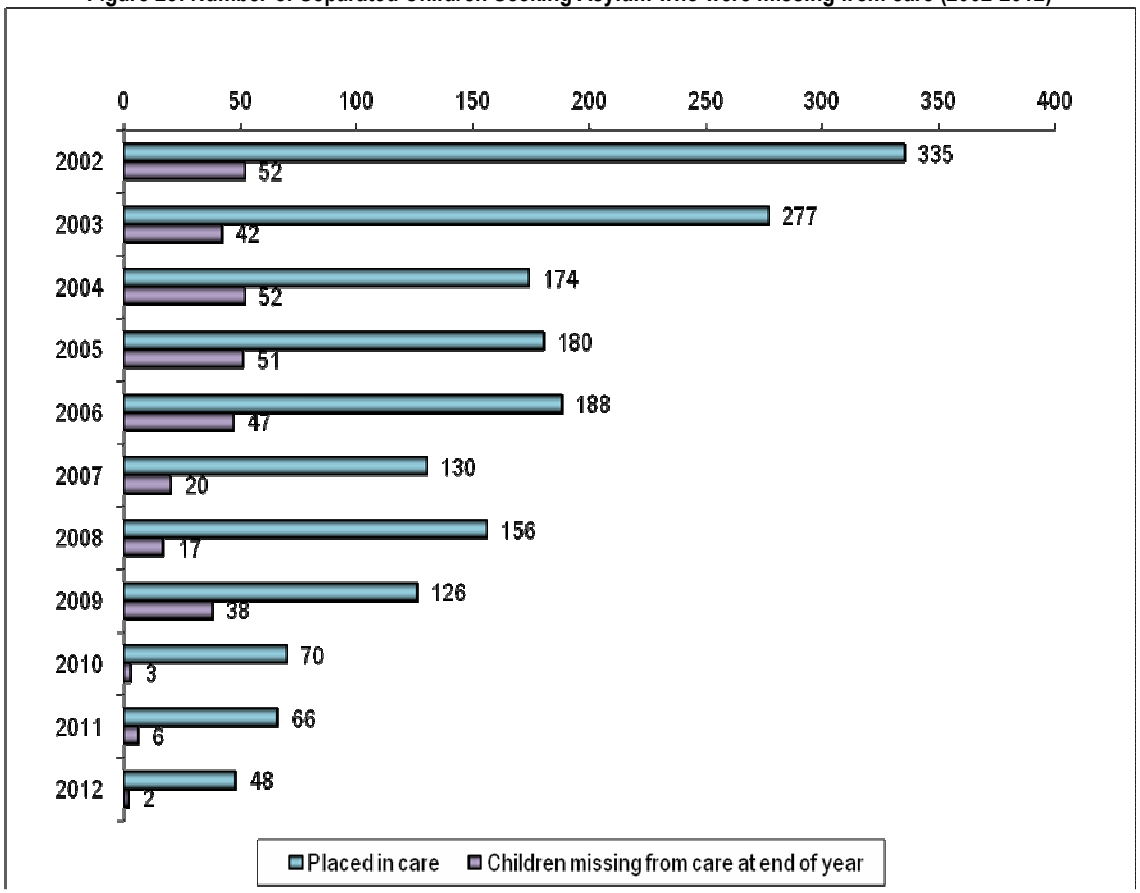
- the child's appeal for asylum has been refused and he/she is nearing eighteen and is reacting to the pending threat of deportation;
- the person has been smuggled into the country to join the workforce on a consensual basis and is availing of the child protection service as a fast track route into 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 separated children seeking asylum going missing from care from a peak of 52 at the end of 2002 (when this data was first collected) to two at the end of 2012 (figure 28). 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 SCSA presenting at the ports.
- The development of a more intensive and holistic child protection risk assessment with a focus on age. 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.
- It is believed that the economic downturn has resulted in a decline in both adult and SCSA presenting in the State.

Figure 28: Number of Separated Children Seeking Asylum who were missing from care (2002-2012)



6.10 Inspection and Monitoring

6.10.1 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. In July 2012 HIQA launched the *National Standards for the Protection and Welfare of Children* (HIQA 2012) which would be implemented from late 2012 onwards (see section 5.2.2). In 2012, 73 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 50).

Table 50: HIQA inspections of children's services in 2012 (HIQA 2013a)

Type	Full Inspections	Follow-up Inspections	Total
Child protection and welfare services	1	0	1
Foster care services	8	1	9
Community residential centres	40	17	57
Special care units	3	2	5
Detentions schools	0	1	1

In July 2013, HIQA published an *Overview of finding of 2012 children's inspection activity: foster care and children's residential services* (HIQA 2013b) and a summary of the main findings is shown below

Residential Centres

HIQA reported on the inspection of 22 residential centres. Children were mainly aged 13 to 18, had complex needs and were vulnerable. Their behaviour was a significant challenge to services when they put themselves and others at risk of significant harm. In the main standards were met or partly met.

In summary HIQA stated: 'Residential services for children inspected by the Authority in 2012 delivered safe care for children in the majority of case. There was evidence that the health and educational needs of the children were met and that their rights were upheld. Notwithstanding the good practice in evidence, the Authority remains concerned about children's journey through the residential care system, how they come to be admitted to centres, and what will happen to them when they leave.'

The man area of concern was that of managing difficult and challenging behaviour and this impacted on findings across a number of standards, including children's safety, governance and management, purpose and function, and admissions and discharges.

Foster Care

Overall inspectors found that **foster carers** provided good quality care to children and young people in a safe environment. Foster care assessments were found to be comprehensive once complete although there could be delays in their starting. Inspectors found that there were many good outcomes for children in terms of their health and their attendance at school. Children's choices were considered and their dignity and privacy were respected. However, these outcomes were dependent upon the quality of foster carers 'who were not always adequately supported or monitored'.

However, in many areas HIQA felt there were insufficient numbers of foster carers and that there was little capacity in the system to respond to emergencies or especially complex needs. As with the residential population, some children presented with behaviour that challenged 'but foster carers were offered very little training in this or any other area' and, when offered, did not partake in regular training, even when it was a requirement of their contract. HIQA also found that some children lived with unapproved foster carers, and felt that the investigation by the HSE of allegations made against foster carers was not always timely. The system of matching children's needs with the skills of foster parents was often dependent solely on the availability of placements. Comments were also made on staff shortages impacting on the HSE's capacity to deliver a safe high quality fostering service.

HIQA urged for a needs analysis of children and young people who are at risk of coming into care to inform the recruitment process, including from 'non-Irish national and immigrant communities' and the need for special foster carers. HIQA also said that some Areas were not able to prioritise the allocation of a link social worker for relative foster carers and that Areas found it difficult to prioritise the assessments of the relative foster carers.

The findings above are included in this Review of Adequacy as they related to inspections in 2012, but it needs to be borne in mind that the HIQA report was only published in July 2013.

6.10.2 Monitoring and Inspection by the HSE

In 2012 HSE Children and Family Services retained the 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 2012 there were five HSE Children and Family Services Monitoring and Inspection teams throughout the 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. There remain particular issues of capacity however in some areas: in DML whilst an additional monitoring post was agreed for appointment, there remains no capacity for the monitoring of foster care services. In HSE West there were two vacant inspection and monitoring posts at the end of 2012, which will make fulfilling statutory inspections in that area unsustainable going into 2013 without considerable assistance from the other regions.

The inspections continue to find a 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 continues however to have impact: there was no substantive loss of providers but some did close as a result of a lack of referrals, 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 2012 further progress was made on standardising approaches to inspection nationally. Inspectors meet on a quarterly 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 meetings.

7 OTHER SERVICES

7.1 Pre-School Inspections

Key Messages: Early Years provision reflects the need for parents to source high quality childcare that promotes the welfare of their children and is a positive experience for them in which they learn to socialise and develop skills at a critical point in their development. Early Years services play a key role as a common good, providing benefits to the whole population as increasing numbers of children have the opportunity to develop, for example, the essential language and communication skills which allow effective early engagement at school. Early Years provision needs to provide excellence in service with management and staff taking responsibility for quality and parents being encouraged to engage with provision.

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, Montessori's and similar services which cater for children aged 0-6. In 2012 the Pre-School Inspectorate put focus on the implementation of the National Pre-School Standards (DoHC 2010) particularly Regulation 8 and Regulation 14 referring to the suitability of staff in early year's provision.

The Standard Operating Procedures for the Inspectorate management and assessment of these Regulations and Standards with each service was implemented. The support and information workshop required with providers, non-government agencies, third level institutions and the voluntary sector was substantial but necessary. The focus was on ensuring management and staffing in early years provision was prioritised and extended to ensure full assessment of employee references, qualifications, Police Clearance and Garda Vetting. The intention was to ensure providers were aware of the responsibility to ensure that all staff, volunteers and students who have access to children should be employed within safe recruitment practices, including vetting of applicants and staff, rigorous checks of reference, interview procedure and monitoring of a good professional practice. An information guide was developed to assist providers to ensure compliance with Regulation 8 and Regulation 14. Implementation was on a phased basis to allow providers sufficient time to become compliant whilst acknowledging that the Garda Vetting unit was delayed with returning vets.

A National Standards working group was established to develop the remaining national SOP's covering the Inspectorate's work practices. Previously each Area was working to their own policies. The work continued to December 2012 and implementation was in 2013.

It was evident that there was non-standardised practices across the Regions on elements of interpretation of the 2006 Regulations. When the National Children and Families office identified this, all service providers, inspectors and vested groups were asked to send any questions that they had on any area of the Regulations or enforcement of them. A working group was then established to answer all questions and these answers were agreed and signed off at national level. The intention was that the document would assist the sector to understand regulatory requirement and assist in compliance. This process had an additional benefit of standardising practices across the Inspectorate and across regions. The limitation of the final document was that it only related to questions submitted to the group.

Also in 2012 planning and scoping of a framework for registration was commenced.

At the end of 2012 there were 4,758 notified early years services (2011 n=4,737), distributed as follows:

- 1,303 (27.4%) in Dublin Mid-Leinster;
- 1,062 (22.3%) in Dublin North East;
- 1,088 (22.9%) in South;
- 1,305 (27.4%) in West.

In 2012 there were 3,709 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) (see tables 51 and 52). The vast majority of the services inspected were found to have dedicated staff committed to providing a safe and nurturing environment for young children.

- around 66.8% of notified Full Day Services were inspected (n=1,065/1,595);
- around 55.69% of notified Early Years were inspected (n=2,644/4,758);
- some 479 Review/Follow-up inspections were undertaken (2011 n=704) and 880 advisory visits (2011n=755);
- there were 276 complaints (2011 n=244) and 28 prosecutions undertaken (2011 n=5).

Of the notified Early Years Services that received an annual inspection, around 21.5% were fully compliant with Regulations compared to 25.4% in 2011 (37.1% in the West; 20.2% in Dublin Mid-Leinster; 12.9% in the South; 3.0% in Dublin North East).

Table 51: Number of Notified Early Years Services in 2012

Area	Number of Early Years Services	Number Inspected	% inspected	Number fully compliant	% fully compliant that received an annual inspection
Dublin Mid Leinster	1,303	672	51.6%	136	20.2%
Dublin North East	1,062	429	40.4%	13	3.0%
South	1,088	629	57.8%	81	12.9%
West	1,305	914	70.0%	339	37.1%
Total	**4,758**	**2,644**	**55.6%**	**569**	**21.5%**

Table 52: Number of Notified Full Days Services in 2012

Area	Number of Notified Full Day Services	Number of Full Day Services inspected	Percentage inspected
Dublin Mid Leinster	491	401	81.7%
Dublin North East	393	167	42.5%
South	334	205	61.4%
West	377	292	77.5%
Total	**1,595**	**1,065**	**66.8%**

Large requests for Inspection reports from various media outlets increased and this impacted on Inspection rates as retrieval was time consuming and no area worked within the same ICT system or common storage of information system.

7.2 Enhancement of Sexual Abuse Services

Key Messages: Various reports and inquiries have identified deficiencies in sexual abuse services. Development of an appropriate level of service provision requires that key service gaps are filled and that there is effective integration and coordination of the six key components of sexual abuse services, which are: medical/forensic examination; child protection; Garda investigation; assessment; therapy; and court process. This requires a coordinated multiagency approach involving statutory and non-statutory agencies.

7.2.1 Ferns 4: Needs of Children, Young People and Their Families who have been Affected by Sexual Abuse

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). In addition a national review of sexual abuse services for children and young people was commissioned by the HSE from Mott McDonald Consultants and completed in 2011. 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 work of the National Steering Committee continued throughout 2012 with subgroups addressing a number of key issues.

Medical Examination

An expert group convened in June 2010 under the Chairmanship of the Clinical Director for the three Paediatric Hospitals and supported by the Paediatrics Operations Group of the HSE, consisting of paediatricians, community paediatricians, paediatric emergency consultants, gynaecologists, medical social workers and nurses. It recommended that three specialised centres be established, one each in Dublin, Cork and Galway.

The sub-group has taken the recommendations of this expert group and addressed the issue of service provision for the greater Dublin area. Currently there are no dedicated medical services in the greater Dublin area for children who experience acute sexual assault. Over the years ad hoc arrangements have developed in Dublin to try to meet the needs of these children. Problems identified included:

- confusion among agencies as to where to refer the child and when;
- a general lack of privacy with examinations taking place in various non-dedicated clinical environments;
- children presenting to Emergency Departments (ED) may or may not be seen by an experienced doctor and are very often subject to repeated interviews/examinations due to the lack of appropriately skilled personnel;
- frequently parents/guardians are advised to transport the child to an ED in one of the Dublin based children's hospitals, even though the EDs do not provide a formal Child Sexual Abuse (CSA) service.

Planning is currently underway to establish a forensic/medical examination service at Our Ladies Hospital Crumlin to serve DML and DNE. This has been included in the HSE Capital Programme for 2013 and has been granted a Capital Allocation. Funding has been provided for the training of paediatricians in the Sexual Assault Forensic Examination course at UCD.

Specialist Interviews

This sub-group was tasked with examining and making recommendations with regard to the interviewing of children where there are concerns expressed or allegations made regarding sexual abuse.

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.' 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 sub-group recognised that each agency has a different objective for interviewing a child where there are concerns or allegations of sexual abuse. Whilst recognising these distinct functions, the sub-group agreed that the number of interviews the child undergoes should be kept to a minimum, while achieving the aims of the agencies involved in the assessment and protection of children and the investigation of crime.

The sub-group recognised that the primary reason for conducting an interview under Section 16(1) (b) of the *Criminal Evidence Act, 1992* is for evidential purposes. However the sub-group recommended that the information obtained during this interview should be available to be used by the HSE to conduct child protection assessments and formulate safety and protection plans. The sub-group has made a number of recommendations, to be considered by the National Steering Committee for Ferns 4.

The work of the National Steering Committee will continue into 2013.

7.2.2 Ferns 5: Treatment Services for Persons who have Exhibited Sexually Harmful Behaviour

The Ferns 5 Working Group's report, *Treatment Services for Persons who have Exhibited Sexually Harmful Behaviour* was published in March 2007 (HSE 2007a), 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.

Draft Minimum Standards

A sub-group of the Ferns 5 National Steering Committee developed *Draft National Standards for the*

Treatment of Children and Young People who have Engaged in Sexually Problematic/Harmful Behaviour. These establish minimum standards for the ethos, reporting requirements, initial responses, assessments and therapeutic interventions for all professionals who have a responsibility in the area. This is a shared responsibility between child protection services, therapy providers, and criminal justice. The paramount goal is to protect children, young people, vulnerable adults, and others from any risk that children and young people who have engaged in sexually harmful behaviour may pose.

Model of Service Delivery

A service delivery model has been proposed, with the aim of enabling those who have engaged in sexually problematic/harmful behaviour to be accountable and take full responsibility for their behaviour and to develop the skills to lead healthy, fulfilled and non-abusive lives via the necessary specialist interventions. This service will be provided in partnership on a multi-agency, multi-disciplinary basis in order to encompass the three strands of holistic therapeutic intervention, child protection, mental health, and criminal justice. Services should be integrated with mainstream generic services where sexually problematic/abusive behaviour is not compartmentalised from other needs of the client and where assessment and treatment are provided in the context of the individual's family and community.

A 'core and cluster' model is proposed. This includes dedicated staffing compliments (core) for specialist centres, with additional staffing compliments being provided on a secondment basis (cluster) from other local services. Each Juvenile Sexual Behaviour Service (JSBS) should assess and treat where appropriate any child or adolescent, as well as their parents/caregivers who meet specified referral criteria. Core services would operate five days per week with a dedicated clinical team of staff that are ring-fenced for the purpose. Seconded clinicians would support the services in accordance with their needs which may vary depending on their catchment area. Seconded clinicians could jointly conduct assessments, co-facilitate group and/or provide individual therapy, under supervision.

In order to address accessibility issues it is likely that rural areas and/or regions with larger geographical catchment areas should operate a satellite system (a 'Rural Model'). Services which are based in urban areas may or may not operate a satellite system dependent on the needs of their clients (an 'Urban Model'). The co-working 'Clusters' enable young people and families to be seen at a location that is geographically close to their home. As intervention generally takes approximately 18 months the need for accessibility is critical for sustained attendance. The Clusters also maintain local networking and liaison with social work departments and education which would be less easily managed from a centralised service.

It is planned that implementation of the new model will commence in 2013.

7.3 Adoption Services

Key Messages: The numbers of domestic and Intercountry adoption assessments have fallen in recent years. Intercountry adoptions can only take place with countries that are Hague-compliant and this has reduced the number of children available for adoption.

Adoption creates a permanent, legal relationship between the adoptive parents and the child. The child has the same legal rights as if they were born in the adoptive family. The *Adoption Act, 2010* was commenced in 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 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.

The number of Irish children becoming available for adoption has been falling. In 2010 there were 189 Domestic Adoptions, in 2012 49 (Adoption Authority of Ireland). Some 33 were 'family' adoptions (including step-parent adoptions), 13 were by long-term foster carers, three were stranger adoptions.

In 2012 215 intercountry adoption assessments were completed (see table 53). Of these, 188 were for first assessments for newly adoptive parents and 27 were second assessments for families who had already adopted a child. The total number of intercountry adoptions in 2012 was 109. However, 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. In 2012 only 34 of the 109 adoptions were from Hague countries. The profile of the child who is available for adoption is also changing and many children will be older and/or have special needs.

Table 53: Intercountry Adoption Assessments completed (2009-12)

Year Number of assessments	2009	2010	2011	2012
First assessments (newly adoptive parents)	272	231	173	188
Second assessments (families who have already adopted a child)	124	111	42	27
Total	**396**	**342**	**215**	**215**

During 2012 257 Intercountry Adoption assessment applications were withdrawn or deferred, the vast majority before the preparation course (table 54).

Table 54: Intercountry Adoption assessment applications that were withdrawn or deferred (2009-12)

Year Stage of withdrawal	2009	2010	2011	2012
Number of applications where applicants withdrew their application before the preparation course	193	319	235	201
Number of applications where applicants decided not to proceed with the home study/assessment during or following attendance at the preparation course	40	37	16	21
Number of applications which were withdrawn by the applicants during or following the home study/assessment stage	16	21	17	35
Total that did not proceed	**249**	**377**	**268**	**257**

8 WORKFORCE DEVELOPMENT

Key Messages: During 2012 significant developments were progressed, based on the establishment of Workforce Development (WD) as a national service. This built on the work undertaken in 2011 to develop a national coordination structure for WD involving a national lead linking with regional representatives. As a result, 2012 was the first year that HSE Children and Family Services Training was coordinated nationally through an agreed work plan and significant development work was undertaken to standardise training programmes for use around the country.

Key developments for Workforce Development in 2012 were:

- further development of a national co-ordination structure and strategic approach to workforce development;
- development of nationally standardised training programmes in a range of areas;
- delivery of a nationally coordinated training plan;
- establishment of foundational systems for national collection and collation of data on training activity.

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

In January 2012, the National Management Team of Children and Families Services decided that Workforce Development should be established as a national service with all staff and resources that previously were allocated to child care training to be managed under a new national management structure. The National Manager for Workforce Development established the positions of regional co-ordinators to replace the previous representative structure and to strengthen the standardisation of systems and structures.

A single national WD training plan was agreed and implemented during the year and significant work undertaken on a business plan to support the function. As a result of the new national management structure the following areas were prioritised during 2012:

- a scoping process was begun to develop a national Continuing Professional Development Strategy for the new Child and Family Agency;
- delivery of standardised training in a number of strategically agreed priority areas as per the National Training Plan (2012).

8.2 Development of Nationally Standardised Training Courses

8.2.1 Leadership and Management

Key Messages: A number of key policies and reports have highlighted the need for leadership and management development of HSE Children and Family Services' managers including *The Agenda for Children's Services* (OMCYA 2007), *The Ryan Report Implementation Plan (OMCYA 2009b)*, and *The Roscommon Child Care Case Report* (2010). This is essential to support the Change Management Programme.

A range of training programmes was developed and delivered in 2012 related to leadership and management:

- **Leadership Development for Children and Family Services Senior Managers.** During 2012 a Leadership Development Programme was rolled out for the 17 Area Managers, four Service Directors and senior managers in the National Office.
- **HSE Leadership Development Programme for First Time Managers:** The first time managers' four-day training programme continued to be rolled out during the year in partnership with the HSE National Performance and Development Office. An evaluation of this programme will be published in 2013.
- **Induction:** NUIG were commissioned to lead an evaluation of the implementation of the Induction Policy and supporting Guidelines (HSE 2010b). The results will be published in 2013.
- **Supervision:** The Supervision Project team worked on: the review and revision of the existing Staff Supervision Policy; the revision and standardisation of training for supervisors and supervisees within HSE Children and Family Services; the development of a standardised approach to the training of trainers for supervision training delivery.

8.2.2 Supporting Children First 2011

Key Messages: The implementation of revised Children First Guidance (DCYA 2011a) has required the development and implementation of a nationally standardised training programme.

During 2012 training to support the implementation of revised Children First Guidance continued:

- **Children First Basic Level Training (CFBL):** This training continued to be delivered in a standardised manner nationally. A project manager was assigned with specific responsibility for Children First training within Workforce Development. Key progress and achievements included:
    - establishment of national template for recording basic statistical data on all CFBL training events, including the number and profile of staff in attendance;
    - accreditation of the CFBL training programme granted by An Bord Altranais, the Irish College of General Practitioners (ICGP) and the Psychological Society of Ireland (PSI) for a one year period;
    - commissioning of NUIG to review all basic level Child Protection training programmes delivered by HSE Children and Family Services;
    - development of a Train the Trainer Programme delivery of CFBL within the HSE with an accompanying guidance manual and tools;
    - establishment of a national evaluation form to be completed by all participants;

- support given to national groups and initiatives relating to CF implementation and compliance, including the development of a strategic framework for CF training and a National Safeguarding Guide for agencies that work with children and families.

- **HSE/An Garda Síochána Children First 2011 Joint Training:** This standardised training was delivered throughout 2012 in all regions.

8.2.3 Other National Training Initiatives

Other national training initiatives in 2012 included:

- The initiation of a project to identify needs and develop an approach to **Practice Development and Support** for newly appointed social workers.
- The development and piloting of a standardised one-day training course on **court room skills** for social workers. 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.
- Training of Trainers in preparation for delivery of the standardised training course on **domestic, sexual and gender-based violence (DSGBV)**, in support of the national policy on DSGBV (HSE 2010a). Training courses were jointly delivered by Workforce Development personnel and service providers in late 2012.
- An evaluation of the pilot ***Brief Encounters*®** training, published in Dec 2011, indicated that participating staff had found this communication skills training very beneficial to their client practice and inter-professional work. It was decided to withhold further training on the model during 2012 until service structures had been clarified.

8.3 Delivery of a Nationally Coordinated Training Plan

The number of nationally developed training courses delivered in 2012 is shown in table 55.

Table 55: Number of nationally developed/standardised training courses that were delivered in 2012

Courses 2012	Length (Days)	DML	DNE	South	West	National	Estimated Attendees[17]
Children First – Basic	*1*	35	30	20	106	**191**	4,344
Children First – Joint	*2*	20	23	23	27	**93**	2,128[18]
Therapeutic Crisis Intervention (TCI) – Core	*5*	4	1	2	1	**8**	110
TCI – Refresher[19]	*1*	24	22	12	10	**68**	900
First time managers	*4*	2	3	-	-	**5**	50
Supervision – supervisors	*4 or 5*	2	3	1	1	**7**	100
Supervision - supervisees	*1*	5	9	3	6	**23**	368
Report writing	*1*	-	-	4	7	**11**	176
Court practice and procedures	*1*	4	2	2	4	**12**	200
Assessment	*1*	-	2	1	8	**11**	176
Domestic Gender and Sexual Based Violence	*1*	-	4	8	10	**22**	352
	0.5				11	**11**	121
Total number of courses		**96**	**99**	**76**	**191**	**394**	

[17] Estimated attendance is based on an average attendance of 16 staff (unless specific data was available).
[18] Attendance based on both HSE Social Work Staff and an Garda Síochána attendance.
[19] Based on a requirement for staff to complete six-monthly re-certification updates.

Other training interventions were also delivered in 2012. 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.

9 THE CHANGE PROGRAMME

Key Messages: 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 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*. 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. The Change Programme has set the agenda for many of the developments within Children and Family Services over the last few years and progress has been monitored closely within the Service.

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

- the New Agency;
- policy/procedures/practice;
- service enhancement;
- resource allocation;
- quality and performance management;
- workforce development;
- governance/partnership;
- cultural context.

Most of the initiatives under these headings have been reported within the main body of this Review of Adequacy. Other developments in 2012 that are worthy of note include:

- Task Force on the Child and Family Agency;
- organisational management model;
- audit of staff resources.
- Child Protection and Welfare Business Processes;
- Quality Assurance and Audit Framework;
- Management Information Framework;
- National Child Care Information System (NCCIS).

9.1 Task Force on the Child and Family Agency

In 2011 the Programme for Government set out changes with regards to how children and family services are to be delivered, to be achieved by:

1. the establishment of a Ministry and Department of Children and Youth Affairs;
2. establishment of a new Agency for Children and Family Services and the transfer of responsibility for services delivered currently by the HSE;
3. the delivery of a Change Programme to standardise and integrate services and re-focus on outcomes.

In 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 Agency (CFA) on a statutory basis. In July 2012, the report of the Task Force was published (DCYA 2012). The Task Force made a number of recommendations.

High Level Governance: the Task Force concluded that due to the specialist role and function of the Child and Family Agency, it should be operationally separate from the DCYA and governed by a board, given its reliance on professional assessment and decision making. The responsibility of the Minister to determine policy and, supported by her Department, to hold the Agency accountable for implementation should be fully provided for in legislation and the practice of governance.

Organisation Structure: the Task Force favoured the creation of a two tier organisational design for the new agency, which provides for strong national/central direction over performance oversight, combined with decision making and service responsibilities at local level. Services should be provided at the lowest appropriate level with strong local accountability.

Scope of Services: The Task Force considered the feasibility of two main service relationship types with the CFA: *Direct Services* which will be directly provided or directly commissioned by the CFA (otherwise known as 'core services'); *and Interface Services* provided by other parties (e.g. public or non-governmental service providers) which the CFA considers essential for keeping children safe and promoting their welfare, aligned with the CFA in a defined and structured way with mutual accountability for agreed processes and deliverables. The Task Force made specific recommendations on the relationship with the CFA for: public health nursing; speech and language therapy; child and adolescent mental health; psychology services; Garda youth diversion projects; young persons' probation service; children's detention schools; domestic and sexual violence services; hospital social workers; and the National Educational and Welfare Board.

Service Model: The Task Force made several recommendations in this area:

1. Development of a service delivery model should focus on **improving well-being and outcomes** for children based on the five national outcomes:
    - healthy, both physically and mentally;
    - supported in active learning;
    - safe from accidental and intentional harm / secure in the immediate and wider physical environment;
    - economically secure;
    - part of positive networks of family, friends, neighbours and the community / included and participating in society.

2. The service delivery model should be **child centred**.
3. The Agency should **provide services to and support families at all levels along a continuum** from children in need to children in the care of the State.
4. The service model should focus on **strengthening services at universal level** within the remit of the Agency, thereby preventing problems from arising in the first place and managing such problems at the earliest opportunity by linking families to the most appropriate family support service.
5. The CFA should adopt an **integrated service delivery model**.
6. **Children's Services Committees** should be utilised as the key interface between core CFA services and other services, including universal services.
7. The service delivery model should have **clear and consistent referral pathways** for children and families which are based on their assessed needs and with responses appropriate to meeting these needs.
8. **Standardised assessment procedures and protocols** should support the development of and use of various pathways and should link with Children First processes and procedures.
9. The CFA model should provide a **framework for information sharing** between core CFA services and other services. Once Children First is placed on a legislative footing, agencies will have a duty to cooperate and share information in a child's best interest.
10. The **primacy of Children First** should be maintained.
11. A national strategy/plan for **children's workforce development** should be formulated. Interagency guidance (including information sharing systems and associated ICT systems) should be developed, and staff in all services working with children should participate in joint interagency training across sectors.

In July 2012 the Government granted approval for the drafting of Heads and a General Scheme of a Bill to establish the Child and Family Agency. In November 2012 the Government approved the General Scheme and Heads of the Child and Family Agency Bill. The Government decided that from its establishment the Child and Family Agency would have service responsibility for:

- child welfare and protection services currently operated by the HSE including family support and alternative care services;
- child and family related services for which the HSE currently has responsibility, including pre-school inspections and domestic, sexual and gender-based violence services;
- the Family Support Agency which currently operates as a separate body under the Department of Children and Youth Affairs and will be merged into the new Agency (this will include transfer of the Family and Community Services Resource Centre (FRC) under which there are 106 FRCs nationwide);
- the National Educational Welfare Board which also currently operates as a separate body under the Department of Children and Youth Affairs and will be merged into the new Agency;
- community-based psychology services (this does not encompass psychologists operating within acute, disability, mental health or other specialist settings).

9.2 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, and to provide a clear and transparent management structure and supporting processes at all levels.

During 2011 a strategic governance model at National and Regional level was designed and in

accordance with this by May 2012 four Service Directors had been appointed for each of the HSE Regions and 17 Area Managers. The National Office also includes a Head of Quality Assurance and Strategy and a number of National Specialists. Senior management arrangements have been streamlined with the establishment of a Management Team.

During 2012, HSE Children and Families Services embarked on an internal consultation exercise on an organisational management model for Area level, led by the 17 Area Managers, using a consultative paper issued by the National Director. The proposals for the Area Model defined a range of 'core functions' (intake, child protection, children in care, child welfare and family support, foster care) and principles for consistent organisational structures for how they might be managed, plus consideration of functions that might be delivered at Supra Area, Regional and National levels. The intention was to provide sufficient flexibility to allow for some variation according to local needs (size/geography of the Area; social work resources; skill set and experience of staff; capacity of partner organisations).

Finalisation of the Area Model was anticipated to take place in 2013, once design issues regarding the National Service Delivery Framework (see section 4.2.2) were completed.

9.3 Audit of Staff Resources

It was necessary to identify the exact number and grade types of staff within the HSE that will ultimately transfer to the new Agency. A Working Group was established that 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. A census date of 30th September 2011 was chosen, with analysis and reporting on the data undertaken in early 2012. The ultimate decision on which staff will be included in the new Agency will be by the Minister for Children.

9.4 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. In December 2012 a Head of Quality was appointed by the Service. During 2013 it is intended to develop a Quality Assurance Framework for Children and Family Services to ensure that there is a rigorous and robust system in place so that quality standards are met, reviewed regularly as part of day to day management and supervision, and that staff are supported in implementing areas for improvement as required.

Elements of Quality Assurance within that were already in place in the Service or were developed in 2012 included:

- 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 (see section 5.2.2).
- The role of the **National Review Panel** (see section 5.2.4).
- **Inspection and monitoring** (see section 6.10).
- Implementation in 2012 of 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.
- Development of *A Framework for Measuring, Managing and Reporting Social Work Intake,*

Assessment and Allocation Activity (HSE 2012b), commonly known as **Measuring the Pressure.** This Framework incorporates:
    - a formula for the prioritisation of cases;
    - guidance for risk analysis - intended primarily as a component of initial assessment but can be utilised at any juncture including referral;
    - a template for recording, analysing and reporting pressure for completion on a monthly basis.
- **Monitoring of and response to complaints.**

9.5 Child Protection and Welfare Business Processes

Key Messages: Past reports and inquiries have highlighted inconsistent application of processes for child protection and welfare across the country, demonstrating 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.

Roll-out of the new Standardised Business Processes is being carried out in three phases. The first phase involved the briefing and training of all LHAs in the SBPs for referral, initial assessment and further assessment and this was completed in 2011. The second phase involved the training and briefing of LHAs in the SBPs for child protection, child welfare, and children in care: this was begun in 2011 and by the end of 2012 it was around 50% completed, with the remainder of the training and briefing sessions to occur in 2013.

9.6 Management Information Framework

Much of the data in previous Reviews of Adequacy has derived from an annual data collection from Areas 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 2011 a Working Group identified all the performance measures (metrics) currently collected by Children and Family Services and made recommendations about their future collection. In 2012 the Child Care Dataset was discontinued and most of the required data was instead collected on a quarterly basis. For those metrics that still required an annual return the dataset was replaced with a Quarter 4 Addendum for 2012.

In addition, a web-based reporting tool, CORA Project Vision, was piloted in two areas. This makes use of a module on an existing web-based project management system in use within the HSE. The intention is to roll it out to all Areas by January 2013. However the system did not operate as originally thought (piloted with monthly data initially – quarterly data did not go into the system) so data continued to be collected using Excel templates and summary sheets.

Building on these developments, during 2012 HSE Children and Family Services drafted a Management Information Framework which:

- outlined 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;

- identified 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;
- defined and prioritised 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;
- defined reporting structures for all levels within the service and to meet requirements of the DCYA.

9.7 National Child Care Information System (NCCIS)

Key Messages: The development of a National Child Care Information System (NCCIS) has been a priority for HSE Children and Family Services for a number of years. After a structured tender processes, a preferred supplier was selected in 2012.

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.'* The tender documents were issued in January 2012 and tender responses from a number of national and international suppliers were received and evaluated over the first half of 2012. The evaluation process was reviewed as part of the external peer review process.

A preferred supplier was selected and approved in Quarter 3. Contract discussions with the preferred supplier were also concluded and the agreed contract was issued for review to the external Peer Review Group. A Project Initiation Document (PID) was prepared and approved by the project board and also issued for review to the external Peer Review Group at the end of 2012. The contract is on course to be signed off in early 2013.

10 CONCLUSIONS AND PRIORITIES FOR 2013

10.1 Conclusions

Throughout 2012 there has been considerable effort to ensure the success of an ambitious Change Programme hallmarked by greater accountability, consistency and transparency.

The intensive preparations for the establishment of a new Agency for child care services was given impetus and focus with the publication of the *Report of the Task Force on the Child and Family Agency* (DCYA 2012). In making its recommendations, the Task Force took the view that this is a once in a generation opportunity to fundamentally reform children's services in Ireland. The Report concluded that the Government must create and resource a new Agency, with a new alignment of services, which has the vision, integrated services, budget and clear accountability to the public and that the Oireachtas recommended in the report.

The Task Force recommended that the CFA needs to be as broadly based as possible and should include those services that might in the first instance help prevent problems arising for the family, that would identify problems and provide supports at an early stage, and that assist children and families in managing serious problems that require specialized interventions beyond their own resources. Therefore, in addition to child welfare and protection services, the core services of the CFA must include a broad based range of primary prevention, early intervention, family support and therapeutic and care interventions.

The Task Force recommended the following design principles for the Agency:

- The design should reflect the principle of subsidiarity with services provided at the most local level.
- Services should be provided locally, with some national exceptions. Business support services may be provided at regional level where economies of scale can be achieved.
- The final configuration must be supported by strong local accountability.
- Local service units should be supported by strong national/central direction and oversight.
- The design model should seek to maximize co-terminosity with existing sectoral boundaries and allow for the necessary level of flexibility required to deliver the benefits of effective multi-disciplinary working and co-operation.
- The organisational design must take into account issues of scale and critical mass in determining the service unit configuration.
- The design should facilitate a system of equitable resource allocation.

During 2012 major reports were a cause for reflection on past practice and a necessary learning experience. There will undoubtedly be other reports and more learning. The publication of the *Report of the Independent Child Death Review Group* (Shannon and Gibbons, 2012) highlighted the risks faced by many children in Ireland as a consequence of abuse, neglect, violence and the impact of social factors including the abuse of drugs and alcohol. The Review examined the circumstances surrounding the deaths of children and young people in care, aftercare, or known to Child Protection Services over a ten year period. This report is a timely reminder of the urgency of the task to improve and reinforce all services for children. The National Director was clear that the recommendations in this report will inform the ongoing reform programme in Children and Family Services. The recommendations were accepted by Health Service Executive and integrated into the implementation

agenda for the Service Delivery Framework and associated reports and the modernisation of associated arrangements for information transfer, record keeping and file integrity.

Service Pressures

- The 0-17 population is estimated to have risen by 11.6% between 2006 and 2012 from 1,039,500 to 1,160,200.
- Referrals to HSE Children and Family Services rose between 2006 and 2012 by 91% from 21,040 to 40,187 per year.
- Child protection reports increased to 164.1 per 10,000 population aged 0-17 in 2012, from137.7 per 10,000 population aged 0-17 in 2011.

Performance Indicators

- There were 2,070 admissions to care in 2012, a 7.9% fall from the highpoint in 2009.
- The number of children in care rose by 20.7% between 2006 and 2012 (from 5,247 to 6,332). There was a 2.7% rise since 2011.
- In 2012 25 children were placed in care abroad. This represents a fall from 2011 (n=27) with the majority of placements being in the UK (none of these placements were in Northern Ireland).
- Around 44.4% of children admitted to care during 2012 were also discharged within the year (2011 36.7%).
- There were 65 applications to Special Care in 2012, of which 35 led to an admission.
- The average length of stay in Special Care was 4.5 months.
- Around 91.9% of children in care had an allocated social worker compared to 83% in 2009.
- Around 87.6% of children in care had a written care plan compared to 84.7% in 2009. However the average was lowered significantly by Dublin Mid-Leinster at 68.1%.
- Some 72.1% of children in care who were due a statutory review of their care plan had that review take place on time, with 2,143 not having the scheduled review take place on time.
- The number of foster carers increased by 342 to 4,269 in 2012.
- Around 83.3% of approved foster carers had an allocated social worker.
- The number of Intercountry Adoptions continued to decline, falling from 396 in 2009 to 215 in 2012.

Service Strengths

- The rate of 54.6 children in care per 10,000 population aged 0-17 was slightly higher than in 2011 (53.6 per 10,000) but was lower than comparator international jurisdictions.
- Around 96.0% of children in care aged 6-16 were in full-time education.
- The percentage of children in residential care aged 12 or under was 9.7% (n=36) in 2012. This was lower than the 12.9% (n=53) in 2009.
- There were 172 (2.7%) children in care who experienced three or more placements within 12 months. This percentage is lower than in comparator jurisdictions (England 11.0%, Wales 9.1%).
- Around 72% more young people were recorded as being in receipt of aftercare services in 2012 than in 2009 (1,457 compared to 847).
- Some 61.1% of 18-21 year olds in receipt of an aftercare service were in education/training (55.8% were in full-time education).
- The number of Separated Children Seeking Asylum (n=71) was much lower than pre-2009 levels (peak in 2001 of 1,085).
- There were 355 placements in the private sector during the year (4.3% of all care placements) Around 60.3% of private sector placements were in foster care general.

10.2 Priorities for 2013

10.2.1 Budgetary Framework

A budgetary framework will be developed in 2013 to enable efficient budgetary management at Area level. Further analysis is required to understand the priorities which influence local service development and the contemporary relationship between service provision and population need. In the meantime savings in each area have been identified to bring expenditure into line with budget. Accordingly budget limits have been set for each Area and will be strictly adhered to. This will involve careful planning of placement policy, constructive engagement with foster carers and residential providers, and careful management of vacancies and workforce development.

10.2.2 Private Sector Providers

Work will continue regarding placement contract arrangements with private residential providers and private foster care companies within a formal procurement process. This will be complemented by a comprehensive review of internal residential provision, matching need and services, maximising bed occupancy and monitoring unit costs.

10.2.3 Domestic, Gender and Sexual Based Violence (DGSBV)

The Report of the Task Force on the Child and Family Agency recommended that all DSGBV services should be directly provided by the new Agency or commissioned from the voluntary sector. To prepare for this transfer, a national review of DSGBV services will be conducted in 2013. The review will be seeking efficiencies and rationalisation with a view to budget allocation for an 18 month period. It would be hoped that any further adjustments thereafter would be in the context of changing demands, clarified priorities and local need rather than service financial efficiencies.

10.2.4 Early Years Services.

A key service priority will be the enhanced development of regulatory frameworks for evaluation of Early Years Services.

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