



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Annual Review on the Adequacy of Child Care and Family Support Services Available

2015

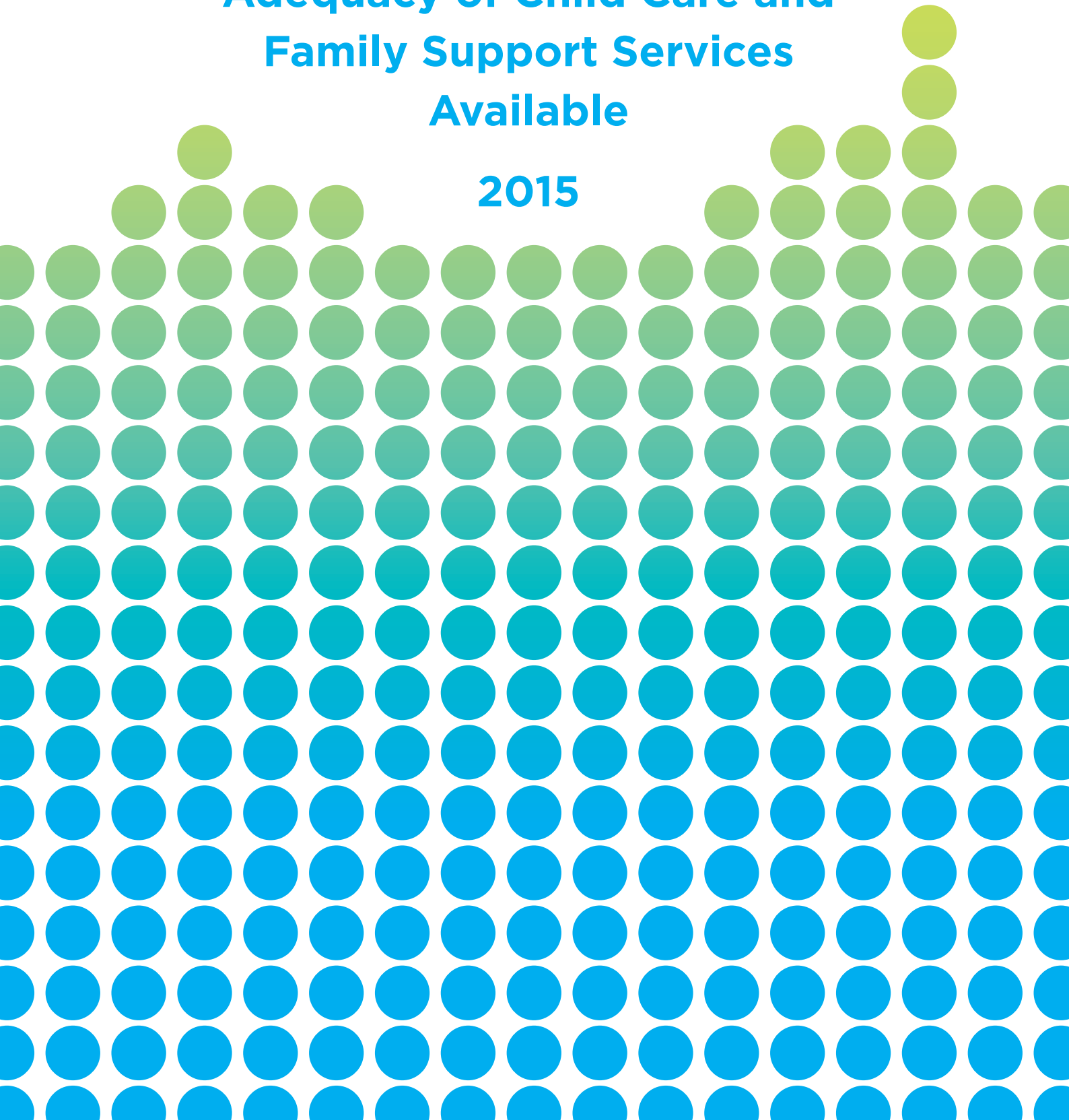


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ACRONYMS USED

CAMHS	Child and Adolescent Mental Health Services
CFSN	Child and Family Support Network
CIS	Crisis Intervention Service
CPC	Child Protection Conference
CPNS	Child Protection Notification System
CPW	Child Protection and Welfare
CRS	Children's Residential Services
CSO	Central Statistics Office
CYPSC	Children and Young People's Services Committees
DCYA	Department of Children and Youth Affairs
DML	Dublin Mid-Leinster
D&MP	Development and Mainstreaming Programme
DNE	Dublin North East
DoHC	Department of Health and Children
ECO	Emergency Care Order
EPSS	Emergency Place of Safety Service
FCO	Full Care Order
FRC	Family Resource Centre
FSA	Family Support Agency
FSS	Family Support Services
FWC	Family Welfare Conference
GNIB	Garda National Immigration Bureau
HIQA	Health Information Quality Authority
HSE	Health Service Executive
ICO	Interim Care Order
LAPs	Local Area Pathways
MOU	Memorandum of Understanding
NGO	Non-Governmental Organisation
NSDF	National Service Delivery Framework
NCCIS	National Child Care Information System
NRP	National Review Panel
ORAC	Office of the Refugee Applications Commissioner
PP&FS	Prevention, Partnership and Family Support
SCO	Special Care Order
SCSA	Separated Children Seeking Asylum

ABBREVIATIONS USED FOR THE AREAS

DSC	Dublin South Central
DSE/WW	Dublin South East/Wicklow
DSW/K/WW	Dublin South West/Kildare/West Wicklow
Midlands	Midlands
DNC	Dublin North City
Dublin North	Dublin North
LH/MH	Louth/Meath
CN/MN	Cavan/Monaghan
Cork	Cork
Kerry	Kerry
CW/KK/ST	Carlow/Kilkenny/South Tipperary
WD/WX	Waterford/Wexford
MidWest	MidWest
GY/RN	Galway/Roscommon
Mayo	Mayo
Donegal	Donegal
SLWC	Sligo/Leitrim/West Cavan

TECHNICAL NOTES

- In this report, the term 'children' is used to describe all children under the age of 18 years other than a person who is or has been married. Where the term 'young people' is used, it generally refers to those over 18 years.
- During 2014, Dublin 15 transferred from Dublin North City administrative area to Dublin North administrative area, due to a reconfiguration of services in these two areas. This transfer should be noted when comparing year on year data for each of these areas.
- Data on children in care are not comparable with data for previous years. This is due to a change in the definition of associated metrics to exclude children in respite care from home; prior to 2015, children in respite care from home were included in these metrics.
- Data on the number of children in care (by type) at the end of December 2015 differs slightly from data that was previously published by the Agency. This is due to a retrospective validation exercise that takes place annually some months after year end.
- In most tables the figures are presented as whole numbers while in some tables percentages are displayed to one decimal point. The rounding convention is as follows: any fractions of 0.5 and above are rounded up, anything less than 0.5 are rounded down. Due to this rounding, percentages may not total 100.

EXECUTIVE SUMMARY

Section 8 of the Child Care Act 1991 (as amended by the Child and Family Agency Act 2013) requires the Child and Family Agency (the “Agency”) to prepare an annual report on the adequacy of its child care¹ and family support services, making it available to the Minister for Children and Youth Affairs (the “Minister”) and other stakeholders. In preparing the report the Act states that the Agency shall have regard to the needs of children who are not receiving adequate care and protection.

The determination of adequacy presented in this report is based on the performance and activity data that is routinely collated and published by the Agency and findings from inspection and investigation reports published by HIQA and the National Review Panel (NRP) along with other internal reports and reviews. The analysis identifies what we are doing well and names the difficulties and challenges being experienced. Most importantly, it affords us an opportunity to identify the means by which these challenges and difficulties can be addressed.

The establishment of the Agency offers a once in a generation opportunity to ensure that services for children are coordinated, safe, effective and child-centred. A fundamental expectation is that children who come into contact with Tusla are better off as a result. In the two years since Tusla has come into being, a number of important initial steps have been taken to improve services provided and restore confidence in the service that was found wanting in the past.

When the Agency was established in January 2014, there were 9,742 cases awaiting allocation of a named social worker, by December 2015 this figure was down to 6,718; a 31% (n=3,024) reduction. For the same period there was a 72% (n=2,631) reduction in high priority cases awaiting allocation. The majority of cases awaiting allocation at the end of December 2015 were of a medium/low priority level, reflecting efforts to deploy resources to children most in need of a service.

Other significant improvements to the system in 2015 include the:

- Introduction of the National Child Protection System (CPNS), which is accessible 24 hours a day, seven days a week by An Garda Síochána and specific medical personnel;
- Establishment of the Emergency Out-of-Hours Social Work Service (EOHS), which provides An Garda Síochána with access to social work consultation and advice as well as access to a local on-call social worker outside of normal working hours, a key action (No.93) called for in the Ryan Report (2009).
- Establishment of a National Children’s Residential Service which is contributing to a more responsive and cohesive service while newly established databases are

¹ Child care in the context of child protection and welfare.

providing real time oversights of demand, activity, performance and risk within this service.

- Structural and process set up for the Partnership, Prevention and Family Support (PP&FS) programme of work designed to embed early intervention and prevention within Tusla;
- Introduction of a Standardised National Aftercare Allowance for young people leaving care engaged in education/training; a first step in a phased development of aftercare services providing certainty and consistency for care leavers for the first time.

These developments are in addition to the strengthening of governance, risk management and quality assurance arrangements right across the Agency.

Progress to date has been due, in large part, to the renewed commitment of all staff providing services to children and families, both directly and indirectly. However, progress is challenging and particularly in the context of the prevailing economic climate. In continuing its efforts to improve services and outcomes for children, the Agency must ensure that it is “living within its means” and achieving the best value for money for both the public and service users.

Notwithstanding, the Agency is confident that it can deliver on this ambitious reform programme, but it is going to take time, effort and perseverance from all staff providing services to children and families, both directly and indirectly. Additional funding secured by the Minister will assist greatly in this regard and enable Tusla deliver on a three year action plan to address a number of issues of concern.

In 2015, demand for services continued. In terms of numbers there were:

- 43,596 referrals to child protection and welfare services – similar figure to 2014;
- 26,655 cases open to social work (December 2015);
- 1,550 admissions to care;
- 6,384 children in the care of the Agency (December 2015);
- 4,823 foster carers (December 2015);
- 1,835 young adults in receipt of aftercare services (up 7% on 2014);
- 23,022 children and 15,049 families in receipt of family support services (i.e., services formerly provided by HSE Children and Family Service) at the end of December 2015.

This is in addition to other services provided by the Agency. In terms of statutory requirements, 93% (n=5,919) of children in care had an allocated social worker and 90% (n=5,766) had an up-to date written care plan. Ninety-two per cent (n=4,443) of foster carers (all types) were approved and 79% (n=3,275) of approved general and relative foster carers had an allocated link (social) worker: an increase of four percentage points from 2014.

Other positives include improvements in placement stability (fewer children in their third or more placement within the previous 12 months) in recent years; fewer children in a placement outside of the State; fewer children aged 12 years and younger being placed in residential placements; high number of children in care in education and the high number of young people in aftercare services in full-time education and remaining with their carers. Early evidence also indicates that Meitheal – Tusla’s early intervention national practice model for all agencies working with children, young people and families is increasing the likelihood of an early intervention taking place for a child or young person in need (Cassidy et al. 2016).

In addition, inspection reports published by HIQA reflected the fact that once services engaged with children and families, they received good quality services. Reports published referred to services being effective; immediate action being taken for children deemed to be at highest risk; children’s right being promoted; children being consulted about decisions that affected them; children in care in safe nurturing homes and speaking positively about their activities in the community; good quality assessments being done; committed, experienced, well qualified staff and competent managers along with good interagency working and implementation of Children First National Guidance (2011).

The NRP reports referred to good practices in a number of cases, particularly where children were ill or had disabilities, where care planning was good and the level of support offered to families was high. In a number of cases the commitment of social workers and the skills of different workers in building relationships with families in difficult circumstances were commended. The standard of aftercare was also referred to as being good in cases where relevant.

Despite these positives, the data and information presented in this report highlight a number of weaknesses and shortcomings across the system. Findings indicate that children often experience a different quality of service depending on the administrative area where they are receiving a service, and in particular for children in direct provision accommodation.

At the end of December 2015, 6,718 children were awaiting allocation of a named social worker of which 999 (15%) were categorised as high priority. Some 7% (n=465) of children in care were awaiting an allocated social worker and 10% (n=618) did not have an up-to-date care plan. There were 874 approved foster carers awaiting a link (social) worker and 327 unapproved relative foster carers (who had a child placed with them for longer than 12 weeks) awaiting approval.

Other common weakness and challenges include access to external services such as CAMHS; capacity of some services to meet the complexity of need of some children requiring placement and in dealing with behaviour that challenges; recruitment of foster carers and the matching of placements; support and supervision of foster carers; incidences of overuse of single separation in special care; deficiencies in the management of cases of alleged historical abuse; along with deficiencies in systems for information management, risk management, quality assurance and complaints and feedback. Greater accountability and

managerial oversight in a general sense is also required in some areas. In addition reports repeatedly stated that insufficient resources and retention of experienced staff were impacting on service provision and quality.

At present the Agency does not have the systems to collate the data and information required for a comprehensive assessment of the adequacy of Family Support Services and to determine how resources are meeting identified need. This is compounded by the number and types of services providing services to children and families. It is anticipated that the work underway in terms of the commissioning of services and implementation of the Partnership, Prevention and Family Support (PP&FS) programme will go a long way towards addressing this deficit. Over time, commissioned research and roll-out of the National Child Care Information System (NCCIS) will also improve the data and information required for an assessment of adequacy, not just for Family Support Services but across the Agency as a whole. Better collection and analysis of data are essential for Tulsa to improve its services and for the Government and the public to have confidence that Tulsa is improving outcomes for children.

In 2016, Tulsa will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities whilst recognising the wider cross-agency responsibility. The Agency will continue to build on work already commenced along with a number of other key actions. Key among these actions will be:

- Development of a Child Protection and Welfare Strategy;
- Development of an Alternative Care Strategy;
- Embedding the National Service Delivery Framework;
- Implementation of the Prevention, Partnership and Family Support (PP&FS) programme of work;
- An examination of resourcing deficits and retention of staff;
- Increased focus on reducing the number of cases awaiting allocation of a named social worker;
- Refresher training and guidance to improve consistency in the application of standard business processes and thresholds across the service;
- Improvement of systems and processes in place for services to children in direct provision accommodation;
- Increased diversion of cases to child and family support services as they become further developed and embedded in the areas;
- Focus on implementation of recommendations identified in internal and external reports;
- Foster carer recruitment and matching of placements;
- Further supports and preparedness of children leaving care;

- Continued engagement with the HSE with regard to children who require priority access to mental health services and the needs of children with disabilities;
- Roll-out of a complaints and feedback system;
- Further development and roll-out of the National Child Care Information System (NCCIS).

This will be in addition to the continued strengthening of risk management, quality assurance and oversight and accountability mechanisms across the service.

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

This report on the adequacy of child care² and family support services available provides detail on the quantum and quality of services provided by Tusla – Child and Family Agency (“the Agency”) to children requiring a child protection and welfare response, including children in the care of the Agency, in 2015. It builds on the data and information published in the [2014 Report](#) – the first report published for the Agency. Prior to the establishment of the Agency this report was published by the Health Service Executive (HSE) and its predecessors.

Tusla is responsible for improving wellbeing and outcomes for children and holds statutory responsibility under the Child Care Act 1991 (“the Act”) and other legislation to promote the welfare of children who are not receiving adequate care and protection. In accordance with Section 8 of the Act (as amended by the Child and Family Agency Act 2013) the Agency is required to prepare an annual report on the adequacy of child care and family support services available and submit it to the Minister for Children and Youth Affairs (“the Minister”).

In preparing the report, the Act states that the Agency shall have regard to the needs of children who are not receiving adequate care and protection and, in particular:

- (a) children whose parents are dead or missing;
- (b) children whose parents have deserted or abandoned them;
- (c) children who are in the care of the Agency;
- (d) children who are homeless;
- (e) children who are at risk of being neglected or ill-treated; and
- (f) children whose parents are unable to care for them due to ill-health or for any other reason.

For the purposes of this report, the determination of adequacy is based on data and information drawn from the following main sources.

- Activity and performance indicator data collected at regular intervals (e.g., monthly, quarterly, annually) by the Agency. These data are also used to identify trends and make comparisons across administrative areas;
- Internal and external monitoring and inspection reports along with reports from other internal and external reviews published in 2015;
- A review of legislation and policies related to the services under review including any recent changes;
- Benchmarking with international comparators, where appropriate.

² Child care in the context of child protection and welfare

It is not a review or an evaluation of the services discussed, but rather identifies where services are meeting the needs of children and families and where improvements are required.

The level of assessment of the adequacy of the child care and family support services available that is presented in this report is limited for a number of reasons including:

- the lack of data on the outcomes of children receiving a child protection and welfare response including children in the care of the Agency. Data about children's outcomes are core to assessing the quality of services provided; yet there is little reliable or easily accessible data available and particularly for children in the care system. Ireland is no different to other jurisdictions in this respect. Organisations are not set up to record and measure this type of information and integration of data between relevant government agencies is not well developed;
- lack of data and information from children and families on their experience(s) of services;
- the lack of integrated data (i.e., unified view of data from different sources, for example activity data with staffing and budgetary data);
- concerns regarding the quality and consistency of the data collated across some aspects of the service.

1.2 STRUCTURE OF THE REPORT

Following this introductory chapter, the report is presented as follows:

Chapter 2 provides information on the organisational structures in place (and being developed) to support good quality practice and effective service delivery, including information on the level of funding allocated to Tusla to deliver services and the workforce it has to deliver services. Some socio-demographic data are included for context. Additional detail on the organisational structure of Tusla and the wider services it provides was set out in the 2014 report referred above and is not repeated in this report.

Chapter 3 deals with children requiring a child protection and welfare response. It provides an overview of the service, performance and activity data and main findings and themes highlighted in internal and external inspection and investigation reports. Areas requiring further examination or improvement are also highlighted as well as key developments and priorities planned for 2016.

Chapter 4 deals with children in the care of the Agency. Similar to the previous chapter, it provides an overview of the service, performance and activity data, and main findings and themes highlighted in internal and external inspection and investigation reports. Areas requiring further examination or improvement are also highlighted as well as key developments and priorities planned for 2016.

Chapter 5 deals with family support services. It provides an overview of the types of services provided, performance and activity data (where available), and key initiatives underway and planned for 2016 and beyond.

Chapter 6 deals with other separate but related services provided by the Agency. These services include Emergency Out-of-Hours Social Work Services for Children; Services for Children “Out of Home”; Service for Separated Children Seeking Asylum (SCSA); Adoption Services and Domestic and Gender-Based Violence Services (DGBVS).

Chapter 7 provides a summary on the adequacy of child care and family support available, drawing on the data and information presented in the report.

CHAPTER 2

ORGANISATIONAL CONTEXT

2.1 INTRODUCTION

Tusla – Child and Family Agency commenced its second year of existence in 2015. It commenced implementation of its first [Corporate Plan 2015 – 2017](#), which articulates the Agency’s vision and mission and most importantly its roadmap for achieving better outcomes for children and families in the short-term, medium-term and beyond the life time of the plan. In the context of this report the most relevant short-term output (1-3 years) identified is *“Tusla’s child protection processes and systems are responding to children at risk in a timely manner”*.

Vision

All children are safe and achieving their full potential

Mission

With the child at the centre, our mission is to design and deliver supportive, coordinated and evidence-informed services that strive to ensure positive outcomes for children

The focus for the first three years is on laying the foundation for a sustainable future. The overarching aim is to shift the focus and resources away from crisis intervention – as it has been in the past – to more early intervention and support measures for children and families. Following a history that has been marred by child sex abuse scandals and other incidences where children were failed by the State, the establishment of the Agency is seen as a real opportunity to reorient and ensure that services delivered to children and families are strategically coordinated, safe, effective, and child-centred. A fundamental expectation is that children who come into contact with Tusla are better off as a result.

Tusla cannot do this on its own. While many of the changes are within Tusla’s power to effect, some are contingent on other state agencies, service providers and NGOs working effectively in partnership with Tusla; this is a central tenet of the policy document “Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People (2014-2020)” published by the Department of Children and Youth Affairs (DCYA) in 2014.

The Agency continues to work closely with the HSE in terms of access to primary care services, child and adolescent mental health services (CAMHS), and disability and other services. Both organisations have in place a memorandum of understanding (MOU) and a joint protocol for inter-agency collaboration which underpins the provision of these services for children. In addition, the Agency also relies on key external agencies for the delivery of specific services. These include key State agencies and government departments as well as certain services in the community, voluntary and private sectors. A key partnership also exists between the Agency and the DCYA in relation to policy development, research and evaluation.

2.2 SOCIODEMOGRAPHIC BACKDROP

Some 1,208,917 children (0-17 years) were estimated to live in Ireland in 2015; 14,455 (1.2%) more than the estimated figure for 2014 (n=1,194,462) and 182,924 (18%) more than 2005 (Central Statistics Office). Children 0-17 years accounted for 26% of the total estimated population for 2015 (n=4,635,390).

There were 65,909 babies born in Ireland in 2015; 1,386 (2%) fewer than 2014 and the fewest number since 2009 (n=75,554), when the highest number for the period 2005-2015 was registered. Since 2009 there has been a year-on-year decrease in the number of births registered. In 2015, there were 1,187 births (1.8% of all births) to teenage mothers; 39 fewer than 2014 and the fewest number for the period 2007-2015. One in 28 (n=42) of these births was to a mother under 15 years; the highest number since 2010 (n=47).

In the year to April 2015, more people left the country than arrived for the sixth consecutive year (i.e., net migration was negative). Net outward migration for this period was estimated to be 11,600, a decrease of 9,800 on the 2014 figure of 21,400. Emigration from Ireland in the 12 months to April 2015 is estimated to have fallen to 80,900 (from 81,900 in the year to April 2014), while the number of immigrants is estimated to have increased from 60,600 to 69,300 over the same period and is the highest number since 2009.

In 2014, 11.2% of children (aged 0-17 years) lived in consistent poverty³; down slightly from 11.7% in 2013, but significantly higher than the 6% that was reported in 2008. Based on CSO population estimates for 2014, this equates to approximately 134,000 children. For the same period, 18.6% of children were reported “at risk of poverty”; up from 17.9% in 2013. Almost three in five (58.7%) lone parent households with one or more children experienced deprivation; down from 63.2% in 2013.

Figures published by the Department of the Environment, Community and Local Government estimate that there were at least 3,625 adults without a home at the end of December 2015; some 767 more than at the end of December 2014. Some 1,016 (29%) had dependents, of which there were 1,616. There were 775 family units without a home; 332 more than December 2014. A total of 448 families were residing in commercial hotels in the Dublin region (these figures are taken from one day in the month). Forty-one new families presented as homeless in the Dublin region during the month of December 2015.

It is against this challenging backdrop of a rising population coupled with the fallout from the recent economic collapse that Tusla is striving to provide services. The evidence shows that there is a strong association between family poverty and a child’s chance of suffering child abuse or neglect (Joseph Rowntree Foundation, 2016). Adverse events in childhood, including abuse and neglect, can be associated with a negative effect on adult economic circumstances. In societies where there are higher chances of child abuse and neglect, this

³ Consistent poverty means that these children are living in households with incomes below 60% of the national median income and experiencing deprivation based on the agreed 11 deprivation indicators. This can mean, for example, going 24 hours without a substantial meal or being cold because parents are unable to afford to heat the home.

is likely to lead to higher referral rates to child protection and welfare services. This is an important area that requires further research especially within the Irish context.

Other useful data and information on children's lives can be found in the ["State of Nations Children"](#) reports published by the DCYA.

2.3 OPERATIONAL STRUCTURE

Child protection and welfare services, including services for children in care, are delivered across 17 geographical areas, configured into four regions (refer to Figure 1 below). Each area is managed by an area manager and each region is managed by a service director. Area managers are responsible for the day-to-day operation of their respective area and report to the service director in their region. Service Directors report to the Chief Operating Officer who in turn reports to the Chief Executive Officer. The Chief Executive Officer of Tusla reports directly to the Chairperson of the Board. Tusla's Senior Management Team includes the following post-holders: Chief Operating Officer, Director of Finance, Director of Human Resources, Director of Quality Assurance, Director of Strategy and Policy, Director of Education and Welfare Services, and Director of Estates, Special Projects and Change.

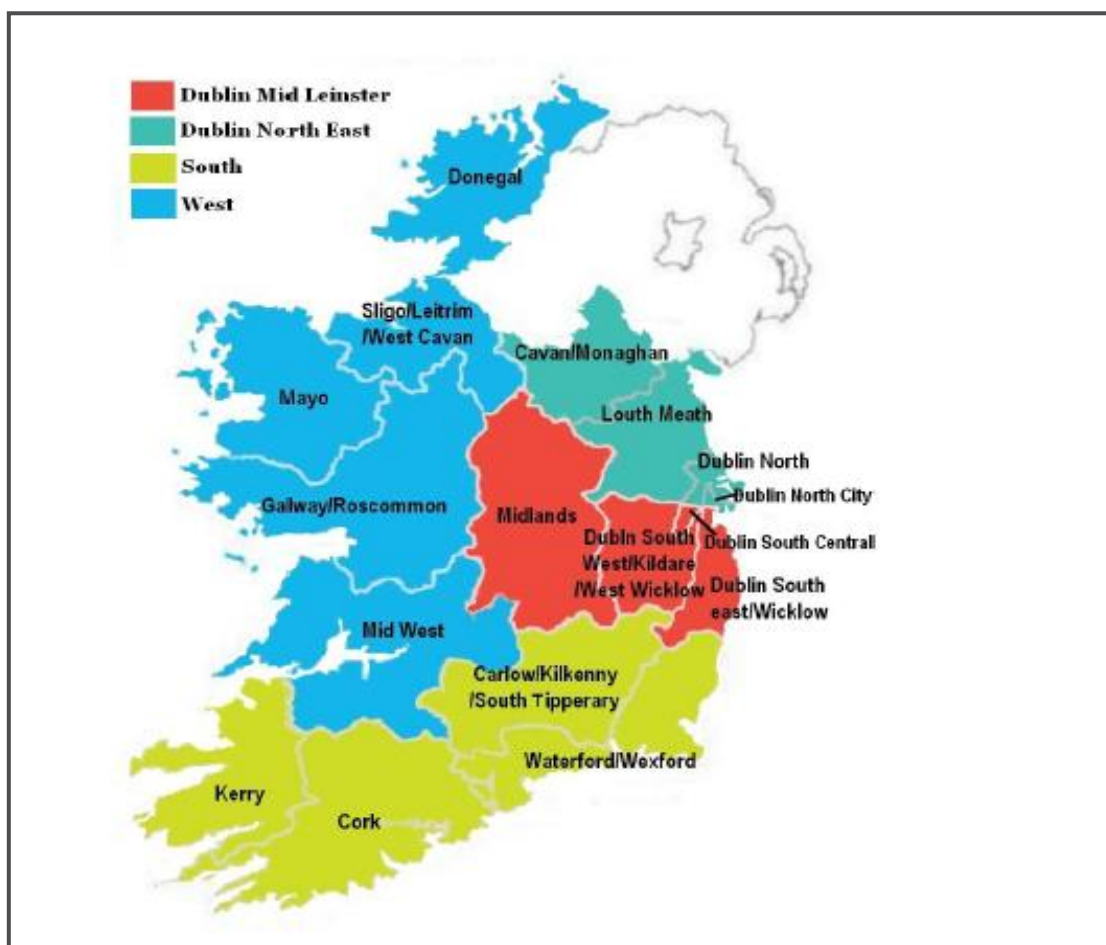


Figure 1: Configuration of child protection and welfare services including services for children in care

2.4 BUDGET ALLOCATION

In 2015, Tusla received €644 million, including €12.39 million in capital funding, from the DCYA. This represented an increase of €36 million, or 6.0%, over the 2014 budget (€601 million plus €7 million in capital funding). A breakdown of allocated budget by service is presented in Table 1.

Table 1: Approved budget allocation by service, 2014 and 2015

Service	Budget 2014 €'000s	Budget 2015 €'000s
Children and Family Services (transferred from HSE)	546,172	579,858
Family Support Services	21,564	19,612
Educational Welfare Services	8,318	7,333
School Completion Programme	24,756	24,722
Total	600,810	631,525

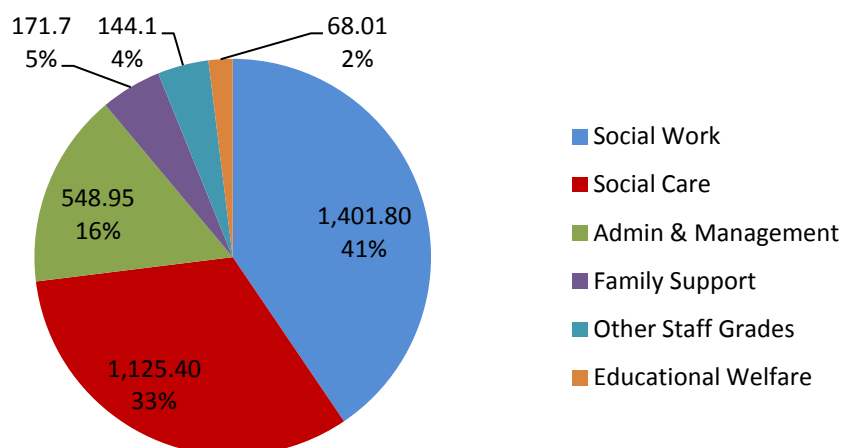
An increase of over 5% on the 2015 provision was allocated for 2016. This additional funding will enable Tusla, continue with planned recruitment to address areas of greatest risk and need; support the roll out of critical systems such as the National Child Care Information System (NCCIS); strengthen HR, Finance, Quality Assurance and Policy Development processes as well as prepare for policy and legislative requirements in the areas of Children First, Adoption, Aftercare, Homelessness, Early Years Regulations, and School Attendance Strategy. Additional funding has been secured by the Minister each year since the Agency was established and is very welcome given the centrality of these issues for ensuring quality services for children and families.

2.5 WORKFORCE

At the end of 2015, there were 3,460 whole time equivalent (WTE) employees working in Tusla. The total headcount at this time was 3,911 employees. Social workers accounted for 41% (n=1,401.8) of total WTEs, the highest percentage of all categories of staff. Social care workers accounted for a further 33% (n=1,125.4) of total WTEs (Figure 2). An additional 297 staff were recruited during 2015, 72% (n=215) of whom were social workers / social care workers.

A business case for further investment in Tusla presented to the DCYA in September 2015 stated that “the scale of recruitment required to ensure safe child protection and welfare services in line with national standards is considerable”. It estimated a resourcing deficit of some 639 WTEs for 2016, which included 206 social workers. On foot of the business case, a specific budget provision of €6.1 million was allocated to Tusla to assist with this deficit. In 2015, Tusla also established its own recruitment service called Tusla Recruit to deal with the level of recruitment required and to engage directly with third level institutions to promote Tusla as an employer of choice.

Figure 2: Breakdown of employees (WTE) by staff category, December 2015



Source: Human Resources Directorate, Tusla

2.6 NATIONAL SERVICE DELIVERY FRAMEWORK

Service delivery in Tusla is guided by the Agency's overarching National Service Delivery Framework (NSDF) – a single, transparent, consistent and accountable framework for the delivery of services to children and families, which is currently being implemented and embedded across the system (Figure 3). It provides for a co-ordinated, multi-disciplinary and multi-agency approach to the delivery of services, from universal and community services through to targeted support for those most in need of urgent assistance. The intent is that children will have access to the right service at the right time proportionate to their need, whether that is a social work response or a family support/community based response.

Under the framework, providing support to a child or young person and their family is not the exclusive responsibility of Tusla; all services have a contribution to make in the protection and welfare of all children – whether they are statutory services such as health, education, An Garda Síochána and local authorities, or services from the community/voluntary sector. All services must act as one cohesive support system. A key component is the development of Tusla's Early Intervention and Prevention System and the implementation of Meitheal – a Tusla led early intervention and practice model for all agencies working with children, young people and their families (see below for details). Further detail on the referral pathway for children requiring a social work response is provided in Chapter 3 and for children and families requiring a family support services response is provided in Chapter 5.

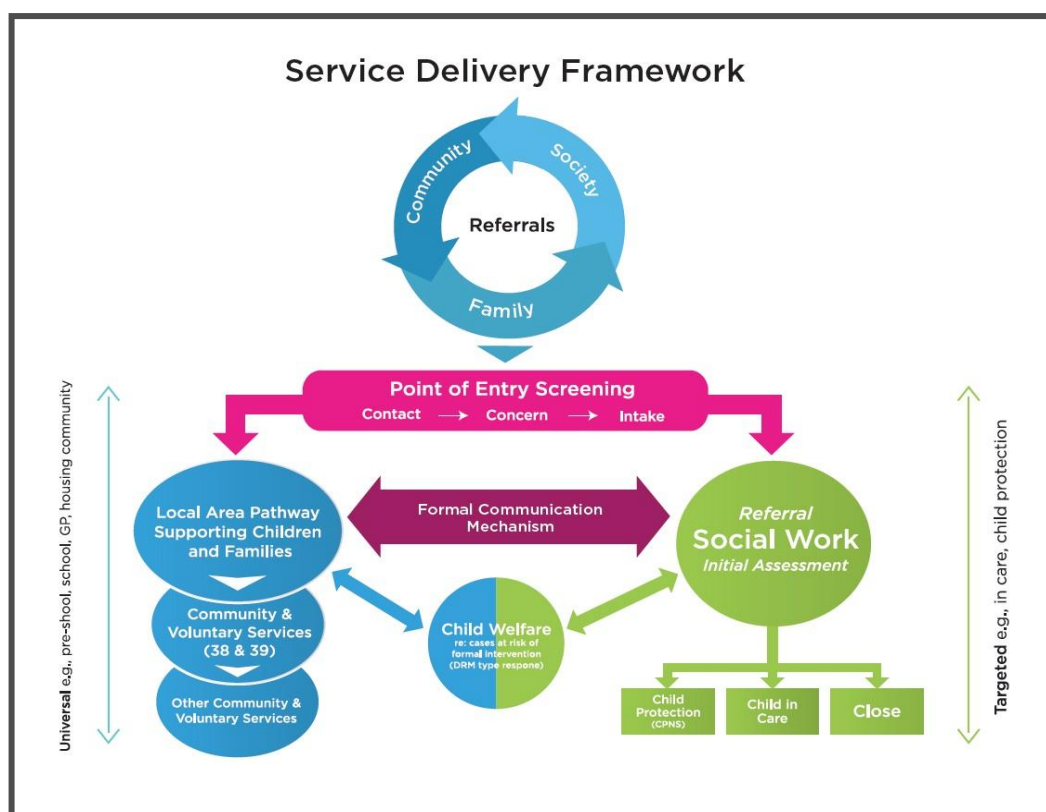


Figure 3: Schematic representing Tusla's National Service Delivery Framework

2.7 PREVENTION, PARTNERSHIP AND FAMILY SUPPORT

In 2015, the Agency commenced a comprehensive programme of work to establish a framework for early intervention and preventative as part of the NSDF and in line with its policy objective of moving towards a stronger focus on prevention and early intervention rather than crisis management. The aim of this work is to prevent risks to children and young people arising or escalating, by delivering services proportionate to identified need. This work is underpinned by the statutory commitment in the Child and Family Agency Act (2013) to support and encourage the effective functioning of families, including the provision of preventative family support services aimed at promoting the welfare of children. The DCYA High Level Policy Statement on Supporting Parents and Families (2015), which flows directly from "Better Outcomes, Brighter Futures – the National Policy Framework for Children and Young People (2014-2020)", provides the policy platform for Tusla to discharge its statutory responsibilities to support and encourage effective functioning of families. It refers to the promotion of the shift of "Parenting and Family Support" to greatest prominence in Tusla's discharge of its statutory child welfare and protection responsibilities. Tusla's commitment to early intervention and preventative work is also articulated in its Corporate Plan 2015 – 2017 and Business Plans. The programme of work underway is guided by Tusla's published strategy, guidance documents and frameworks:

- *Investing in Families, Supporting Parents to Support Children;*
- *50 Key Messages Supporting Parents to Improve Outcomes for Children;*

- *Guidance to the Implementation of an Area-Based Approach to Prevention, Partnership and Family Support;*
- *What Works in Family Support?*
- *Meitheal: A National Practice Model for All Agencies Working with Children, Young People and their Families;*
- *Commissioning Guidance.*

A central plank of the Prevention, Partnership & Family Support (PP&FS) programme of work is the roll-out of Meitheal - Tusla's early intervention national practice model for all agencies working with children, young people and their families. The Meitheal model is being led and coordinated by Tusla and will ensure families who do not require social work intervention receive preventative support. The aim of Meitheal is 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. It is an early intervention, multi-agency (when necessary) response tailored to the needs of an individual child or young person.

The following diagram illustrates how Tusla provides an early intervention and prevention response through implementation of the Meitheal model at the low prevention level and through co-producing supports to children, young people and families through the Child and Family Networks and Family Support Services across the continuum of care (Figure 4). Further detail and significant developments in this area in 2015 are provided in Chapter 5.

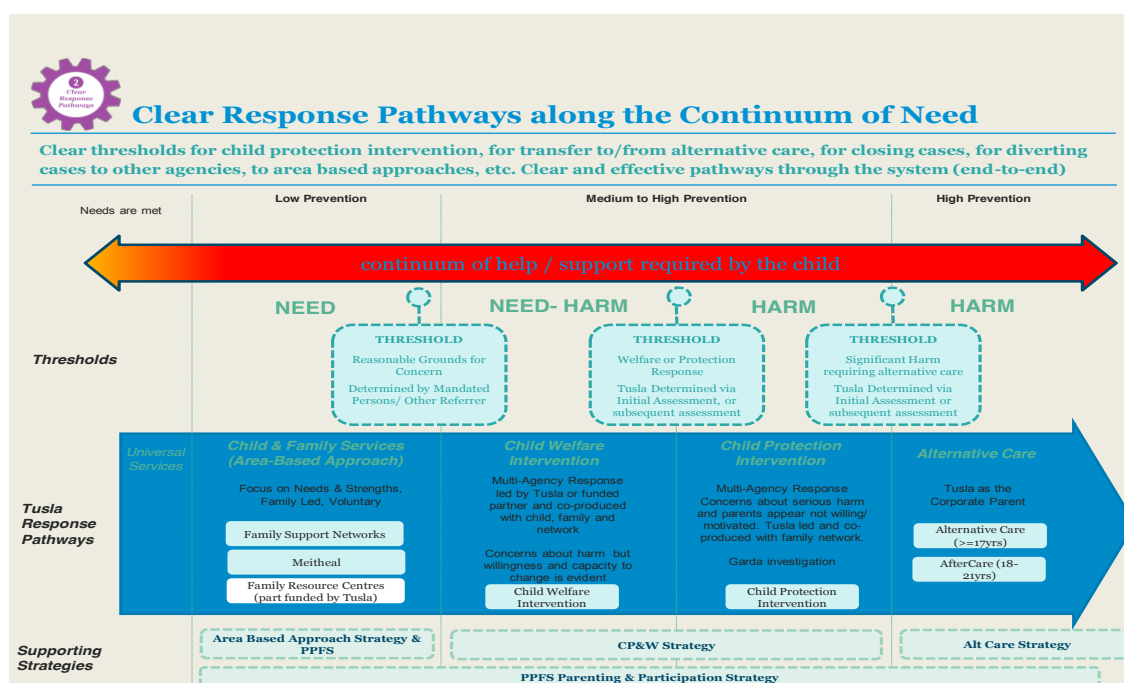


Figure 4: Schematic of response pathways along the continuum of need

2.8 GOVERNANCE, QUALITY ASSURANCE AND RISK MANAGEMENT

The ability of Tusla to deliver high-quality, timely and responsive services to children requiring a child protection and welfare response, including children in its care, is underpinned by its capacity and capability in the areas of governance, accountability, risk management, quality assurance and use of information for planning, monitoring and improving responses to children and families. Since the establishment of the Agency a significant body of work has been undertaken and continues in terms of developing and strengthening these key areas. In the context of this report, significant developments include:

- In 2015, the Board of Tusla and the Minister for Children and Youth Affairs approved Tusla's first Code of Governance. This is a framework of good corporate governance and oversight that comprises a number of guiding principles, standards, policies and other procedures that comply with the Agency's statutory obligations and relevant guidelines, and is in line with minimum standards of best practice.
- Establishment of a number of oversight committees and working groups to focus on quality, risk and service improvement across the Agency as follows:

Quality Assurance and Risk Committee: this committee comprises three Board members and one independent member. It reports to the Board of Tusla and focuses principally on quality assurance and service delivery risk matters, especially:

- Promotion of a risk management culture and the integration of quality assurance procedures and practice in everyday business throughout the Agency's services system;
- Advising the Board on the Agency's overall risk appetite, tolerance and strategy, taking account of the current and prospective macroeconomic and social services environment drawing on authoritative sources relevant to the Agency's risk policies;
- Reviewing arrangements in place by which employees may, in confidence, raise service concerns and receive reports, on a timely basis, of concerns raised under the Policy and Procedures on Protected Disclosures; and advising on appropriate action to maintain the highest standards of probity and honesty throughout the Agency.

Quality Risk and Service Action Group: this is a sub group of Tusla's Senior Management Team. It reviews data and information collated by the Agency to identify risks and areas requiring attention.

Quality, Risk and Service Improvement Working Group: this group comprises representatives from the different services provided by the Agency. The purpose of this group is to drive the quality and risk agenda throughout the Agency. Similar groups are also established at regional and local levels.

- Establishment of Corporate Risk Register: where risks are identified that have significant potential to impact on the overall objectives of the Agency, they are recorded on the Corporate Risk Register. The register is a mechanism to provide assurance and

evidence to the Board that risk is being identified, assessed and managed and that a range of control measures and action plans are in place to mitigate the risks identified. Regular reports on the status of the corporate risks are submitted to the Quality Assurance and Risk Committee.

- Introduction of a corporate response mechanism to respond to levels of high risk identified in service areas and bring about rapid improvement in service delivery. This rapid improvement response was triggered in two service areas over 2014 and 2015. One was prompted following a HIQA inspection of Louth/Meath child protection and welfare services, where significant risks were identified in relation to service safety, management and information systems. The other was for the Midlands area and was prompted on foot of the identification of a backlog of notifications of suspected abuse concerns made by An Garda Síochána to the service between 2007 and 2013. There was also a significant number of children awaiting allocation of a social worker in this area at this time. Both responses focussed on strengthening governance, additional and targeted resources to address the issues of concern, and an assurance mechanism to report on safety concerns and to closely monitor the service.
- Enhanced reporting of performance and activity data including the creation of a monthly performance and activity dashboard and a quarterly integrated performance and activity report. This means better availability of data to plan, deliver, audit and improve the quality and safety of services provided. Both documents are submitted to the Board and published on the Agency's website. Measuring performance through routine data collection is an established practice at a corporate and operational level.
- In 2015, work commenced on the development of a quality improvement framework, designed to embed quality improvement into organisational practice and culture. Other work commenced includes the development of a complaints and feedback system for Tusla and the development of incident management and risk management policies and procedures, to replace those of the HSE which were in use.

These developments are in addition to existing governance and accountability arrangements that see Tusla governed by a Board with authority to oversee and put in place the arrangements needed to set and monitor objectives, and Tusla accountable to the Minister, the Secretary General of DCYA as accounting officer, the Oireachtas and respective committees.

Services provided by Tusla are also subject to scrutiny by a number of statutory bodies such as HIQA, the Office of the Ombudsman, the Office of the Ombudsman for Children, the Office of the Information Commissioner, and the Data Protection Commissioner. Findings from reports published by these bodies are included in the following chapters, where relevant. In addition, social workers are obliged to register with CORU - the organisation responsible for regulating health and social care professionals.

From its inception Tusla has made considerable efforts to be open and transparent in all communication about its responsibilities and activities.

2.9 LEGISLATIVE DEVELOPMENTS

There were a number of legislative developments in 2015 that will impact services delivered by the Agency. In the context of this report, two key pieces are the Children First Act 2015 and the Child Care (Amendment) Act 2015, the latter of which is primarily concerned with aftercare.

The *Children First Act 2015* was enacted on 19 November 2015 and will commence on a phased basis of commencement orders from the Minister. The 2015 Act outlines a number of new measures to further strengthen the child protection and welfare system and associated processes. In particular, the Act aims to:

- Raise awareness of child abuse and neglect;
- Require mandatory reporting by key professionals and their engagement in the assessment and intervention of concerns to ensure a child's safety;
- Improve child protection arrangements in organisations providing services to children and ensure that all relevant services develop a Safeguarding Statement that describes how their service aims to safeguard children;
- Provide for inter-agency working and information sharing in relation to assessments by the Agency.

The responsibilities and principles outlined in Children First: National Guidance for the Protection and Welfare of Children (DCYA 2011), and any additional guidance issued by the Minister, continue to apply in relation to the safeguarding of children. The policy intent is that the legislation will operate side-by-side with the existing non-statutory obligations provided for in Children First National Guidance (2011).

In anticipation of the commencement of the Act, the Agency has established a National Implementation Team to focus on the required legislative changes. Based on international experience, the introduction of the Act will pose a challenge for Tusla in terms of increased service demand on Child Protection and Welfare Services. The availability of sufficient social workers to assess referrals and respond to them in an effective and timely manner will be critical for successful implementation.

The Child Care (Amendment) Act 2015 was enacted on 10 December 2015. This Act is primarily concerned with aftercare – the planning and support put in place to meet the needs of a young person who is leaving statutory care at 18 years of age, to assist him or her in making the transition to independent living.

The Act builds on the existing provisions of section 45 of the Child Care Act 1991 and obliges the Agency:

- (i) to prepare an aftercare plan for an eligible child before they reach the age of 18;
- (ii) to prepare an aftercare plan, on request, for an eligible adult aged 18, 19 or 20, and

- (iii) in relation to an eligible adult, to review the operation of an aftercare plan where there has been a change in that adult's circumstances or additional needs have arisen.

An eligible child means a child aged 16 years or over who has spent at least 12 months in the care of the State between the ages of 13 and (up to) 18 years old. An eligible adult means a young person aged 18, 19 or 20 who has spent at least 12 months in the care of the State between the ages of 13 and 18 years old.

Commencement of the relevant provisions will depend on the outcome of consultations with Tusla with regard to appropriate timing and the readiness of the Agency to implement same.

CHAPTER 3

SERVICES PROVIDED TO CHILDREN REQUIRING A CHILD PROTECTION AND WELFARE RESPONSE

CHILD PROTECTION AND WELFARE SERVICES

KEY MESSAGES

- Demand for Child Protection and Welfare Services continued in 2015 with 43,596 referrals; about four for every 100 children living in Ireland (Census 2011). Almost half of the referrals required an initial assessment by social work; the remainder were diverted to more appropriate services or closed out (requiring no further action). At the end of December 2015, there were 26,655 cases open to social work of which 19,937 (75%) were allocated to a named social worker. A total of 6,718 children were awaiting allocation of a named social worker; a significant improvement (21% reduction) on the previous year (n=8,542).
- Inspection reports reflected the fact that once services engaged with children and families they received high quality services. Responses to children at immediate risk of significant harm are in the main found to be timely. Children's rights are generally well promoted with the views of children and families sought and respected. Reports commonly refer to committed, experienced and well qualified staff and competent managers along with good interagency working and implementation of Child First (2011). However, findings would indicate that children often experience a different quality of service depending on the area where they are receiving a service and this is particularly true for children in direct provision accommodation. Common weaknesses and challenges include cases awaiting allocation of a social worker, timely assessments, the management of cases of alleged historical abuse, access to mental health services, and systems for risk management, quality assurance, information management and complaints management. The Agency's rapid improvement response mechanism to levels of high risk identified in service areas was also triggered in two areas.
- There were a number of significant developments across the service in 2015, many of which addressed inadequacies identified in child protection enquiries and inspection reports published in the previous years. Included among these developments are:
 - Reorganisation of the service in line with the requirements of the National Service Delivery Framework (NSDF);
 - Establishment of the national Child Protection Notification System (CPNS);
 - Establishment of the Emergency Out of Hours Social Work Service (EOHS);
 - Establishment of a rapid improvement response mechanism;Tangible improvements are expected across the service as these developments become fully rolled-out and embedded.
- In respect of issues and shortcomings identified, a number of key actions are ongoing with further actions planned for 2016 and beyond. Key among these will be the development of a child protection and welfare strategy, a focus on cases awaiting allocation, implementation of recommendations identified in internal and external reports, and development of a complaints and feedback system, along with the strengthening of governance, risk management and quality assurance mechanisms across the service.

3.1 INTRODUCTION

Tusla's Child Protection and Welfare Service (CP&W) is aimed at children with the highest level of need (i.e., those at the higher end of Hardiker Level 3 and those at Hardiker Level 4)⁴. In practice, social workers carry the lead responsibility for responding to these cases. This service is delivered through local offices in the 17 administrative areas. Refer to Figure 3 (Section 2.6) and Figure 4 (Section 2.7) for schematics of the referral pathway.

Referral Process

The referral process is activated when a party (or parties) makes contact with Tusla's CP&W Service to request a service. Duty/Intake teams in place in the local offices in each of the 17 administrative areas assist parties who want to report a child protection or welfare concern. For a report to be eligible for CP&W Services, i.e., to be considered a referral, the subject of the report must be a child and the essence or character of the report is a concern (for the subject) that can be categorised as one of the following primary report types: Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect or a Welfare concern.

The actions to be taken by staff on receipt of a referral are outlined in the national guidelines (Children First: National Guidance for the Protection and Welfare of Children, DCYA 2011) and Tusla's standard business processes for CP&W Services' Social Work Departments (HSE, 2009) along with other supplementary protocols and procedures implemented by the areas.

These actions include making preliminary enquiries, visiting the child and parents/carers, carrying out an initial assessment, followed, if relevant, by a full assessment. Referrals not requiring social work intervention (i.e., those categorised as Level 1, Level 2 or lower end Level 3) are diverted to other more appropriate services (e.g., family support services) at various points during engagement. Referrals requiring social work intervention are assigned a social worker who works with the child and family to ensure that the child is protected and safe.

Referrals Requiring Social Work Intervention

If a child's need for protection cannot be met by their parents or guardians, emergency action may be taken; for example, placement with relatives or other forms of foster or residential care. This takes place in only a small percentage of cases coming to the attention of Tusla. Where it does happen, it is frequently agreed on a voluntary basis with a child's parents or guardians. If no agreement is reached, an application is made to the court under Part IV of the Child Care Act 1991, where a judge makes a determination about the child's need for protection and may make a care order.

⁴ Hardiker et al. (1991) outline four levels of need from universal (Level 1 – for all children and families) to targeted support for those most in need of urgent assistance (Level 4 – a much smaller population in extreme adversity), with two incremental level points (Level 2 and 3) for those identified as needing targeted help but not to a more extreme extent. Children can and do move from one level to another. This way of classifying and aggregating need helps policymakers, service managers and practitioners to organise and orientate interventions.

In other cases, if following assessment and outcome of meetings (e.g., strategy meetings, child protection conferences and review meetings) between the social workers, other key professionals involved and the parents/guardians, a child is considered to be at continuing risk and still residing with his or her parents/carers, a child protection plan is developed and his or her name and details will be entered on the Child Protection Notification System (CPNS). The CPNS is a national record of all children who are the subject of a child protection plan agreed at a child protection conference (Children First National Guidance, 2011). Reviews of children listed on the CPNS must occur at intervals of not more than six months. A child will be listed as inactive on the CPNS if it is established at a review conference that the child is no longer at ongoing risk of significant harm.

3.2 FACTS AND FIGURES

3.2.1 Summary

In 2015, there were over 40,000 referrals to CP&W Services —about four referrals for every 100 children living in Ireland (Census 2011)⁵. *More than one referral can be received in relation to a child and as a result, the number of children involved is likely to be fewer than the number of referrals.* This indicates that the number of children about whom referrals are made is less than 4% of the population under 18 years. The highest number of referrals (almost one in four) was made by An Garda Síochána. The majority (58%) of referrals were for welfare concerns; about four in ten flagged concerns of abuse/neglect. Almost half (n=20,388) of referrals proceeded to an initial assessment; the remainder were diverted to other more appropriate services or closed out (no further action required). At the end of 2015, there were 26,655 cases open to social work of which 75% (19,937) were allocated to a named social worker; 6,718 cases were awaiting allocation to a named social worker, 1,824 (21%) fewer than December 2014. A total of 1,354 children were listed as “active” on the CPNS at the end of 2015.

3.2.2 Referrals

- CP&W services received 43,596 referrals in 2015; 34 fewer than 2014 (n=43,630). This equates to about four referrals per 100 population under 18 years, no change from 2014 (Table 2). *More than one referral can be received in relation to a child and as a result, the number of children involved is likely to be fewer than the number of referrals.* This indicates that the number of children about whom referrals are made is less than 4% of the population under 18 years.

Table 2: Referrals and rate per 10,000 population 0-17 years, 2012-2015

Referrals	2012	2013	2014	2015	Δ from 2014
Total Referrals	40,187	41,599	43,630	43,596	-34
Rate /10,000 pop 0-17 yrs	350	362	380	380	0

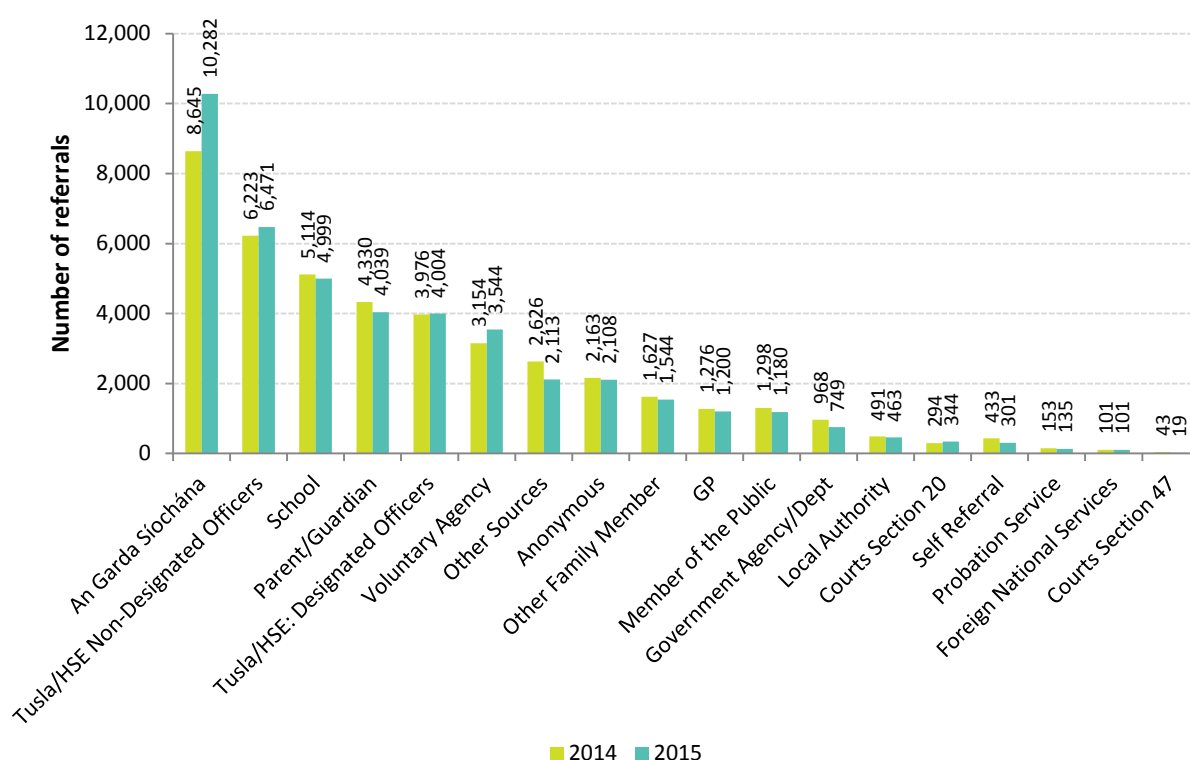
Source: Tusla Quarterly Data Returns and CSO Census 2011

⁵ The count is referrals and not individual children referred i.e. referrals for separate concerns can be received for an individual child.

3.2.3 Source of Referrals

- The highest number of referrals was from An Garda Síochána, accounting for almost a quarter (24%; n=10,282) of all referrals in 2015. Referrals from An Garda Síochána were up 19% (n=1,637) on 2014 (n=8,645). The majority (61%; n=6,294) of referrals from An Garda Síochána were for abuse/neglect (section 3.2.5 below).
- The next most common source was Tusla/HSE non-designated officers⁶ (15%; n= 6,471) and when combined with Tusla/HSE designated officers (9%; n=4,004) these two sources account for slightly more referrals (24%; n=10,475) than An Garda Síochána. The source of referrals was provided for 98% of referrals in 2014 and 100% in 2015.

Figure 5: Source of referrals, 2014-2015



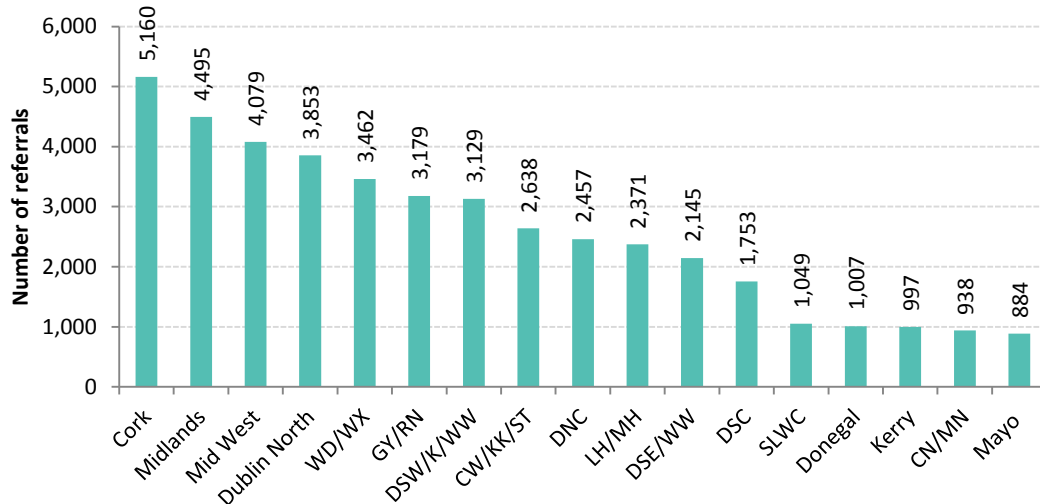
Source: Tusla Quarterly Data Returns

⁶ Tusla/HSE Non Designated Officers refer to all staff other than those appointed as Designated Officers under the Protections for Persons Reporting Child Abuse Act 1998

3.2.4 Referrals by Area

- The number of referrals varies widely across the 17 areas and ranged from 5,160 in Cork to 884 in Mayo in 2015 (Figure 6).

Figure 6: Number of referrals by area, 2015



Source: Tusla Quarterly Data Returns

- The rate of referrals per 10,000 population 0-17 years ranged from 226 per 10,000 population in Donegal to 578 per 10,000 population in Midlands area. Cork, with the highest number of referrals, ranked ninth lowest (out of 17) in terms of rate per 10,000 population 0-17 years, while Mayo, with the fewest number of referrals, ranked fifth lowest in terms of rate per 10,000 population 0-17 years (Table 3).

Table 3: Rate of referrals per 10,000 population 0-17 years by area, 2015

Area	0-17 yrs population	Referrals 2015	Rate/10,000 pop
Midlands	77,726	4,495	578
Dublin North City	42,971	2,457	572
Waterford/Wexford	71,608	3,462	483
CW/KK/ST	57,800	2,638	456
Sligo/Leitrim/West Cavan	23,060	1,049	455
Mid West	94,989	4,079	429
Dublin North	92,951	3,853	415
Galway/Roscommon	77,270	3,179	411
Cork	128,448	5,160	402
National	1,148,687	43,596	380
DSW/K/WW	102,800	3,129	304
Kerry	34,940	997	285
Dublin South Central	62,438	1,753	281
Mayo	32,514	884	272
Louth/Meath	87,562	2,371	271
Cavan/Monaghan	35,085	938	267
Dublin South East/Wicklow	81,991	2,145	262
Donegal	44,534	1,007	226

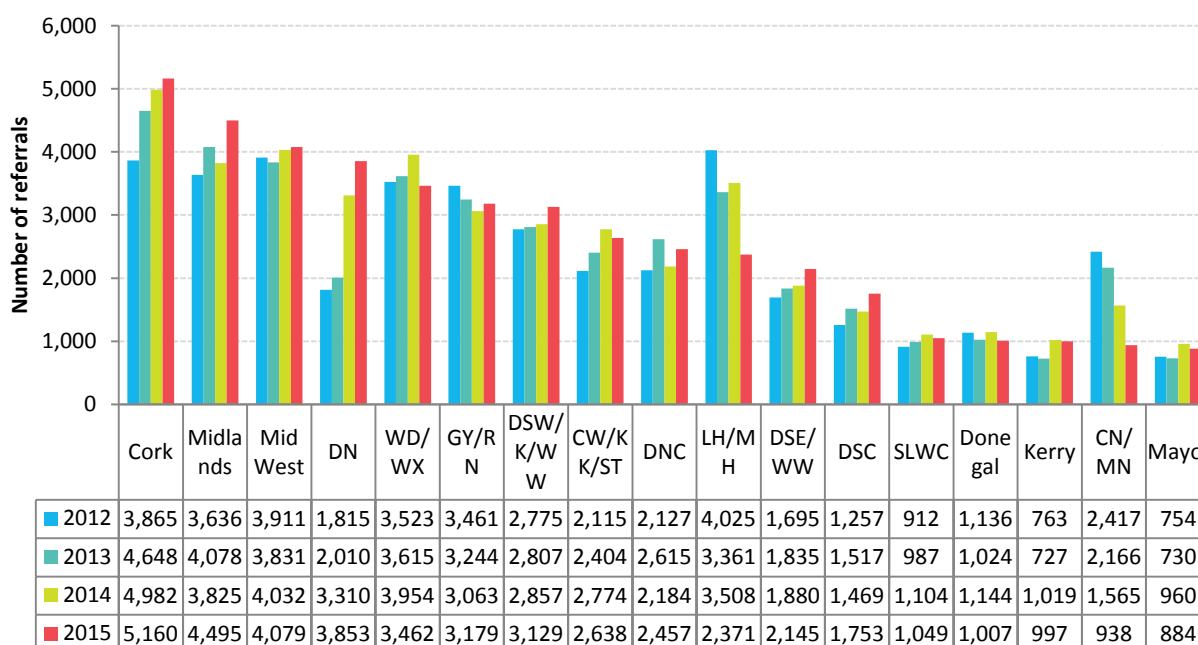
Source: Tusla Quarterly Data Returns and CSO Census 2011

- While the main reason for the variation in the referral rates is most likely socioeconomic, issues with the recording of these data have also been identified in a small number of areas. An audit of compliance with the standard business processes for CP&W Services' Social Work Departments conducted by the Quality Assurance Directorate in 2015 identified cases where enquiries not eligible for CP&W Services (see page 32 for detail of the referral process) were being recorded as referrals. For this reason wider inferences should not be drawn from these data. More rigorous application of the processes is expected as recommendations from this audit are implemented. The impact of socioeconomic factors on referral rates also requires further examination.
- The number of referrals by area for the years 2012 – 2015 is presented in Figure 7.
- Over the three year period 2012 -2015, three areas reported a year on year increase. The highest increase was reported by Cork (n=1,295) followed by Dublin South East/Wicklow (n=450) and Dublin South West/Kildare/West Wicklow (n=354) (Figure 7).
- For the same three year period one area (Cavan/Monaghan) reported a year on year decrease in referrals, reporting 1,479 fewer referrals in 2015 than in 2012 (Figure 7).
- Referrals fluctuated from year to year for the remaining areas.

- While a certain level of variation is to be expected, these data should be interpreted with caution for the reasons outlined above.

Note year on year comparisons for Dublin North and Dublin North City are not possible due to a reconfiguration of these areas in 2014 (i.e., transfer of Dublin 15 to Dublin North).

Figure 7: Trend in referrals by area, 2012-2015



Source: Tusla Quarterly Data Returns

3.2.5 Referrals by Type

- 58% (n=25,361) of referrals in 2015 flagged child welfare concerns⁷, up from 57% (n=24,954) in 2014 and 53% in 2012 and 2013 (Table 4). The remaining 42% (n=18,235) of referrals flagged child protection concerns⁸, where there were grounds to believe that there was a risk of physical, sexual or emotional abuse or neglect.
- Child welfare concerns increased by 20% (n=4,218) in the three year period 2012 – 2015 and while there was a slight increase (2%; n=363) in abuse/neglect referrals between 2012 and 2013, fewer referrals were received in 2015 than any of the three years 2012 -2014.
- The reason(s) for the increasing trend in welfare referrals is not fully understood and requires further examination. While it most likely reflects a combination of socio-economic and other factors, issues regarding the categorisation of referrals have also been highlighted in various audits and reviews conducted, including the audit of compliance with the standard business processes that was conducted by the Quality

⁷ A child welfare concern is a problem experienced directly by a child, or by a 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 not require a child protection response (Child Protection and Welfare Handbook, HSE 2011).

⁸ 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 (Child Protection and Welfare Handbook, HSE 2011)

Assurance Directorate in 2015; in some cases referrals of neglect were being categorised as welfare instead of child abuse/neglect. Again, more rigorous application of the processes is expected as recommendations from this audit are implemented.

Table 4: Referrals by type, 2012-2015

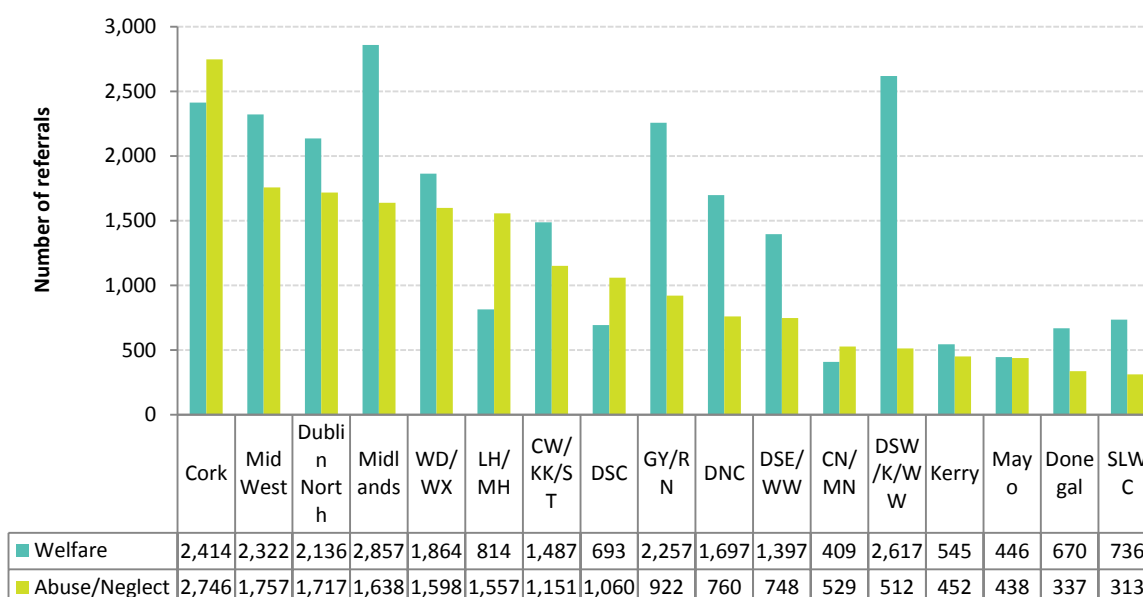
Referrals	2012	2013	2014	2015	Δ +/- from 2014	% Δ from 2014
Child Abuse/Neglect Referrals	19,044 (47%)	19,407 (47%)	18,676 (43%)	18,235 (42%)	-441	2%
Child Welfare Referrals	21,143 (53%)	22,192 (53%)	24,954 (57%)	25,361 (58%)	407	1.6%
Total Referrals	40,187	41,599	43,630	43,596	-34	<1%

Source: Tusla Quarterly Data Returns

3.2.6 Referrals by Type and Area

- An area breakdown of referrals by type for 2015 is presented in Figure 8. The highest number of welfare referrals was reported by Midlands (n=2,857) and the fewest number was reported by Cavan/Monaghan (n=409), while the highest number of abuse/neglect referrals was reported by Cork (n=2,746) and the fewest number was reported by Sligo/Leitrim/West Cavan (n=313).
- Four areas reported more abuse/neglect referrals than welfare; Louth/Meath (n=743); Dublin South Central (n=367); Cork (n=332) and Cavan/Monaghan (n=120).

Figure 8: Referrals by type and area, 2015



Source: Tusla Quarterly Data Returns

- There is significant variation in the percentage of referrals categorised as abuse/neglect and welfare across the areas (Figure 9). The percentage categorised as abuse/neglect ranged from two out of every three referrals (66%; n= 1,557/2,371) in Louth/Meath to fewer than one in five in Dublin South West/Kildare/West Wicklow

(16%; n=512/3,129). Other areas with a higher than average percentage for abuse/neglect referrals include Dublin South Central (60%), Cavan/Monaghan (56%), Cork (53%), and Mayo (50%). Although some of the variation observed may be explained by the mis-categorisation of referrals mentioned above, closer examination of other possible reasons for the variation is required.

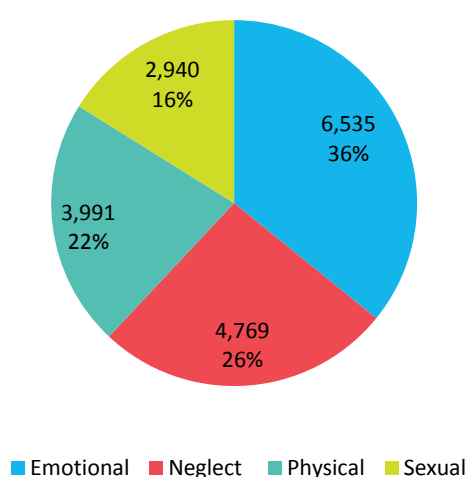
Figure 9: Percentage of referrals by type and area, 2015



3.2.7 Breakdown of Child Abuse/Neglect Referrals

- The most common type of child abuse reported is emotional abuse accounting for over one third (36%; n=6,535) of referrals of abuse/neglect in 2015. This was followed by neglect accounting for over one in four referrals (26%; n=4,769) and physical abuse accounting for over than one in five referrals (22%; n=3,991). Sexual abuse was the least common type of abuse reported (16%; n=2,940) (Figure 10).
- Referrals categorised as emotional abuse are showing a year on year increase and are up 24% (n= 1,264) on 2013 (Figure 10). In contrast, all other types of abuse are showing a year on year decrease with physical abuse down 8% (n=339), sexual abuse down 13% (n=445) and neglect down the most at 26% (1,652) from 2013. Again, these data should be interpreted with caution for the reasons outlined earlier.

Figure 10: Breakdown of child abuse/neglect referrals by category



Category	2013	2014	2015	Δ(+/-) 2015 vs. 2014
Physical	4,330 (22%)	4,066 (22%)	3,991 (22%)	-75 (-2%)
Emotional	5,271 (27%)	6,233 (33%)	6,535 (36%)	+302 (+5%)
Sexual	3,385 (17%)	3,114 (17%)	2,940 (16%)	-174 (-6%)
Neglect	6,421 (33%)	5,263 (28%)	4,769 (26%)	-494 (-9%)
Total	19,407	18,676	18,235	-441

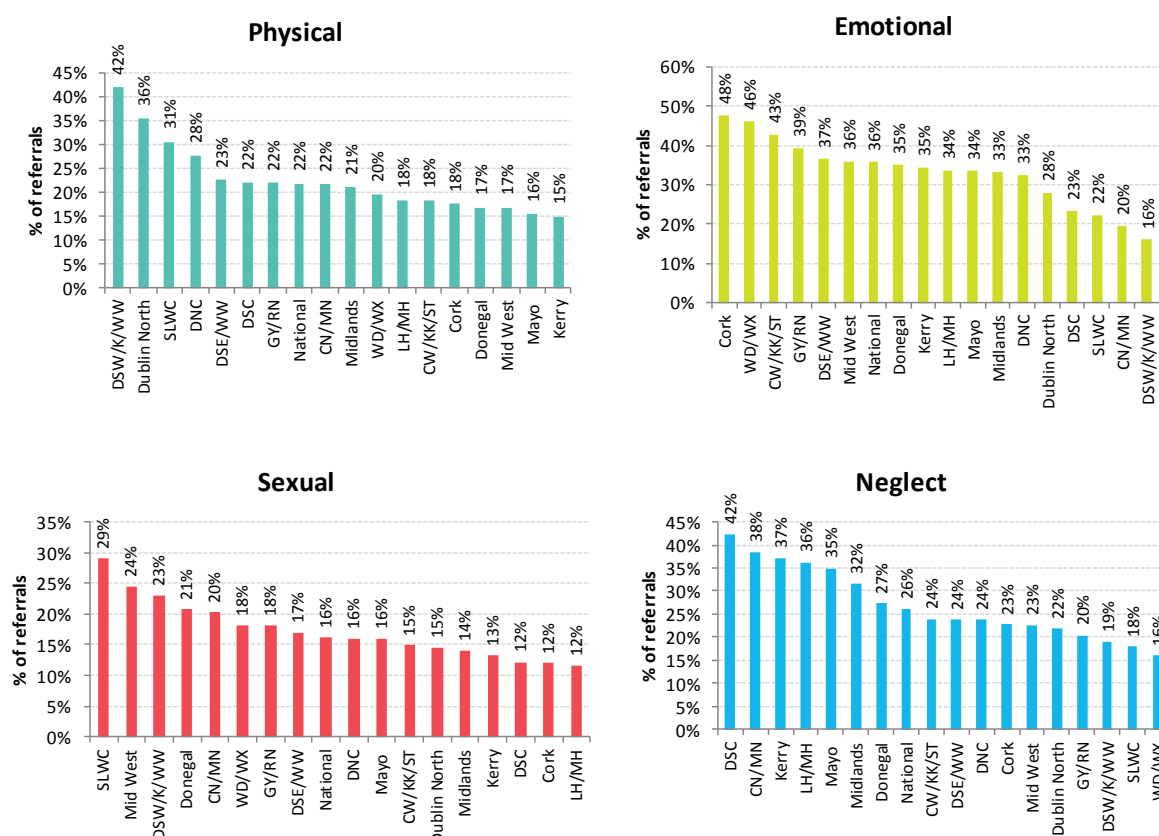
Source: Tusla Quarterly Data Returns

3.2.8 Breakdown of Child Abuse/Neglect Referrals by Area

- An area breakdown of the percentage of abuse/neglect referrals by type is presented in Figure 11.
- Physical Abuse: the percentage of referrals categorised as physical abuse ranged from 15% in Kerry (n=68/452) to 42% (n=215/512) in Dublin South West/Kildare/West Wicklow. Five areas (of which four are in Dublin and surrounding areas) reported a percentage higher than the national average of 22% (Figure 11).
- Emotional Abuse: the percentage of referrals categorised as emotional abuse ranged from 16% (n=82/512) in Dublin South West/Kildare/West Wicklow to 48% (n=1,311/2,746) in Cork. Five areas reported a percentage higher than the national average of 36% and include three of the four areas in the South region (Figure 11).

- **Sexual Abuse:** the percentage of referrals categorised as sexual abuse ranged from 12% in three areas (Louth/Meath (181/1,557); Cork (n=328/2,746) and Dublin South Central (n=129/1,060)) to 29% (n=91/313) in Sligo/Leitrim/West Cavan. Eight areas reported a percentage higher or equal to than the national average of 16 % and include four of the five areas in the West region (Figure 11).
- **Neglect:** the percentage of referrals categorised as neglect ranged from 16% (n=255/1,598) in Waterford/Wexford to 42% (n=449/1,060) in Dublin South Central. Seven areas reported a percentage higher than the national average of 26% (Figure 11).
- Examination of possible reasons for the level of variation observed across the areas is required.

Figure 11: Breakdown of abuse/neglect referrals by area, 2015



3.2.9 Referral Process – Preliminary Enquiries

- Preliminary enquiries⁹ were made in respect of 98% (n=42,579) of referrals received in 2015 and of these 65% (27,483) were completed within the 24-hour timeframe

⁹ **Preliminary Enquiry:** the second part of the referral process is to make a preliminary enquiry to confirm key information (e.g., verify reporters contact details, child's address, nature of the concern, check whether child is already known to the department, check with other agencies). A preliminary enquiry is not an assessment. The aim of this part of the 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. The preliminary enquiry should not take more than 24 hours.

recommended in the standard business processes for the management of referrals (Table 5). The reason why a preliminary enquiry was not carried out on all referrals is due to the issue of referrals not eligible for CP&W Services being incorrectly recorded as “referrals” (i.e., a preliminary enquiry would not be required for referrals not eligible for the service) in a small number of areas. It is expected that this practice will cease when the recommendations from the audit of compliance with the standard business processes are implemented. A preliminary enquiry is carried out on all referrals meeting the threshold for a child protection and welfare response.

Table 5: Preliminary enquiries completed within 24 hours of receipt of referral, 2014-2015

Year	Number of Referrals	No of Preliminary Enquiries	No completed within 24 hrs	% completed within 24 hrs
2015	43,596	42,579	27,483	65%
2014	43,630	41,382	26,236	63%

- The percentage of preliminary enquiries completed within the 24-hour timeframe ranged from 100% in three areas (Louth/Meath, Mayo and Galway/Roscommon) to 22% in Donegal (Table 6). In eight of the 17 areas more than seven out of 10 preliminary enquiries were completed with the 24 hour target.
- Factors that can impact on the completion of preliminary enquiries within 24 hours include delays in sign-off by a team leader due to other demands, e.g., court attendance; team leader being based in a different geographical location; and difficulty making contact with staff in other agencies including shift schedules of An Garda Síochána.

Table 6: Preliminary enquires completed within 24-hour timeframe, by area 2015

Area	Referrals	Preliminary Enquiries	Completed within 24 hrs	% completed within 24 hrs
LH/MH	2,371	2,371	2,371	100%
Mayo	884	884	884	100%
GY/RN	3,179	3,179	3,169	100%
Mid West	4,079	4,079	3,992	98%
CN/MN	938	672	558	83%
Dublin North	3,853	3,846	3,046	79%
Midlands	4,495	4,495	3,471	77%
DNC	2,457	2,457	1,883	77%
National	43,596	42,579	27,483	65%
Kerry	997	997	551	55%
DSE/WW	2,145	2,145	1,056	49%
DSW/K/WW	3,129	3,129	1,479	47%
WD/WX	3,462	3,162	1,304	41%
Cork	5,160	5,122	1,954	38%
DSC	1,753	1,753	622	35%
SLWC	1,049	986	341	35%
CW/KK/ST	2,638	2,367	593	25%
Donegal	1,007	935	209	22%

3.2.10 Referral Process – Initial Assessment

- 48% (n=20,388) of referrals proceeded from the preliminary enquiry stage to initial assessment¹⁰ stage in 2015; 3% lower than 2014 (Table 7). Referrals not requiring social work intervention are diverted at various stages during the process to other more appropriate services, e.g., family support services.
- Fewer than one in five (16%; n= 3,343) of initial assessments were completed within the 21-day timeframe recommended in the standard business processes. In many cases the low percentage has been attributed to delays in the administrative sign-off of the assessment by a team leader, due to other demands. Resources are also deployed to children at immediate risk and requiring an urgent response resulting in assessments for other less urgent cases exceeding the recommended timeframe.

Table 7: Initial assessments completed within the 21-day timeframe, 2014-2015

Year	Preliminary Enquiries	Proceeding to IA	% proceeding to IA	Completed within 21 days	% completed 21 days
2015	42,579	20,388	48%	3,343	16%
2014	41,382	21,010	51%	4,002	19%

- The percentage of referrals proceeding to initial assessment (following a preliminary enquiry) ranged from 67% (n=1,651/2,457) in Dublin North City to 25% in Sligo/Leitrim/West Cavan (n=246/986) (Table 8).
- The percentage of initial assessments completed within the 21-day timeframe ranged from 56% (n=288/511) in Mayo to 1% (n=24/1,651) in Dublin North City, the area with the highest percentage of referrals proceeding from the preliminary enquiry stage to initial assessment (Table 8).

¹⁰ **Initial Assessment (IA)** is a time-limited process to allow sufficient information to be gathered on the needs and risks within a case so that informed decisions 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 21 days using standardised procedures and approved templates and forms. The IA is usually centred around interviews and home or site visits. Objectives of the initial assessment are to determine whether future or more comprehensive assessment may be required and to enable if necessary a plan to be put in place for continued intervention or support.

Table 8: Initial assessments completed within the 21-day timeframe, by area 2015

Area	Preliminary Enquiries	Proceeding to IA	% proceeding to IA	Completed within 21 days	% completed 21 days
Mayo	884	511	58%	288	56%
LH/MH	2,371	759	32%	341	45%
Mid West	4,079	1,794	44%	778	43%
DSC	1,753	1,143	65%	288	25%
Midlands	4,495	2,597	58%	537	21%
DSE/WW	2,145	858	40%	172	20%
Donegal	935	302	32%	55	18%
SLWC	986	246	25%	44	18%
National	42,579	20,388	48%	3,343	16%
CW/KK/ST	2,367	949	40%	154	16%
Kerry	997	404	41%	57	14%
GY/RN	3,179	997	31%	131	13%
WD/WX	3,162	1,284	41%	106	8%
Cork	5,122	2,168	42%	177	8%
CN/MN	672	290	43%	22	8%
DSW/K/WW	3,129	1,955	62%	109	6%
Dublin North	3,846	2,480	64%	60	2%
DNC	2,457	1,651	67%	24	1%

Source: Tusla Quarterly Data Returns

- It is expected that additional data on the referral process (e.g., outcome of assessments) will be available with the introduction of the National Child Care Information System which is being rolled-out, thus facilitating a more comprehensive analysis of data. At present, data collection and collation are a particular challenge for some areas and in particular for areas with a manual data collection system.

3.2.11 Cases Open to Social Work

This section provides data on the number of cases being managed by social workers. The number of open cases includes all children requiring social work support and children in the care of the Agency. Open cases include cases that are both allocated and awaiting allocation to a designated social worker. It is important to note that cases awaiting allocation to a designated social worker are kept under continual review and where the risk is high there is immediate allocation.

- At the end of December 2015, there were 26,655 cases open to social work nationally; 1,312 fewer than at the end of December 2014 (Table 9). As open cases are recorded on a per child basis (one case = one child), we can say that 2% of all children under 18 years living in Ireland were in receipt of a social work service and about 0.6% were in care (refer to Chapter 4 for further details on children in care).
- 17% (n=4,590) of open cases were in Cork; the highest percentage of all areas. There were over 1,500 more cases open in Cork than the next highest area, Dublin North (n=3,025; 11%). The majority (n=10) of areas had between 1,000 and 2,000

open cases. Kerry had the fewest number of open cases (n=502; 2%) followed by Mayo (n=573; 2%) and Cavan/Monaghan (n=634; 2%).

Table 9: Cases open to social work by area, Dec 2014 and Dec 2015

Area	Open Cases Dec 2014	Open Cases Dec 2015	% of Open Cases Dec 2015
DSC	1,600	1,426	5%
DSE/WW	1,342	1,334	5%
DSW/K/WW	2,289	1,724	6%
Midlands	1,889	1,609	6%
DNC	1,777	1,889	7%
Dublin North	2,650	3,025	11%
LH/MH	1,767	1,279	5%
CN/MN	614	634	2%
Cork	4,124	4,590	17%
Kerry	515	502	2%
CW/KK/ST	1,868	1,358	5%
WD/WX	1,853	1,784	7%
Mid West	1,859	1,683	6%
GY/RN	1,585	1,733	7%
Mayo	558	573	2%
Donegal	876	826	3%
SLWC	801	686	3%
National	27,967	26,655	100%

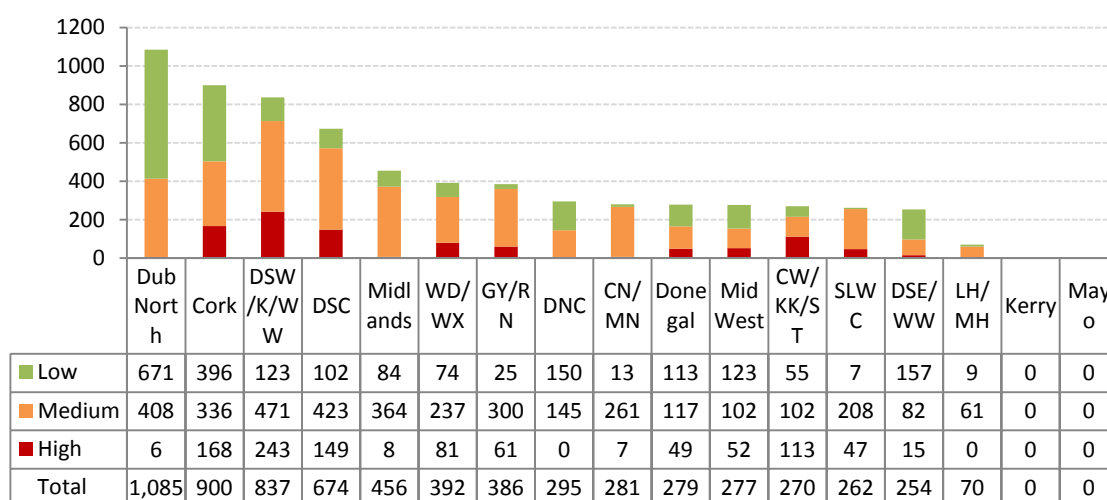
- 75% (n=19,937) of open cases were allocated to a named social worker at the end of December 2015; up six percentage points on 2014 (69%; 19,425/27,967).
- The remaining 25% (n=6,718) were awaiting allocation to a named social worker; some 1,824 fewer than December 2014 (n=8,542); a 21% reduction in cases awaiting allocation.
- 15% (n=999) of cases awaiting allocation of a designated social worker were categorised as high priority¹¹; some 1,837 (65%) fewer than December 2014 (n=2,836). It should be noted that high priority does not imply that a child is at immediate risk and requires an urgent or an immediate response. Children identified at immediate risk receive an immediate response.
- 54% (n=3,617) were categorised as medium priority; 766 (17%) fewer than December 2014 (n=4,383). The remaining 2,102 cases were categorised as low priority; 779 (59%) more than December 2014.
- An area breakdown on cases awaiting allocation by priority level is presented in Figure 12. The highest number of cases awaiting allocation was reported by Dublin North (n=1,085), followed by Cork (n=900); Dublin South West/Kildare/West

¹¹ Priority levels assigned as per the guidance outlined in "A Framework for Measuring, Managing and Reporting Social Work Intake, Assessment and Allocation Activity" Version 2 (Tusla).

Wicklow (n=837) and Dublin South Central (n=674). Ten of the remaining 13 areas had between 200 and 500 cases awaiting allocation. Two areas (Kerry and Mayo) had no cases awaiting allocation.

- Dublin South West/Kildare/West Wicklow had the highest number of high priority cases awaiting allocation (n=243/999; 24%) followed by Cork (n=168/999; 17%); Dublin South Central (n=149/999; 15%) and Carlow/Kilkenny/South Tipperary (n=113/999; 11%). Over two-thirds (67%; n=673/999) of all high priority cases were reported by these four areas. Dublin North, with the highest number of cases awaiting allocation (n=1,085), reported six high priority cases.

Figure 12: Cases awaiting allocation by priority level and area, December 2015



- The majority 62% (n=622/999) of high priority cases awaiting allocation at the end of December 2015 were waiting less than 3 months for allocation. The remaining 377 cases were waiting over 3 months; some 1,420 fewer than December 2014, a 79% reduction.
- 52% (n=1,870) of medium priority cases were waiting less than 3 months while the majority (64%; n= 1,354) of low priority cases were waiting over 3 months.
- Nine of the 17 areas reported a decrease in cases awaiting allocation from December 2014 (Table 10). The highest decrease was reported by Louth/Meath with 741 fewer cases awaiting allocation. This was followed by Dublin South West/Kildare/West Wicklow with 401 fewer cases; Midlands with 334 fewer cases and Waterford/Wexford with almost 200 fewer cases.
- Donegal reported the highest increase in cases awaiting allocation (n=125), followed by Dublin North City (n=70); Midwest (n=59) and Dublin South East/Wicklow (n=44). The remaining three areas with cases awaiting allocation reported an increase of 13 or fewer. The decrease in cases observed in Louth/Meath and Midlands reflects the rapid response mechanism that was triggered in these two areas (refer to Chapter 2, Section 2.8).

Table 10: Cases awaiting allocation by area, Dec 2014 and 2015

Area	Cases Awaiting Dec 2014	Cases Awaiting Dec 2015	$\Delta(+/-)$ 2015 v 2014	% $\Delta(+/-)$
DSC	818	674	-144	-18%
DSE/WW	210	254	44	21%
DSW/K/WW	1,238	837	-401	-32%
Midlands	790	456	-334	-42%
DNC	225	295	70	31%
Dub North	1,196	1,085	-111	-9%
LH/MH	811	70	-741	-91%
CN/MN	272	281	9	3%
Cork	1,015	900	-115	-11%
Kerry	0	0	0	0%
CW/KK/ST	382	270	-112	-29%
WD/WX	586	392	-194	-33%
Mid West	218	277	59	27%
GY/RN	375	386	11	3%
Mayo	3	0	-3	-100%
Donegal	154	279	125	81%
SLWC	249	262	13	5%
National	8,542	6718	-1,824	-21%

3.2.12 Number of Children on the Child Protection Notification System (CPNS)

- At the end of December 2015, there were 1,354 children listed as 'active' (i.e., at ongoing risk of significant harm attributable to inappropriate or inadequate care from parent/s) on the CPNS¹². Comparison with previous years is not possible due to a validation exercise that took place prior to the introduction of the national electronic system in 01 October 2015.
- The number of children listed as 'active' per 10,000 population 0-17 years ranged from 2/10,000 in Dublin South East/Wicklow to 29/10,000 in Dublin South Central. A review to examine possible reason(s) for this variation was commenced in 2015 (Table 11).

¹² The CPNS, in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011), is a national record of all children who are the subject of a child protection plan agreed at a child protection conference. The CPNS is accessible to named professional groups subject to strict protocols.

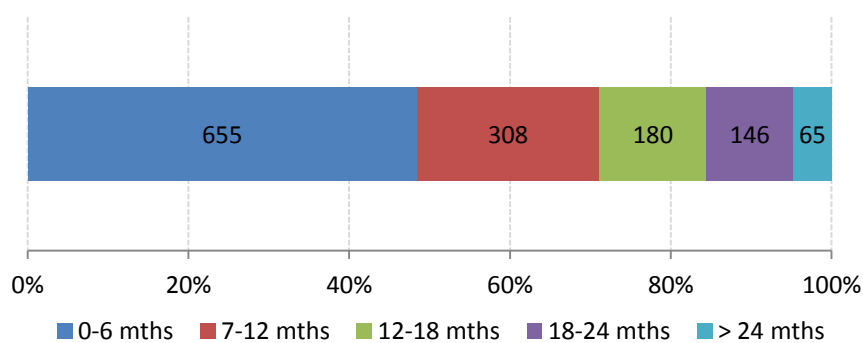
Table 11: Children listed as 'active' on the CPNS and rate per 10,000 population 01-17 years, Dec 2015

Area	No listed as 'active'	Population 0-17 years	No 'active'/10,000 pop 0-17 years
DSC	181	62,438	29
Mayo	77	32,514	24
SLWC	47	23,060	20
Mid West	161	94,989	17
CW/KK/ST	97	57,800	17
Donegal	74	44,534	17
GY/RN	102	77,270	13
DNC	90	72,666	12
CN/MN	43	35,085	12
Midlands	94	77,726	12
National	1,354	1,148,687	12
LH/MH	92	87,562	11
Kerry	34	34,940	10
WD/WX	65	71,608	9
Dublin North	56	63,256	9
Cork	71	128,448	6
DSW/K/WW	54	102,800	5
DSE/WW	16	81,991	2

Source: Tusla Quarterly Data Returns and Census 2011

- Almost half (48%; n=655) of the children listed as active at the end of December 2015 were listed for 6 months or less, while a further 23% (n=308) were listed for 7-12 months. Five per cent (n=65) were listed for longer than 2 years (Figure 13).

Figure 13: Children listed as 'active' by length of time listed as 'active', December 2015



3.3 SUMMARY OF KEY FACTS AND FIGURES

- 43,596 referrals in 2015; similar number to 2014 (n=43,630);
- An Garda Síochána was the most common source of referrals (24%; n=10,282); up 19% (1,637) on 2014;
- 58% (n=25,361) of referrals were for child welfare concerns; up from 57% (n=24,954) in 2014 and 53% (n=22,192) in 2013;
- 42% (n=18,235) of referrals were for child abuse/neglect concerns; the fewest number for the four year period 2012 - 2015
- Emotional abuse was the most common type of abuse/neglect concern referred (36%; n=6,535); increasing year on year
- 65% (n=27,483) of preliminary enquiries were made within the 24-hour timeframe recommended in the standard business processes for the management of referrals;
- 48% (n=20,388) of referrals proceeded to the initial assessment stage; down from 51% (21,010) in 2014;
- 16% (n=3,343) of initial assessments were completed within the 21-day timeframe recommended in the standard business processes for the management of referrals;
- 26,655 cases open to social work at the end of December 2015;
- 75% (n=19,937) of open cases were assigned to a social worker; up from 69% (19,425/27,967) in 2014;
- 6,718 (25%) cases awaiting allocation to a social worker; 1,824 (21%) fewer than December 2014;
- 15% (n=999) of cases awaiting allocation were categorised as high priority; 1,837 (65%) fewer than 2014;
- Majority (62%; n=622) of high priority cases awaiting allocation were waiting less than 3 months;
- 1,354 children listed as 'active' on the Child Protection Notification System at the end of December 2015;
- Almost half (48%; n=655) of the children listed as "active" were listed for 6 months or less.

3.4 FINDINGS FROM INSPECTION AND OTHER EXTERNAL REPORTS

Inspection reports published by HIQA and investigation reports published by the National Review Panel (NRP) provide a further insight into the adequacy of services provided by CP&W Services. A summary of the main findings and themes identified in these reports is presented below. Information on complaints received by the Ombudsman for Children (OCO) is another good barometer of the quality of services being provided. Summary findings from the OCO's annual report for 2015 are also included below. Findings and learning from reports produced by HIQA, the NRP and the OCO are disseminated to staff and used to inform service developments.

3.4.1 HIQA Inspections

The National Standards for Child Protection and Welfare (HIQA, 2012) outline what high-quality and safe child protection services should look like. The dimensions of quality that children and families should receive include child-centred, safe and effective services. This requires a systematic approach involving good leadership, interagency cooperation, skilled and experienced staff, and the effective management and deployment of resources – with the child always at the centre of everything that is done. Services are inspected against 27 individual standards.

In 2015, HIQA conducted three inspections of CP&W services, bringing the total number of services inspected between 2012 and 2015 to 14 out of 17. An inspection in another area (Midlands) was scheduled for April 2015 but did not go ahead as planned. Prior to the scheduled inspection, Tusla notified HIQA of a high number of unallocated child protection cases and notifications of alleged abuse received from An Garda Síochána to which no response had been made by the area. As Tusla had reported the risk, it was afforded the opportunity to put corrective actions in place and provide regular updates to HIQA. The area was subsequently inspected in January 2016. Tusla also informed the DCYA of the issue and kept the Minister and Oireachtas informed of progress in addressing the issue.

Inspectors met with 23 children during the three inspections conducted in 2015 to find out how they experienced the services they received and whether or not their wishes were reflected in decisions made about their lives and day-to-day care.

Across the three areas inspected, two areas met eight standards each while the remaining service met one (Table 12). About two-thirds of the standards required improvement in all three areas. Significant risks were identified against eight standards in one area, two in another and one for the remaining area. Overall the findings reflected a variance in practice and capacity to meet the standards across the three areas, meaning that children experienced a different quality of service depending on the area where they were receiving a service. Inconsistent and varied practice in relation to the quality of service delivered is a common feature of inspections to date. There were judgements of significant risk to children across the three service areas, indicating that some elements of service provision were not safe.

Table 12: HIQA inspections 2015 – summary of judgments

Area	Standards met	Standards requiring improvement	Standards against which significant risk was identified
Louth/Meath	1	18	8
Dublin North	8	17	2
Dublin South East/Wicklow	8	18	1

In terms of positives inspectors found:

- day to day practice generally good where children received a social work service;
- children and families were found to be treated with respect and supported to understand and participate in decisions being made about them;
- good interagency and inter-professional cooperation meaning that agencies and professionals shared information and worked together for the protection of children;
- consistent implementation of key principles of Children First National Guidance (2011) in two areas;
- review and learning from serious incidents in two areas;
- good leadership and effective governance structures in place with clear lines of accountability in two areas;

In terms of shortcomings and areas for improvement inspectors found:

- areas challenged in the delivery of consistently safe and timely services. Some children experienced delays having their needs assessed and met, placing them at unidentified risk;
- efforts to reduce waiting lists were not always “adequate or effective”;
- deficiencies in the management and processes for the investigation of cases of alleged historical abuse;
- unsafe and inadequate information systems to support in the protection of children;
- lack of robust risk management and quality assurance systems;
- community based resources for children were found to be limited in some cases;
- insufficient resources / staff vacancies – a number of children with no allocated social worker;
- management systems and oversight required improvement in some areas.

On foot of the findings, action plans were developed in each area to address the deficits and implement recommendations made, many of which have already been implemented.

Direct Provision Centres¹³

In 2015, HIQA also published a report of an inspection on the quality of service provided by Tusla to children and families living in direct provision accommodation. Four services were inspected: Louth/Meath, Midlands, Sligo/Leitrim/West Cavan, and Dublin North City. These services were selected based on the number of children living in direct provision in that area and the type of referrals they received.

Inspectors found that the quality of child protection and welfare services provided to children in direct provision centres across the four areas inspected was inconsistent: in Sligo/Leitrim/West Cavan and in Dublin North City a good quality service was provided to children and their families, in the Midlands area the quality of the service was mixed, while in Louth/Meath the service was much poorer, with risks that had not been identified and addressed by managers.

In terms of positive findings, the report finds that *“many staff provided excellent child-centred services advocating for children and meeting their needs through timely effective intervention, including seeking respite foster care for children, the provision of high-quality family support and ensuring children were safe through home visits and listening carefully to children about their lives”*.

Main issues identified include:

- significant delays in social work intervention (Louth/Meath);
- children not being met with or seen by social workers even though records indicated concerns about their safety and welfare (Louth/Meath);
- delays in communication between the providers of direct provision accommodation and Tusla – this impacted on the timeliness and effectiveness of some social work interventions and potentially placed some children at risk;
- no strategic plan in place to identify and meet the needs of this group of children and families;
- no standardised protocols on how Tusla and providers of direct provision accommodation should work together, liaise and share information at a local operational level;
- service provision not supported by effective information and data systems, meaning that services could not be designed to meet the needs of this group of children.

In response, Tusla adopted a proactive approach and committed to several actions that included an increased emphasis on collaborative and interagency working, staff training, cultural diversity, improved systems of collecting and analysing information and data, and to carry out an audit of all referrals about children living in direct provision, to ensure risks to them were identified and addressed.

¹³ Direct provision is the name given to accommodation provided by the Department of Justice and Equality, through the Reception and Integration Agency (RIA) to asylum seekers in Ireland.

3.4.2 National Review Panel

The National Review Panel (NRP) for the investigation of serious incidents, including the deaths of children in care and known to the child protection system, was set up by the HSE in 2010 as part of the implementation plan associated with the Report of the Commission to Inquire into Child Abuse (2009) [Ryan Report] to review deaths and serious incidents of children in care. It is functionally independent, making findings of fact and producing reports that are objective and independent of the Agency. The overarching objective of the NRP is to promote learning and best practice from its review of cases, with a view to assisting the child welfare and protection system in improving its services and minimising the possibility of similar deaths and/or serious incidents to children and young people using their services.

A total of 21 deaths of children and young people in care or known to the child protection system were notified to the NRP in 2015; five fewer than 2014. Eleven of the children/young people died as a result of natural causes, six others died from suicide, and one died as a result of a road traffic accident, while another died as a result of an “other” accident. The cause of death was unknown for the remaining two children/young people. Three of the children/young people were in care at the time of their death; two were in receipt of aftercare services (they were in care immediately prior to their 18th birthday) while the remaining 16 were known to social work services. The highest number of deaths was in infants under 12 months (n=7), followed by the 11-20 years age group (n=8). Almost three quarters of the children/young people who died were male (n=15). Due to the small numbers wider inferences cannot be drawn from these data.

The Agency published NRP reports on 20 children in 2015. These comprised an overview of internal reviews into the deaths of six children who were known to the Agency and had serious illnesses or disabilities; an overview of four comprehensive reports on deaths of four children which were not published individually; one full individual comprehensive report, six full concise reports, and three full desktop reviews. It is sometimes not possible to publish a report on an individual case, particularly where the family involved do not wish it for privacy reasons. In these cases the learning is published in a composite report that does not reference the cases from which the learning has been drawn.

Again, similar to the findings from HIQA inspections, while some good work was highlighted, a number of shortcomings were also identified. In terms of themes highlighted it should be noted that some of the circumstances and events reviewed by the NRP spanned a number of years, going back in many instances to the 1990s, a time when services were less developed than they are at present.

Positive findings include:

- some good practices in a number of cases, particularly where children were ill or had disabilities, where care planning was good and the level of support offered to families was high;
- in a number of cases the commitment of social workers was commended;
- standard of aftercare was good where relevant;

- skills of different workers in building relationships with families in difficult circumstances were commended in a number of cases.

Shortcomings and areas for improvement identified include:

- delayed responses and situations where cases were managed on duty because allocation was not possible, resulting in a lack of consistency, the families meeting numerous workers and inability to assess situations in depth;
- inadequate assessment and failure to assess children's individual needs were noted in a small number of cases, as well as failure to understand where risk assessment based on parental behaviour rather than assessment of parenting skills and capacity was required;
- two cases where child protection plans were not appropriately revised in light of new information;
- missed opportunities were noted in two cases, one where early intervention could possibly have made a very positive difference and in another where a family's expressed concerns did not have the impact that was warranted;
- access to psychological and mental health services and interagency cooperation (sharing of information);
- impact of cumulative neglect not considered.

The reports made a number of recommendations which are being addressed by the Agency.

3.4.3 Ombudsman for Children

A quarter (n=410) of complaints received by the Ombudsman for Children in 2015 related to family support, care and protection. The majority of complaints about family support, care and protection were about the Agency. Although detail on individual complaints is not provided, it states that the main source of complaints was about the management of child protection concerns, including insufficient information, lack of transparency about decision making, and the implementation of Children First: National Guidance for the Protection and Welfare of Children (2011) and national policies to safeguard children and promote their welfare. Further details can be found here: [OCO Annual Report 2015](#).

3.5 CONCLUSION

The data and information presented in this chapter demonstrate a service that is striving to provide safe, high-quality services for children and families. Although there are a number of shortcomings, it highlights good work from individuals often working in difficult and pressurised situations and against a backdrop of financial constraints and staffing deficits. Inspection reports broadly reflect the fact that once services engage with children and families they receive good quality services. This has been a recurring theme across HIQA inspections since 2012. Responses to children at immediate risk of significant harm are in the main found to be timely. Children's rights are generally well promoted, with the views of children and families sought and respected. Reports commonly refer to committed, experienced and well qualified staff and competent managers along with good interagency working and implementation of Children First National Guidance (2011). On the other hand, there is a significant number of children awaiting allocation of a social worker; there is some inconsistency in practice in relation to the quality of service delivered and a number of areas are challenged in terms of timely assessments and the management of cases of alleged historical abuse. The service provided to children in direct provision accommodation is inconsistent, with some children not receiving the service that they require and risks not always addressed. Systems for risk management, incident management, complaints and quality assurance also require improvement, as does management oversight and accountability in some areas.

Notwithstanding, significant inroads are being made in terms of reducing waiting lists for the allocation of a named social worker: a key indicator of a responsive service. When the Agency was established in January 2014, there were 9,742 cases awaiting allocation of a named social worker; by December 2015 this figure was down to 6,718, a 31% (n=3,024) reduction. For the same period there was a 72% (n=2,631) reduction in high priority cases awaiting allocation. The majority of cases awaiting allocation at the end of December 2015 were of a medium/low priority level, reflecting efforts to deploy resources to children most in need of a service. On commencing 2016, the Agency committed to a 60% reduction in cases awaiting allocation by year end. In addition, the Minister commissioned a national audit of cases awaiting allocation and allocated a specific budget provision of €6.1 million to recruit additional social workers and support personnel staff to address the backlog.

Other significant improvements to the system include the introduction of the National Child Protection System (CPNS), which went live on the 01 October 2015, and the Emergency Out- of-Hours Social Work Service (EOHS) in November 2015.

Prior to 2015, areas maintained individual child protection notification systems which were not integrated and could not be accessed on a national basis, making the management, sharing and access of appropriate information by key agencies difficult. The national system is now accessible 24 hours a day, seven days a week and can be accessed by An Garda Síochána and specific medical personnel, e.g., hospital emergency departments, children's hospitals, maternity hospitals and out of hours GP services. This system has greatly

improved local and national oversight of children who are placed on the system and has improved the appropriate sharing of information between key agencies for the purpose of protecting children. Access to the system is strictly controlled.

In November 2015, Tusla commenced an Emergency Out-of-Hours Social Work Service (EOHS) which co-operates with and supports An Garda Síochána in relation to the removal of a child from his or her family under Section 12 of the Child Care Act 1991 and separated children seeking asylum. Through the service, the Gardaí can contact a social worker by phone or arrange access to a local on-call social worker. This service builds on the placement only service (referred to as the Emergency place of Safety Service) that was previously in place. It was one of the key actions outlined in the Ryan Report (2009) and ensures that An Garda Síochána in all counties have access to social work support outside of normal working hours.

These developments are in addition to the strengthening of governance, risk management and quality assurance arrangements as described in Chapter 2.

Some key initiatives and activities planned for 2016 and beyond to improve child protection and welfare services include:

- Reduce the number of cases awaiting allocation to a social worker;
- Develop a Child Protection and Welfare Strategy to provide a framework to improve the structure and responsiveness of duty/intake teams;
- A focus on implementation of recommendations and learning from reports;
- Increased diversion of cases to family support services as they become further developed and embedded in the areas, e.g., diversion to Meitheal;
- Continued engagement with the HSE with regard to children who require priority access to mental health services and the needs of children with disabilities;
- Prepare for the commencement of the Child First Act 2015;
- Provide refresher training and guidance to improve consistency in the application of standard business processes and thresholds across the service;
- Continued development and strengthening of systems for complaints and feedback, risk management and quality assurance including targeted auditing of systems and processes;
- Improve systems and process in place for services to children in direct provision accommodation.

CHAPTER 4

SERVICES PROVIDED TO CHILDREN IN THE CARE OF THE AGENCY

ALTERNATIVE CARE SERVICES

KEY MESSAGES

- The Agency 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 in the community.
- At the end of December 2015, there were 6,384 children in the care of the Agency; the vast majority (93%; n=5,926) of whom were in a foster care arrangement, the preferred form of care placement. There were 1,550 admissions to care in 2015 and 1,420 discharges from care. Ninety three per cent (n=5,919) of children in care had an allocated social worker and 90% (5,766) had a written care plan. Ninety-eight per cent (n=3,942) of children in care aged 6-15 years and 92% (n=966) of children aged 16 and 17 years were full-time education. There were 4,823 foster carers in Ireland, 92% (n=4,443) of whom were approved in accordance with the regulations, and almost eight out of 10 had an allocated link worker. There were 1,835 young adults in receipt of aftercare services.
- Other positives include a year on year decrease in the number of children in placements outside of Ireland and a decrease in the number of children 12 years or younger in a residential placement.
- Inspections found that, in the main, children in care were safe and well cared for by competent and experienced staff. Reports referred to their rights being respected and promoted and being consulted about decisions that affected them. Many children spoke positively about their experience in care.
- Notwithstanding, there were 465 (7%) children in care at the end of December 2015 without an allocated social worker and 618 without an up to date care plan. A number of areas are also challenged in terms of recruitment and assessment of foster carers along with the allocation of link workers (social workers) to these carers. Other issues of concern include the lack of timely access to specialist services such as disability and mental health; the capacity of some services to meet the complexity of need of some children requiring placement and in dealing with behaviour that challenges; incidences of overuse of single separation in special care; inequity in terms of the provision of aftercare services to children leaving care across the system; and inadequate systems for risk management, complaints and feedback, and quality assurance. Greater accountability and managerial oversight in a general sense is also required.
- In respect of these shortcomings, the Agency will continue to build on work already commenced along with further actions planned for 2016 and beyond. Key among these will be the development of an Alternative Care Strategy; examination of resourcing deficits; staff development in terms of the management of behaviour that challenges; development of a complaints and feedback system; and strengthening quality assurance and risk management mechanisms across the system.

4.1 INTRODUCTION

Alternative care is the term used to describe State provision for children who cannot remain in the care of their birth parents. Under the provisions of the Child Care Act 1991 and its amendments the Agency has a statutory responsibility to provide Alternative Care Services. Such care is usually provided in the form of foster care and residential care, provided directly by State employees or through private and voluntary providers.

Where a child is taken into care, it is frequently agreed on a voluntary basis with the child's parents/guardians. In these cases, while the Agency has care of the child it must consider the parents' wishes as to how the care is provided. If no agreement is reached Tusla may apply to the courts for a number of different orders. These orders give the courts a range of powers, including decision-making about the type of care necessary and about access to the children for parents and other relatives. The main types of orders include:

- Emergency Care Order
- Interim Care Order
- Full Care Order
- Supervision Order
- Special Care Order. Special Care is an exceptional intervention restricting the liberty of the child and involves the detention of a child for his/her own welfare and protection in a Special Care Unit for a short-term period of stabilisation. The child is detained as a result of a High Court Order, and not on the basis of any criminal activity.

Types of Alternative Care Services

A range of Alternative Care Services are provided to address the needs of children requiring State care and protection as follows:

Foster Care: is defined as full-time or part-time substitute care (respite care) of children outside their own home by people other than their biological or adoptive parents or legal guardians. Foster care is the preferred option for children who cannot live with their parents as a result of abuse and/or neglect and their parents' inability to care for them due to a combination of difficulties in their own lives. Foster care can be provided directly by the Agency or through commissioned voluntary or private sector agencies on Tusla's behalf. All foster carers, excluding those under Section 36(1)(d) of the Child Care Act 1991 (emergency placements), must be approved by the Agency prior to any child being placed with them.

There are two main forms of foster care available: relative and general (non-relative) care.

A **relative foster carer** is defined as a person who is a friend, neighbour or relative of a child, or person with whom the child or the child's family has had a relationship prior to the child's admission to care. A relative foster carer takes care of the child on behalf of and by agreement with the Agency, having completed (or having agreed to undertake) an assessment of suitability within 12 weeks of the child being placed with them. Wherever

possible, the Agency would consider relative care in the first instance in order to lessen the impact of being in care for the child.

A **general foster carer** is a person approved by the Agency, having completed a process of assessment and who has been placed on the panel of approved foster carers to care for children in State care in accordance with the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995.

Each child in foster care (general and relative) has an allocated social worker who is responsible for the coordination of the care of the child. The welfare and best interests of the child are central to all care provision. Each foster family (general and relative) also has an allocated social worker, known as a link worker. The key role of the link worker is to supervise and support carers in their task of providing foster care.

Foster care in Ireland is governed by the Child Care Act 1991, the Child Care (Placement of Children in Foster Care) Regulations 1995 and the Child Care (Placement of Children with Relatives) Regulations 1995. In addition, the National Standards for Foster Care (Department of Health and Children, 2003) serve as a basis for consistently promoting quality of care for foster care services. It is against these Standards that HIQA inspectors form judgments about the quality of foster care services.

Residential Care: is defined by the Child Care Act 1991, as “any home or institution for the residential care of children in the care of health boards or other children who are not receiving adequate care and protection”. The purpose of residential care is to provide a safe, nurturing environment for individual children and young people who cannot live at home or in an alternative family environment (such as foster care). Residential care can be provided by statutory, voluntary or private providers.

The requirements for placing a child in a children’s residential centre and for the running of these centres are laid out in the Child Care (Placement of Children in Residential Care) Regulations 1995 and the Child Care (Standards in Children’s Residential Centres) Regulations 1996. In addition, the National Standards for Children’s Residential Centres (Department of Health and Children, 2001) serve as a basis for consistently promoting quality of care in residential services. All children’s residential centres are subject to statutory inspection. HIQA carries out statutory inspection of the statutory children’s residential centres. The Agency inspects and registers voluntary and private children’s residential centres.

There are two types of residential care currently in Ireland; these are **general residential care** and **special care**.

General Residential Care: the majority of children who reside in residential care live in general residential provision. General residential care aims to meet in a planned way the physical, educational, emotional, spiritual, health and social needs of the child.

At the end of 2015, there were 335 children in general residential care and there were approximately 153 general residential centres in the country as follows:

- 37 Tusla operated centres

- 91 Privately operated centres
- 25 Voluntary operated centres

Special Care: provides for a short-term, stabilising intervention that prioritises safe care in a secured therapeutic environment for children at risk and with challenging behaviour.

In 2015 there were 18 special care beds in the State as follows:

- Ballydowd, Dublin – 10 beds (mixed gender)
- Coovagh House, Limerick – 4 beds (mixed gender)
- Gleann Alainn, Cork – 4 beds (female only)

Due to the risk profile of some of the young people placed in special care, capacity was reduced in Ballydowd from April 2015 and Coovagh House from July 2015.

The ACTS (Assessment, Consultation and Therapeutic Service)¹⁴ team provides an onsite therapeutic service to children in special care.

In 2015, residential services incorporating special care transitioned from a locally managed service to a national service managed by a national manager. This new structure brings cohesiveness to a previously fragmented service and strengthens management and governance arrangements. Under this new structure, centres with high levels of presenting risk, low occupancy and/or other performance issues will receive immediate attention to ensure they are safe and remain viable moving forward.

Aftercare: is another service that comes under the umbrella of Alternative Care Services. It is defined as the support put in place to meet the needs of young adults leaving statutory care at 18 years of age, to assist them in making the transition to independent living. Aftercare provision incorporates advice, guidance and practical (including financial) support. Section 45 of the Child Care Act 1991 provides that the Agency may assist a child leaving care if it is satisfied that the person has a “need for assistance”. The core eligible age range for aftercare is 18 years and up to the age of 23 years of age for those in full-time education. The Agency’s aftercare service is underpinned by a national policy and procedures document which has been developed in cooperation with the key stakeholders. The provision of an appropriate aftercare service has been highlighted as a key element to achieving positive outcomes for young people upon leaving care. Key changes are expected with the commencement of the Child Care (Amendment) Act 2015 (refer to Section 2.9 of this report for further details).

¹⁴ A national multidisciplinary clinical team who work for Tusla consisting of: Counsellors with expertise in substance misuse; Psychologists; Social Workers; Social Care Workers; Speech and Language Therapists. It offers on-site therapeutic services to young people placed in secure settings (special care units and the children detention schools) on an in reach basis. It offers some services in the community for young people at significant risk. This is done by continuing involvement with young people following secure care placements when their needs exceed the threshold of community services. It also offers team based consultation around young people who have been referred to secure care or have previously been placed in secure settings.

Other Services: also coming under the umbrella of Alternative Care Services include services in respect of adoption, separated children seeking asylum, and children who are in need of accommodation. Information on these services is provided in Chapter 6 of this report.

4.2 KEY FACTS AND FIGURES

Data and information on admissions to care; children in care; discharges from care; young adults in receipt of aftercare services as well as findings and themes highlighted from inspection reports are presented in this chapter of the report.

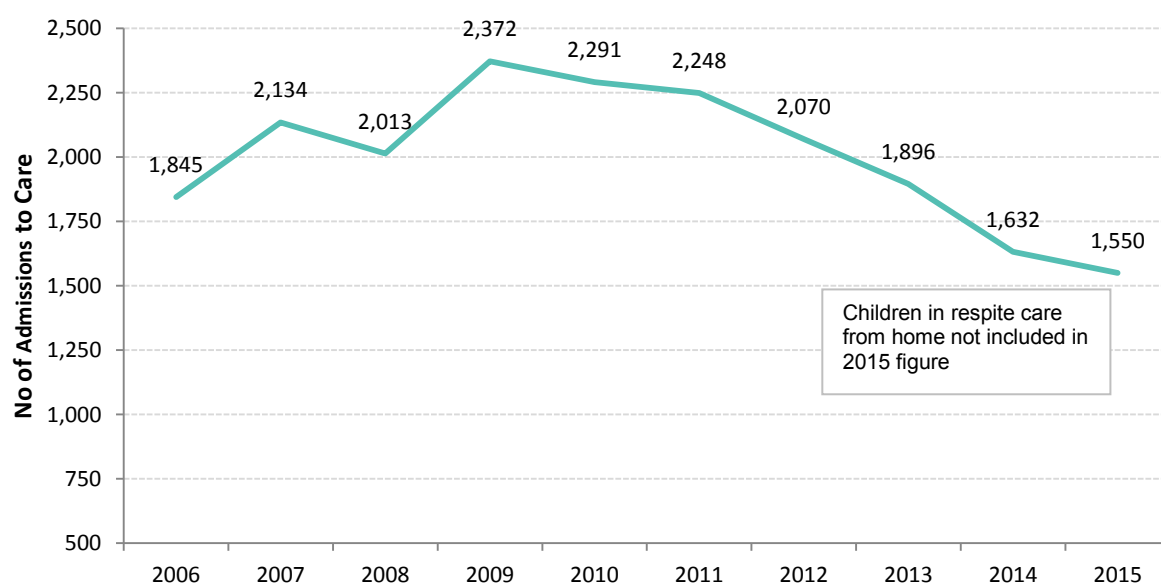
4.2.1 Summary

At the end of December 2015, there were 6,384 children in the care of Agency; the vast majority (93%; n=5,926) of whom were in a foster care arrangement, the preferred form of care placement. There were 1,550 admissions to care in 2015 and 1,420 discharges from care. Ninety-three per cent (n=5,919) of children in care had an allocated social worker and 90% (n=5,766) had a written care plan. Ninety-eight per cent (n=3,942) of children in care aged 6-15 years and 92% (n=966) of children aged 16 and 17 years were in full-time education. There were 4,823 foster carers in Ireland, 92% (n=4,443) of whom were approved in accordance with the regulations and almost eight out of 10 had an allocated link worker. There were 1,835 young adults in receipt of aftercare services.

4.2.2 Admissions to Care

- There were 1,550 admissions to care in 2015 (Figure 14). These data are not comparable with data for 2014 and previous years. Prior to 2015, children in respite care from home were included in this figure. It should also be noted that these data refer to incidences of admission that occurred during the year and not individual children admitted – a child can have more than one admission in the year. Data on the number of re-admissions to care during the year are required to correlate these data with the number of discharges from care (section 4.2.7) and the number of children in care (section 4.2.3).

Figure 14: Admissions to care, 2006-2015



Source: Tusla Annual Dataset

Age and Gender of Admissions to Care

- 52% (n=812) of admissions were male and 48% (n=738) were female; a similar pattern to 2014 (53%, n=868 male and 47%, n=764 female).
- 13% (n=205) of admissions were under one year of age, the highest percentage of all ages 0-17 years (Table 13). The next most common age for admission was 16 years (n=121; 8%) followed by 15 years (n=102; 7%).

Table 13: Admissions to care by age

Age	Total 2014	Total 2015	% of Total 2015
< 1 year	231	205	13%
1 year	110	98	6%
2 years	97	93	6%
3 years	65	74	5%
4 years	82	85	5%
5 years	74	75	5%
6 years	57	76	5%
7 years	74	68	4%
8 years	118	65	4%
9 years	50	63	4%
10 years	89	44	3%
11 years	52	68	4%
12 years	81	64	4%
13 years	76	74	5%
14 years	109	96	6%
15 years	98	102	7%
16 years	92	121	8%
17 years	77	79	5%
Total	1,632	1,550	100%

Source: Tusla Annual Dataset

Primary Reasons for Admission to Care

- 51% (n=791) of admissions were due to child abuse/neglect concerns, and the remaining 49% (n=759) of admissions were due to child welfare concerns (Table 14); a similar pattern to previous years.

Table 14: Breakdown of primary reasons for admission to care

Reason	Total 2014	% 2014	Total 2015	% 2015
Physical Abuse	90	6%	115	7%
Emotional Abuse	82	5%	133	9%
Sexual Abuse	24	1%	26	2%
Neglect	483	30%	517	33%
Child Welfare	953	58%	759	49%
Total	1,632	100%	1,550	100%

Source: Tusla Annual Dataset

Legal Reasons for Admission to Care

- 59% (n=917) of admissions to care were voluntary admissions (Table 15). The remainder of admissions were on foot of an application to the court of which the highest number (n=246; 16%) were admissions under an interim care order. About 1 in 7 (n=236) admissions was under an emergency care order.

Table 15: Legal reasons for admission to care

Legal Reasons	Total 2014	(%) 2014	Total 2015	(%) 2015
Emergency Care Order	163	10%	236	15%
Interim Care Order	198	12%	246	16%
Care Order	68	4%	105	7%
Other Court Order ¹⁵	63	4%	46	3%
Voluntary Admission	1,140	70%	917	59%
Total	1,632	100%	1,550	100%

Source: Tusla Annual dataset

Placement Types for Admissions to Care

- 91% (n=1,407) of admissions were to foster care and of these 18% (n=247) were to foster care with relatives (Table 16).

Table 16: Admissions by placement type

Care Type	Total 2014	% 2014	Total 2015	% 2015
Residential Care	88	5%	87	6%
Foster Care General	1,213	74%	1,160	75%
Foster Care With Relatives	264	16%	247	16%
Other Care Placements ¹⁶	67	4%	56	4%
Total	1,632	100%	1,550	100%

Source: Tusla Annual Dataset

¹⁵ Other court orders include children placed under Sections 5 and Section 12 of the Child Care Act 1991, children placed under Section 8 of the Refugee Act 1996, UK Transfer Order etc.

¹⁶ Other Care Placements include: supported lodgings; at home under a care order; detention centre/prison; youth homeless facilities; other residential centres e.g. therapeutic, disability, residential assessment, designated mother and baby units

Admissions to Care by Area

- There was an average of 91 admissions across the 17 areas in 2015, ranging from 217 (14%) in Cork to 29 (2%) in Kerry (Table 17).

Table 17: Admissions to care by area

Area	Admissions 2014	% of Admissions 2014	Admissions 2015	% of Admissions 2015
Cork	320	20%	217	14%
Dublin North	147	9%	203	13%
MidWest	148	9%	170	11%
LH/MH	43	3%	119	8%
DNC	173	11%	108	7%
DSC	87	5%	104	7%
GY/RN	113	7%	77	5%
WD/WX	128	8%	74	5%
DSW/K/WW	87	5%	73	5%
Midlands	57	3%	71	5%
CW/KK/ST	79	5%	68	4%
DSE/WW	35	2%	55	4%
Donegal	31	2%	53	3%
Mayo	28	2%	49	3%
CN/MN	48	3%	42	3%
SLWC	21	1%	38	2%
Kerry	87	5%	29	2%
National	1,632	100%	1,550	100%

Source: Tusla Annual Dataset

- At an area level, there is significant variation in the percentage breakdown of admissions to foster care and residential care. The percentage of admissions to foster care ranged from 81% (Carlow/Kilkenny/South Tipperary) to 100% (Galway/Roscommon and Sligo/Leitrim/West Cavan). Seven areas reported a percentage higher than the national average of 91%.
- The percentage of admissions to residential care ranged from 0% in four areas (Dublin South East/Wicklow, Kerry, Galway/Roscommon and Sligo/Leitrim/West Cavan) to 13% (Dublin North City). Other areas with a higher than average percentage of admissions to residential care include Carlow/Kilkenny/South Tipperary (12%); Dublin South West/Kildare/West Wicklow (11%); Dublin South Central (9%); and Waterford/Wexford (9%). Also of note is the number that is admitted to “other” in the MidWest Area. Although reasons for the variation require further examination, the data should be interpreted with caution due to the small numbers.

Table 18: Breakdown of admissions by type and area

	Residenti al Care (No.)	Residenti al Care (%)	Foster Care (No.)	Foster Care (%)	Other (No.)	Other (%)	Total
DSC	9	9%	95	91%	0	0%	104
DSE/WW	0	0%	49	89%	6	11%	55
DSW/K/WW	8	11%	61	84%	4	5%	73
Midlands	3	4%	68	96%	0	0%	71
DNC	14	13%	89	82%	5	5%	108
Dublin North	14	7%	187	92%	2	1%	203
LH/MH	5	4%	105	88%	9	8%	119
CN/MN	2	5%	38	90%	2	5%	42
Cork	10	5%	201	93%	6	3%	217
Kerry	0	0%	25	86%	4	14%	29
CW/KK/ST	8	12%	55	81%	5	7%	68
WD/WX	7	9%	67	91%	0	0%	74
MidWest	4	2%	153	90%	13	8%	170
GY/RN	0	0%	77	100%	0	0%	77
Mayo	1	2%	48	98%	0	0%	49
Donegal	2	4%	51	96%	0	0%	53
SLWC	0	0%	38	100%	0	0%	38
Total	87	6%	1,407	91%	56	4%	1,550

4.2.3 Discharges from Care

- Collection of data on discharges from care commenced in 2013 – any data reported for the years pre-2013 are estimates. There were 1,420 discharges (0-17 years) from care in 2015. These data are not comparable with data 2013/2014. In 2013/2014, children in respite care from home were included in this figure. Similar to the admission data, it should be noted these data refer to incidences of discharge that occurred during the year and not the number of individual children discharged from care – a child can have more than one discharge from care in the year. Data on the number of readmissions to care during the year is required to correlate these data with data on the number admissions to care (section 4.2.1) and the number of children in care (section 4.2.3).

Discharges from Care by Care Type

- 83% (n=1,185) of discharges were from foster care (Table 19).

Table 19: Discharges from care by care type

Care Type	2014	% 2014	2015	% 2015
Residential Care	79	6%	126	9%
Foster Care General	1,010	74%	956	67%
Foster Care with Relatives	182	13%	229	16%
Other	89	7%	109	8%
Total	1,360	100%	1,420	100%

Source: Tusla Annual Dataset

Discharges from Care by Gender and Age

- 704 (49.6%) discharges were males and 716 (50.4%) were female
- The most common age of discharges was 17 years (n=527; 37%) (Table 20). Young people turning 18 years accounted for 89% (n=470) of these discharges. The next most common age was 16 years (n=81; 6%) followed by 2 years (n=77; 5%); <1 year (n=73; 5%); 15 years (n=71; 5%) and 14 years (n=67; 5%). The least common age of discharges was 9 years (n=34; 2%) followed by 11 years (n=36; 3%).

Table 20: Discharges from care by age

Age	2014	% 2014	2015	% 2015
< 1 Year	91	7%	73	5%
1 year old	78	6%	53	4%
2 years	67	5%	77	5%
3 years	48	4%	47	3%
4 years	58	4%	50	4%
5 years	56	4%	48	3%
6 years	51	4%	42	3%
7 years	63	5%	42	3%
8 years	99	7%	45	3%
9 years	41	3%	34	2%
10 years	75	6%	41	3%
11 years	41	3%	36	3%
12 years	63	5%	42	3%
13 years	61	4%	44	3%
14 years	68	5%	67	5%
15 years	81	6%	71	5%
16 years	78	6%	81	6%
17 years	241	18%	527	37%
Total	1,360	100%	1,420	100%

Source: Tusla Annual Dataset

Discharges from Care by Location of Discharge

- Almost nine out of 10 discharges from care (86%; n=1,226) were to home/family or remaining with carers (Table 21). Three in every 100 (n=42) were to independent living.

Table 21: Discharges from care by location of discharge

Care Type	2014	% 2014	2015	% 2015
Returned Home/Family	1,140	84%	959	68%
Remained with Carers	115	8%	267	19%
Independent Living	22	2%	42	3%
Supported Lodgings	7	<1%	50	4%
Other	76	6%	102	7%
Total	1,360	100%	1,420	100%

Source: Tusla Annual Dataset

Discharges from Care by Area

- Discharges from care ranged from 204 (14%) in Cork to 14 (1%) in Sligo/Leitrim/West Cavan (Table 22). Seven areas reported fewer than 50 discharges; five areas reported between 50 and 100 discharges while a further four reported between 100 and 200 discharges.

Table 22: Discharges from care by area

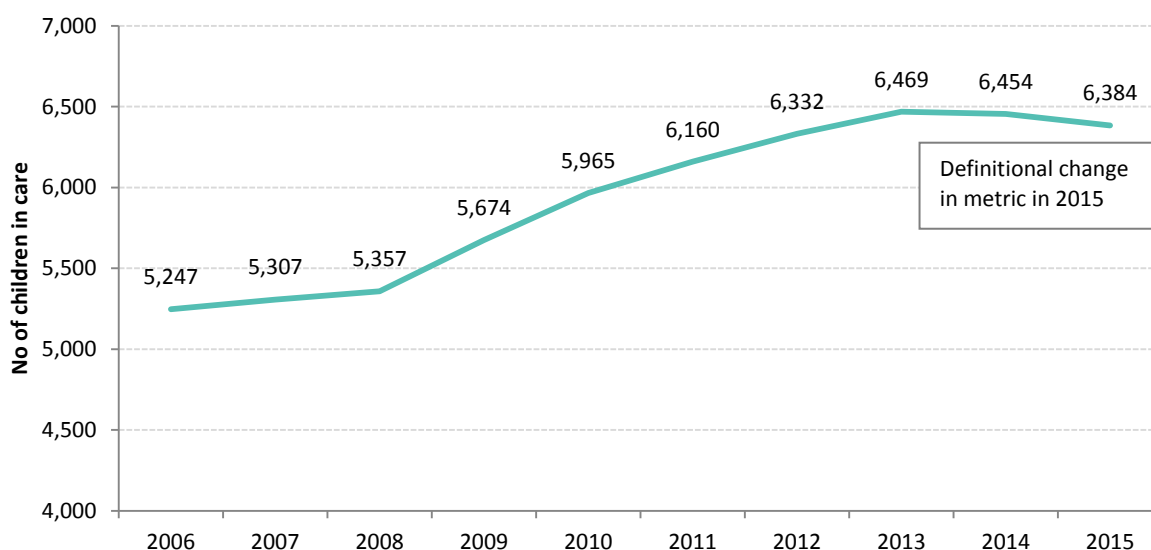
Area	2014	% 2014	2015	% 2015
Cork	327	24%	204	14%
Dublin North	117	9%	184	13%
MidWest	122	9%	138	10%
LH/MH	51	4%	113	8%
DNC	119	9%	108	8%
WD/WX	106	8%	100	7%
DSW/K/WW	60	4%	100	7%
DSC	37	3%	97	7%
Midlands	53	4%	85	6%
GY/RN	65	5%	58	4%
DSE/WW	43	3%	41	3%
CW/KK/ST	80	6%	40	3%
CN/MN	39	3%	39	3%
Mayo	21	2%	36	3%
Donegal	27	2%	34	2%
Kerry	75	6%	29	2%
SLWC	18	1%	14	1%
National	1,360	100%	1,420	100%

Source: Tusla Annual Dataset

4.2.4 Children in Care

- At the end of December 2015, there were 6,384 children in care (all types) (Figure 15). These data are not comparable with data for 2014 and previous years due to a definitional change in the reporting of these data. Prior to 2015, children in respite care from home were included in this figure and are now excluded.

Figure 15: Children in care, 2006-2015



Source: Tusla Annual Dataset

Note the figure for 2015 differs slightly from the figure (6,388) previously published by the Agency. This is due to retrospective validation of the number of children in care at year end. This is an annual exercise that is conducted by the Agency.

Children in Care per 10,000 Population 0-17 years

- At the end of December 2015, there were 56 children in care per 10,000 population 0-17 years (CSO Census 2011). Table 23 shows the rate of children in care per 10,000 population 0-17 years in other jurisdictions. While the rate for Ireland appears to be lower than that of other countries, these data need to be interpreted with caution due to possible variation in definitions between other jurisdictions.

Table 23: Children in care in other jurisdictions, rate per 10,000 population 0-17 years

Jurisdiction	Rate per 10,000 population
Ireland (December 2015)	56
Northern Ireland (March 2015)*	66
England (March 2015)**	60
Wales (March 2015)***	89
Scotland (March 2015)#	149 (total); 109 (away from home)
Australia (30 June 2015)##	81

* Department of Health, Social Services and Public Safety, Northern Ireland

Department of Education UK *StatWales

Child Protection Australia 2013-2014 (Australian Institute of Health and Welfare)

Children's Social Work Statistics Scotland, 2013-2014

Number and Rate of Children in Care by Area

- The number of children in care at the end of December 2015 ranged from 899 (14%) in Cork to 110 (2%) in Sligo/Leitrim/West Cavan (Table 24). Dublin North City reported the highest rate of children in care per 10,000 population at 145 per 10,000 population, while Dublin North reported the lowest rate at 36 per 10,000 population.

Table 24: Number and rate of children in care per 10,000 population 0-17 years, December 2015

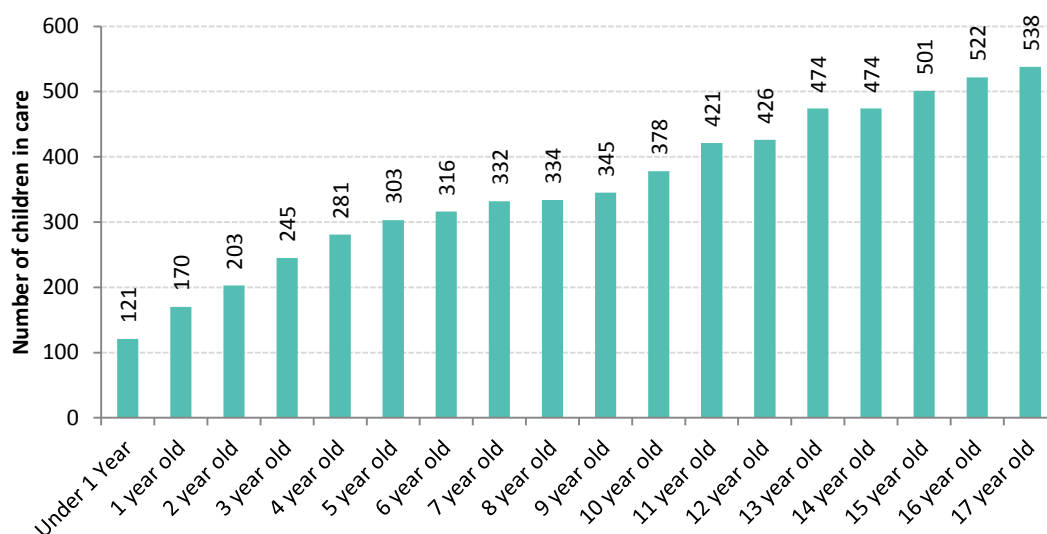
Area	Number CIC Dec 2014	Number CIC Dec 2015	% of CIC Dec 2015	Pop 0-17 years 2011	% of 0-17 population	Rate / 10,000 pop
DSC	407	393	6%	62,438	5%	63
DSE/WW	296	306	5%	81,991	7%	37
DSW/KWW	487	461	7%	102,800	9%	45
Midlands	340	380	6%	77,726	7%	49
DNC	626	623	10%	42,971	4%	145
Dublin North	306	331	5%	92,951	8%	36
LH/MH	383	390	6%	87,562	8%	45
CN/MN	181	171	3%	35,085	3%	49
Cork	928	899	14%	128,448	11%	70
Kerry	146	145	2%	34,940	3%	41
CW/KK/ST	379	382	6%	57,800	5%	66
WD/WX	497	447	7%	71,608	6%	62
MidWest	592	598	9%	94,989	8%	63
GY/RN	484	402	6%	77,270	7%	52
Mayo	122	136	2%	32,514	3%	42
Donegal	190	210	3%	44,534	4%	47
SLWC	90	110	2%	23,060	2%	48
Total	6,454	6,384	100%	1,148,687	100%	56

Source: Tusla Annual dataset and CSO Census data 2011

Age and Gender of Children in Care

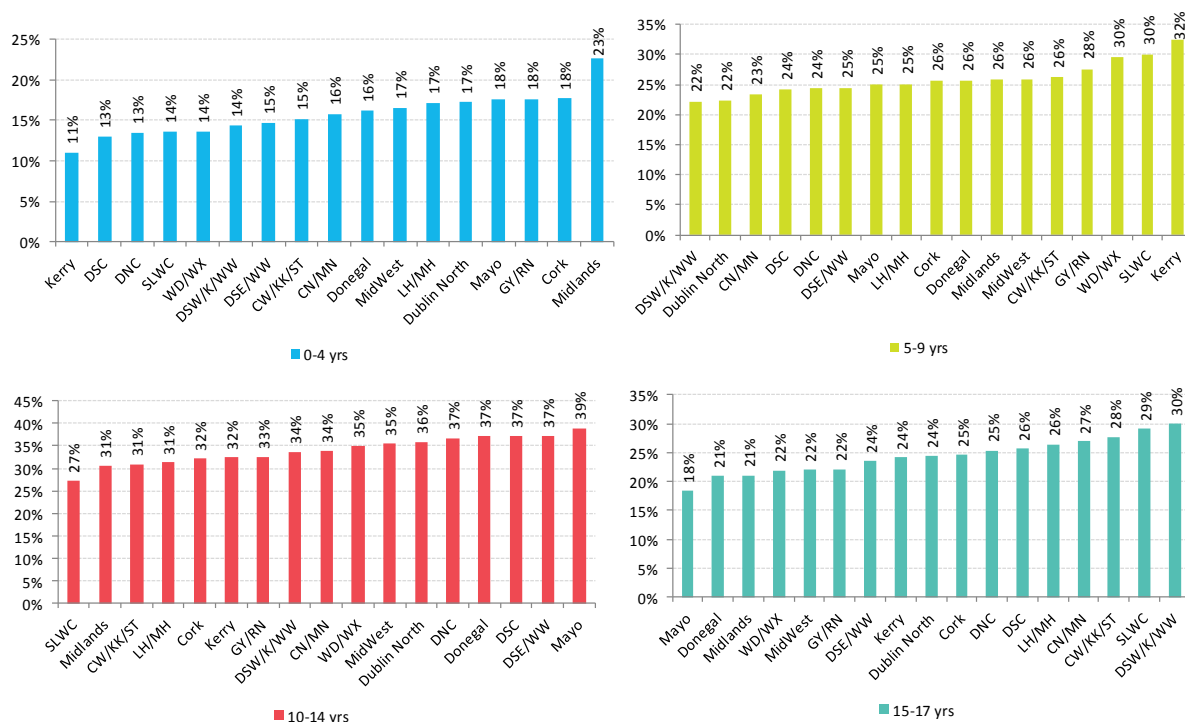
- At the end of December 2015, 8% (n=538) of children in care were 17 years of age; the highest percentage of all ages 0–17 years (Figure 16). Two per cent (n=121) were under one year old, the lowest percentage of all ages. The number of children in care is increased with increasing age.

Figure 16: Children in care by age 0-17 years, December 2015



- A breakdown of the percentage of children in care in each area by age group is presented in Figure 17. The percentage of younger children (0-4 years) in care in each area ranged from 11% (n=14/145) in Kerry to 23% (n=86/380) in Midlands, while the percentage of older children (15-17 year olds) in care in each area ranged from 18% (n=25/136) in Mayo to 30% (n=138/461) in Dublin South West/Kildare/West Wicklow. Twelve per cent (n=21/171) of all children in care in Cavan/Monaghan were 17 years, the highest of all areas. The next highest area was Carlow/Kilkenny/South Tipperary with 11% (n=41/382) of the children in care in this area aged 17 years. Mayo reported the lowest percentage of 17 year olds in care (4%; n=6/136).

Figure 17: Percentage of children in care in each area by age group, December 2015



- More males (n=3,297; 52%) than females (3,087; 48%) were in care at the end of December 2015.

Placement Type for Children in Care

- 93% (n=5,926) of children in care at the end of December 2015 were in a foster care arrangement and of these 31% (n=1,816) were in a relative foster care arrangement (Table 25).
- General residential care makes up a relatively small (5%; n=335) but significant number of placements within alternative care provision.

Table 25: Number and percentage of children in care by placement type, December 2015

Care Type	2014	% 2014	2015	% 2015
Foster Care General	4,134	64%	4,110	64%
Relative Foster Care	1,869	29%	1,816	28%
General Residential Care	329	5%	335	5%
Special Care	16	<2%	16	<1%
Other Care Placements ¹⁷	106	2%	107	2%
Total	6,454	100%	6,384	100%

Source: Tusla Annual dataset

- A breakdown of the percentage of children in care at the end of December 2015 in each area in foster care (general and relative) and residential care (all types) is presented in Figure 18 and Table 26.
- The percentage of children in foster care ranged from 99% in Galway/Roscommon (n=397/402) and Mayo (134/136) to 88% (n=344/393) in Dublin South Central. Areas with lower percentages of children in foster care were the five Dublin areas. Twelve per cent (n=46/393) of children in care in Dublin South Central were in residential care; the highest of all areas.

Figure 18: Percentage of children in care in foster care and residential care by area, December 2015



¹⁷ 'Other' includes children in supported lodgings, at home under a care order/supervision order, in a detention centre/prison, other residential centre, disability unit, or hospital.

Table 26: Number and percentage of children in care by type, December 2015

Area	Res Care	% Res Care	Foster care	% Foster Care	Other	% Other	Total
DSC	46	12%	344	88%	3	1%	393
DSE/WW	23	8%	277	91%	6	2%	306
DSW/K/WW	39	8%	414	90%	8	2%	461
Midlands	18	5%	362	95%	0	0%	380
DNC	51	8%	565	91%	7	1%	623
Dublin North	30	9%	299	90%	2	1%	331
LH/MH	17	4%	356	91%	17	4%	390
CN/MN	4	2%	165	96%	2	1%	171
Cork	43	5%	826	92%	30	3%	899
Kerry	5	3%	139	96%	1	1%	145
CW/KK/ST	14	4%	364	95%	4	1%	382
WD/WX	29	6%	415	93%	3	1%	447
MidWest	16	3%	566	95%	16	3%	598
GY/RN	3	1%	397	99%	2	0%	402
Mayo	2	1%	134	99%	0	0%	136
Donegal	5	2%	200	95%	5	2%	210
SLWC	6	5%	103	94%	1	1%	110
Total	351	5%	5,926	93%	107	2%	6,384

Reasons for Children Being in Care

- The most common reason for children being in care in 2015 was a child welfare concern, accounting for 47% (n=3,014) of children in care. This was followed by neglect at 39% (n=2,511) (Table 27).

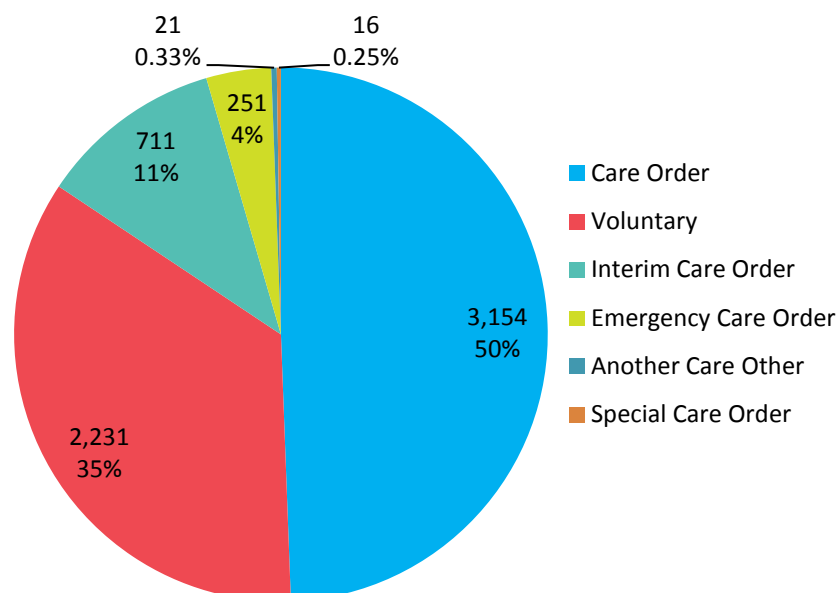
Table 27: Breakdown of primary reasons for children in care, December 2015

Reason	2014	% 2014	2015	% 2015
Physical Abuse	368	6%	379	6%
Emotional Abuse	316	5%	288	5%
Sexual Abuse	186	3%	192	3%
Neglect	2,342	36%	2,511	39%
Child Welfare	3,242	50%	3,014	47%
Total	6,454	100%	6,384	100%

Care Status for Children in Care

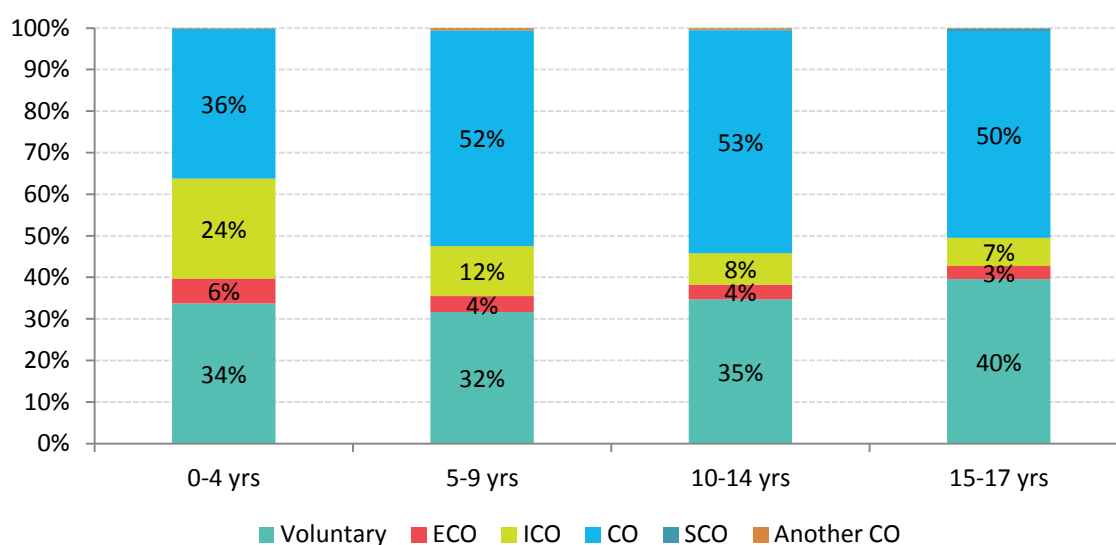
- 35% (n=2,231) of children in care at the end of December 2015 were in care under a voluntary arrangement (Figure 19). A further 50% (n=3,154) were in care under a care order, the most common type of order of the high court.

Figure 19: Children in care by care status, December 2015



- The percentage of children in care under an emergency care order and an interim care order was highest for the younger children (Figure 20). Care orders were less common amongst the younger children and highest for the 10-14 years age group. The percentage of children in care under a voluntary arrangement was highest for the older children.

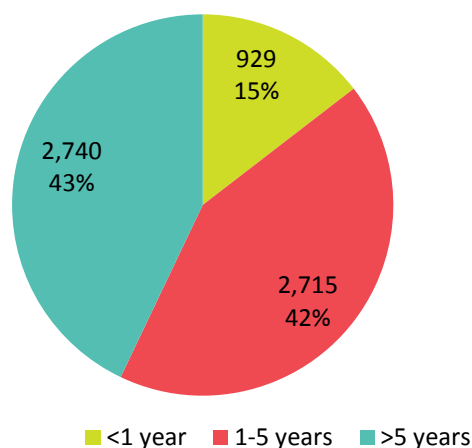
Figure 20: Care status of children in care by age, December 2015



Length of Time in Care

- The majority of children in care (57% n=3,644/6,384) at the end of December 2015 were in care for five years or less and of these 25% (n=929) were in care for less than one year. Forty-three per cent (n=2,740) were in care for over five years (Figure 21).

Figure 21: Children in care by length of time in care, December 2015



Source: Tusla Annual Dataset

- An area breakdown of children in care by length of stay is presented in Table 28. Mayo reported the highest percentage (29%; n=39/136) of children in care for less than one year, followed by Sligo/Leitrim/West Cavan (25%; n=28/110) and Cavan/Monaghan (20%; n=34/171). In contrast, Dublin South West/Kildare/West Wicklow and Dublin North City reported the lowest percentage (9%), followed by Dublin South Central (11%; n = 45/393) and Kerry (12%; n = 18/145).
- The percentage of children in care for over five years ranged from 53% in Dublin North City (n=329/623) to 27% in Sligo/Leitrim/West Cavan (n=30/110).

Table 28: Area breakdown of children in care by length of time in care, December 2015

Area	No <1 year	% < 1 year	No 1-5 years	% 1-5 years	No >5 years	% >5 years	Total Children in Care
DSC	45	11%	186	47%	162	41%	393
DSE/WW	39	13%	113	37%	154	50%	306
DSW/K/WW	41	9%	204	44%	216	47%	461
Midlands	71	19%	125	33%	184	48%	380
DNC	58	9%	236	38%	329	53%	623
Dublin North	51	15%	170	51%	110	33%	331
LH/MH	66	17%	161	41%	163	42%	390
CN/MN	34	20%	86	50%	51	30%	171
Cork	137	15%	410	46%	352	39%	899
Kerry	18	12%	69	48%	58	40%	145
CW/KK/ST	59	15%	138	36%	185	48%	382
WD/WX	57	13%	224	50%	166	37%	447
MidWest	78	13%	244	41%	276	46%	598
GY/RN	70	17%	148	37%	184	46%	402
Mayo	39	29%	54	40%	43	32%	136
Donegal	38	18%	95	45%	77	37%	210
SLWC	28	25%	52	47%	30	27%	110
Total	929	15%	2715	43%	2740	43%	6,384

4.2.5 Children in Special Care Units

- During 2015, there were 74 referrals to special care, nine fewer than 2014 (n=83) and 30 fewer than 2013 (n=104) (Table 29). Nineteen (26%) of the 74 referrals were re-referrals. Thirty-one (42%) referrals were approved; 37 were deemed not suitable; and three were considered inappropriate. Two were withdrawn prior to being considered while the remaining referral was under consideration by the committee. A total of ten referrals deemed suitable were subsequently withdrawn or removed. A total of 22 children were admitted to special care in 2015; eleven fewer than 2014. There were no applications for special care refused by the High Court in 2015.

Table 29: Referrals to Special Care, 2013-2015

	No. of referrals	No. of re-referrals	Total referrals	Referrals approved	Referrals deemed not suitable	Inappropriate referrals	Referrals withdrawn / removed	Children admitted
2015	55	19	74	31	37	3	10	22
2014	67	16	83	46*	31	1	13	33**
2013	86	18	104	32	45	0	27	32

Source: Special Care Services

*Includes 8 referrals that were subsequently withdrawn or removed

** 4 of these children were approved at the end of 2013

- Slightly more females (n=38) than males (n=36) were referred. The most common age of those referred was 15 years (n=19) followed by 14 years (n=17) and 16 years (n=16). A breakdown of the age at referral is presented in Table 30.

Table 30: Age at time of referral, 2015

Age	Number
11 years	0
12 years	2
13 years	11
14 years	17
15 years	19
16 years	16
17 years	9
Total	74

- Nine of the 22 children admitted to special care were admitted within one week of referral, two were admitted within two weeks of referral, six were admitted within one month of referral and five were admitted within three months of referral.
- There was a total of 38 special care interventions in 2015 as follows:
 - 1 child placed in 2013 continued into 2015
 - 15 children placed in 2014 continued into 2015
 - 22 young persons placed in 2015

- The most common length of intervention was 6-12 weeks (n=16) followed by 2-6 months (n=12) and over 1 year (n=6). The remaining four interventions were less than two months.
- On the 31 December 2015, there were 16 children in special care; no change from 2014. The number of children in special care accounted for 0.25% (16/6,384) of the total number of children in care on 31 December 2015.

4.2.6 Placement of Children 12 years and under in Residential Care

- It is Tusla policy to place children 12 years and younger requiring admission to care in foster care. However, circumstances do arise where this is not possible and where it may not be in the best interests of the child, e.g., where there are identified therapeutic needs which are best met within a residential setting.
- At the end of December 2015, there were 39 children aged 12 years or under in a residential care setting; five fewer than 2014 (Table 31). Seventy-seven per cent (n=30) of these children were 10 years or older.

Table 31: Children aged 12 or younger in a residential setting

	2013	2014	2015
Number aged ≤12 years in residential care	44	44	39
Total number in residential care	357	345	351
% ≤12 years in residential care	12.3%	12.8%	11%

Source: Tusla Annual Dataset

4.2.7 Placement Stability

- The number of children in care in their third or greater placement within the previous 12 months is used as a proxy for placement stability.
- At the end of December 2015, there were 132 children in their third or greater placement within the previous 12 months (Table 32). This amounts to 2% of all children in care. This percentage compares favourably with percentages reported by other jurisdictions including England (10%; 69,540 looked after children 31 March 2015)¹⁸; Scotland (6%; n=927/15,404 31 July 2015)¹⁹ and Wales (9%; n = 525/5,615 31 March 2015)²⁰. However, these data should be interpreted with caution as these

¹⁸

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464756/SFR34_2015_Text.pdf

¹⁹

<http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork/AdditionalTables2013-14>

²⁰ <https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/children-looked-after-childrenlookedafterat31march-by-localauthority-numberofplacementsduringyear-measure>

jurisdictions operate under different legislative frameworks, and as such are not directly comparable.

- 49% (n=65/132) of children in their third or greater placement within the previous 12 months were in foster care on the last day of the year. Thirty nine per cent (n=51/132) were in residential care of which seven (14%) were in special care. The remaining 16 were in an 'other' care placement.
- The number of children in foster care in their third or greater placement within the year equates to 1% of the total number of children in foster care and compares to 15% for residential care (incl. special care).

Table 32: Children in care in their third or greater placement within the previous 12 months

No. in 3rd placement within previous 12 months	2013	2014	2015
Foster care general	64	53	54
Foster care relative	9	9	11
Residential care	53*	48	44
Special care	5	8	7
Other care types	19	10	16
Total	150	128	132

*Source: Tusla Annual Dataset *Includes two children in high support units*

4.2.8 Placement Abroad

- Tusla seeks to place all children requiring care in a placement within Ireland, albeit that this does not always happen in a small number of cases. Children placed abroad are generally those requiring placement with relatives who happen to live abroad and those requiring highly specialised care currently not available in Ireland, e.g., specialist secure forensic mental health services and therapeutic residential services addressing specific needs identified in the child's care plan. In seeking such specialist placements, the needs of children are prioritised over the location of placement. Each child is placed in a care setting appropriate to his/her needs in accordance with his/her care plan. The majority of children return to Ireland once their specific intervention has concluded. Children in foster care abroad often remain in that country if it is considered to be in their best interests.
- Where children are placed abroad they remain in the care of the State. They have an allocated social worker who visits them in their placement and a care plan that is reviewed within the statutory framework. All centres in which children are placed are subject to the regulatory and inspection framework of that jurisdiction. Tusla makes itself aware of inspection reports prior to the placing of a child.
- It is the intention of Tusla to reduce the number of children in overseas placements over the coming years.
- At the end of December 2015, there were 17 children in a placement outside of Ireland; three fewer than 2014 and ten fewer than at the end of December 2013 (Table 33). The majority (n=16) of these children were in a placement in the United

Kingdom, including two in Northern Ireland. The remaining child was in a placement in another EU country. Children in placements abroad account for 0.3% of the total number of children in care.

- Eight (47%) of the children were in a residential placement, three fewer than 2014. Eight were in foster care, up two from 2014, and of these four were in foster care with relatives.

Table 33: Children in a placement outside of Ireland, December 2013-2015

Care Type	2013	2014	2015
Residential general care (incl. General and secure)	19	11	8
Foster care general	2	3	4
Foster care with relatives	4	3	4
Other	2	3	1
Total	27	20	17

Source: Tusla Annual Dataset

4.2.9 Children in Placements with Private Providers

- At the end of December 2015, there were 496 children in placements with private providers; 42 (9%) more than at the end of December 2014 (n=454) and 99 (25%) more than 2013 (Table 34). Children in private placements accounted for 8% (n=496/6,388) of children in care at the end of December 2015. The increase observed in private placements is attributed to the lack of availability of suitable placements in some areas; the capacity of foster care teams to recruit new foster carers to keep up with demand in some areas; and the capacity of some foster care teams to complete assessments of potential foster carers in a timely manner. *Note: these data are taken from Tusla's monthly dataset and not the annual dataset which undergoes retrospective validation, hence the slight difference between the total number of children in care here (n=6,388) and reported in previous sections of the report (n=6,384).*
- 62% (n=308) of children in private placements were in foster care; up 12% (n=34) from 2014 (Table 34). The percentage of children in private residential placements was up 5% (n=9) on 2014.

Table 34: Children in care in private placements, 2013-2015

Care Type	2013	2014	2015	Δ +/- 2015 v 2014
Residential care (all types)	142	166	175	+9
Foster care	246	274	308	+34
Other	9	14	13	-1
Total	397	454	496	+42

Source: Tusla Monthly Data Return

- A breakdown of children in private placements by area is presented in Table 35. The area with the highest number of children in private placements at the end of

December 2015 was Dublin North City with 89 children, followed by Dublin South Central (n=86) and Dublin South West/Kildare/West Wicklow (n=66). More than one in five of the children in care in Dublin South Central are in a private placement, the highest percentage of all areas. Seven of the 17 areas had fewer than ten children in private placements at the end of December 2015. Almost two-thirds (63%; 311/496) of the children in private placements at the end of December 2015 were reported by the five Dublin and wider surrounding areas.

Table 35: Children in care in private placements by area, December 2015

Area	Residential	Foster Care	Other Care	Total in Private	Total children in care	% in private
DSC	24	61	1	86	393	22%
DSW/KWW	19	47	0	66	461	14%
DNC	15	73	1	89	625	14%
DSE/WW	14	24	2	40	306	13%
Midlands	9	38	0	47	371	13%
Dublin North	12	18	0	30	331	9%
WD/WX	23	6	0	29	447	6%
Cork	29	17	0	46	899	5%
SLWC	3	2	0	5	110	5%
LH/MH	8	8	1	17	390	4%
Mid West	4	7	6	17	605	3%
CN/MN	4	0	0	4	170	2%
Mayo	1	2	0	3	136	2%
CW/KK/ST	5	3	0	8	382	2%
Kerry	2	1	0	3	145	2%
Donegal	2	1	0	3	210	1%
GY/RN	1	0	2	3	407	1%
National	175	308	13	496	6,388	8%

Source: Tusla Monthly Data Return

4.2.10 Children in Care in Full-Time Education

- At the end of December 2015, 98% (n =3,942/4,012) of children in care aged 6–15 years were in full time education and 92% (n=966/1,048) of children aged 16 and 17 years were in full time education (Table 36).
- For the purposes of reporting, full time education is defined as:
 - recognised educational establishment; or
 - registered home schooling; or
 - Carline, Youth Reach or any course/training that is approved by the Educational Welfare Service; or
 - If they have been assessed and it has been agreed as part of the care plan that a special educational arrangement has been put in place that meets that child's needs.
- A breakdown of the number of children in care in full time education by area is presented in Table 36. For children aged 6-15 years, five of the 17 areas reported 100%, with a further eight reporting 98% or higher. For children aged 16 and 17 years, one area reported 100%, with a further 10 areas reporting 90% or higher.

Table 36: Children in care in education, December 2015

Area	No. in Care 6-15 years	No. in FT Education	% in FT Education	No. in Care 16 & 17 years	No. in FT Education	% in FT Education
DSC	252	242	96%	73	67	92%
DSE/WW	207	206	99.5%	44	41	93%
DSW/K/WW	287	278	97%	96	93	97%
Midlands	188	182	97%	46	41	89%
DNC	412	407	99%	91	85	93%
Dublin North	211	210	99.5%	49	43	88%
LH/MH	230	227	99%	75	70	93%
CN/MN	98	98	100%	33	28	85%
Cork	534	517	97%	161	148	92%
Kerry	97	97	100%	25	24	96%
CW/KK/ST	230	229	99.5%	65	64	98%
WD/WX	321	313	98%	78	77	99%
Mid West	387	381	98%	93	74	80%
GY/RN	260	260	100%	51	51	100%
Mayo	96	96	100%	17	15	88%
Donegal	134	131	98%	29	25	86%
SLWC	68	68	100%	22	20	91%
National	4,012	3,942	98%	1,048	966	92%

Source: Tusla Quarterly Data Return

4.2.11 Children in Care with an Allocated Social Worker and Care Plan

- At the end of December 2015, 93% (n=5,919/6,384) of children in care had an allocated social worker against a target of 100%; 465 were awaiting allocation of a social worker. For the same period, 90% (n=5,766/6,384) had an up to date written care plan against a target of 90% (Table 37).

Table 37: Children in care with an allocated social worker and written care plan, December 2015

Area	No in Care Dec 2015	No in care with an Allocated Social Worker Dec 2015	% in Care with an Allocated Social Worker	No in Care with a Written Care Plan Dec 2015	% in Care with a Written Care Plan
Foster Care General	4,110	3,852	94%	3,743	91%
Foster Care Relative	1,816	1,623	89%	1,601	88%
Residential (General)	331	322	97%	305	92%
Special Care	16	16	100%	16	100%
Out of State Secure Care	4	4	100%	4	100%
Other	107	102	95%	97	91%
National	6,384	5,919	93%	5,766	90%

Source: Tusla Annual Dataset

- A breakdown of the number of children in care with an allocated social worker and written care plan by area at the end of December 2015 is presented in Table 38. In six of the 17 areas all (100%) children in care had an allocated social worker, with 95% or higher reported in a further five areas. Dublin South West/Kildare/West Wicklow reported the lowest percentage at 77%, followed by Donegal at 79%.
- In 12 out of 17 areas, more than 90% (target) of children in care had a written care plan. Dublin South Central reported the lowest percentage at 53% followed by Dublin South West/Kildare/West Wicklow and Dublin North both reporting 77%.

Table 38: Children in care with an allocated social worker and care plan by area, December 2015

Area	No. in Care	Allocated Social Worker	% Allocated Social Worker	Care Plan	% Care Plan
DSC	393	378	96%	207	53%
DSE/WW	306	306	100%	257	84%
DSW/K/WW	461	354	77%	355	77%
Midlands	380	346	91%	370	97%
DNC	623	608	98%	569	91%
Dublin North	331	309	93%	256	77%
LH/MH	390	390	100%	363	93%
CN/MN	171	171	100%	152	89%
Cork	899	860	96%	836	93%
Kerry	145	145	100%	143	99%
CW/KK/ST	382	331	87%	382	100%
WD/WX	447	424	95%	441	99%
Mid West	598	494	83%	593	99%
GY/RN	402	391	97%	399	99%
Mayo	136	136	100%	136	100%
Donegal	210	166	79%	205	98%
SLWC	110	110	100%	102	93%
National	6,384	5,919	93%	5,766	90%

Source: Tusla Annual Dataset

4.2.12 Foster Carers

- At the end of December 2015, there were at least 4,823 foster carers in Ireland (Table 39). Ninety-two percent (n=4,443) of foster carers were approved and on the Panel of Approved Foster Carers in accordance with Part III of the Child Care (Placement of Children in Foster Care) Regulations 1995. Eight per cent (n=380) were awaiting approval, some 62 fewer than 2014.
- One-third (33%; n=1,574) of all foster carers were relative carers. Sixty-one per cent (n=2,955) were general foster carers while the remaining 6% (n=294) were private carers.

Table 39: Foster carers by type, 2014-2015

Area	Number 2014	Number 2015	Δ+/- 2015 vs. 2014	% of Total 2015
General foster carers approved	2,880	2,955	+75	61%
Relative foster carers approved	1,166	1,194	+28	25%
Relative foster carers awaiting approval	442	380	-62	8%
Private foster carers approved	164**	294	+130	6%
National	4,652	4,823	+171	100%

** 2014 Based on returns from 13/17 areas

Source: Tusla Quarterly Data Return

Approved Foster Carers with Allocated Link Workers

- At the end of December 2015, 79% (n=3,275/4,149) of approved general and relative foster carers had an allocated link worker; up four percentage points from 2014 (Table 40).
- In respect of relative foster carers awaiting approval, 64% (n=209/327) of those who had a child placed with them for longer than 12 weeks²¹ at the end of December 2015, had an allocated link worker; up seven percentage points from 2014.

Table 40: Approved foster carers with an allocated link social worker, 2014-2015

Type	No. of Foster Carers 2014	No with Link Worker 2014	% with Link Worker 2014	No. of Foster Carers 2015	No with Link Worker 2015	% with Link Worker 2015
General foster carers approved	2,880	2,231	77%	2,955	2,419	82%
Relative foster carers approved	1,166	789	68%	1,194	856	72%
National	4,046	3,020	75%	4,149	3,275	79%

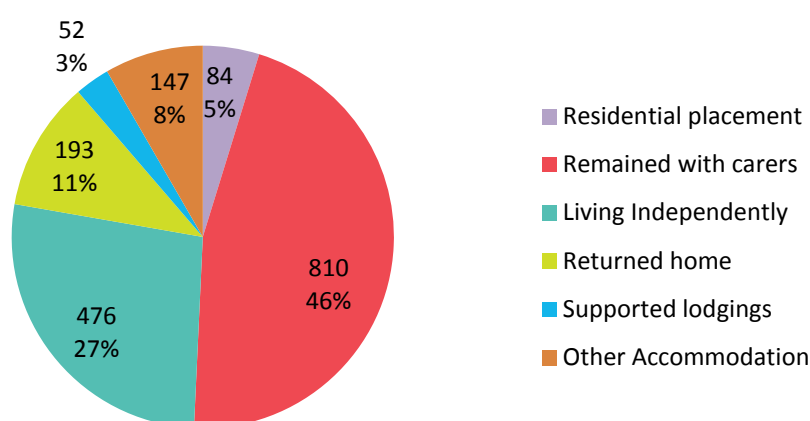
Source: Tusla Quarterly Data Return

²¹ The timeframe for approval of relative foster carers is 12 weeks per the Child Care (Placement of Children with Relatives) Regulations 1995 and 16 weeks per the National Standards for Foster Care.

4.2.13 Aftercare

- At the end of December 2015, there were 1,835 young adults (all ages 18 years upwards) in receipt of aftercare services; 128 (7%) more than 2014 (n=1,707). It should be noted, that as this is a demand-led service, through voluntary engagement, the number of young people in receipt of aftercare services can fluctuate.
- In terms of the 18-22 years old cohort in receipt of aftercare services (n=1,763) 27% (n=476) moved to living independently while 46% (46%; n=810), almost one in two, remained living with their carers, implying that they continue to experience caring relationships and stable living arrangements (Figure 22). Living arrangements were not available for one case.

Figure 22: Living arrangements of young adults (18-22 years) in receipt of aftercare services



Source: Tusla Quarterly Data Return

- 85% (n=1,499) had an aftercare plan and 86% (n=1,511) had an allocated aftercare worker (Table 41). Fifty-eight per cent (n=1,022) of these young people were also in full time education.
- More than 90% of young people had an aftercare plan in 11 out of 17 areas with six of these areas reporting 100% (Table 41). Similarly, more than 90% had an aftercare worker in 12 out of 17 areas with six areas reporting 100%. Dublin South Central was the poorest performing area reporting 46% with a plan and 44% with an aftercare worker.

Table 41: 18-22 years in receipt of aftercare with an aftercare plan and aftercare worker, Dec 2015

Area	No. 18-22 years in aftercare	No. with an aftercare plan	% with an aftercare plan	No. with an after care worker	% with an aftercare worker
DSC	150	69	46%	66	44%
DSE/WW	127	105	83%	121	95%
DSW/K/WW	116	71	61%	70	60%
Midlands	85	85	100%	85	100%
DNC	200	160	80%	157	79%
Dublin North	67	64	96%	67	100%
LH/MH	87	87	100%	87	100%
CN/MN	68	68	100%	68	100%
Cork	218	203	93%	171	78%
Kerry	31	31	100%	21	68%
CW/KK/ST	81	64	79%	78	96%
WD/WX	131	130	99%	130	99%
Mid West	176	167	95%	170	97%
GY/RN	118	88	75%	113	96%
Mayo	42	42	100%	42	100%
Donegal	40	40	100%	40	100%
SLWC	26	25	96%	25	96%
National	1,763	1,499	85%	1,511	86%

Source: Tusla Quarterly Data Return

4.3 SUMMARY OF KEY FACTS AND FIGURES

- 1,550 admissions to care in 2015;
- 1,420 discharges from care in 2015;
- 6,384 children in care at the end of 2015;
- 93% (n=5,926) of children in care were in a foster care arrangement; 5% (n=351) were in residential care;
- 22 children admitted to special care in 2015; eleven fewer than 2014;
- 57% (n=3,644) of children in care in care for 5 years or less;
- 132 (2% of total in care) children in their third or greater placement within the previous 12 months at the end of December 2015;
- 17 children in a placement outside of Ireland at the end of December 2015; three fewer than 2014 and ten fewer than 2013;
- 496 children in private placements at the end of December 2015; up 42 on 2014;
- 98% (n=3,942/4,012) of children (6-15 years) in care in full-time education at the end of December 2015; 92% (n=966/1,048) of children in care aged 16 and 17 years were in full-time education;
- 93% (n= 5,919) of children in care with an allocated social worker at the end of December 2015 (Target 100%); 465 were awaiting allocation;
- 90% (n=5,766) of children in care with a written care plan at the end of December 2015 (Target 90%); 618 did not have a plan
- 4,823 foster carers in Ireland at the end of December 2015; 92% approved;
- 79% (n=3,275) of approved general and relative foster carers with an allocated link social worker; up four percentage points on 2014;
- 64% (n=209) of relative foster carers who had a child placed with them for longer than 12 weeks had an allocated link worker; up seven percentage points on 2014;
- 1,835 young adults (all ages 18 years and upwards) in receipt of aftercare services; 128 (7%) more than 2014.

4.4 FINDINGS FROM INSPECTION AND OTHER EXTERNAL REPORTS

In addition to the data provided above, inspection reports published by HIQA and investigation reports published by the National Review Panel (NRP) provide a further insight into the quality of services by Alternative Care Services. A summary of the main findings and themes identified from HIQA inspections are presented below. Those identified by the NRP are covered in Section 3.4.2 of this report. Themes highlighted in the Ombudsman for Children's Annual Report 2015 are included below.

4.4.1 HIQA Inspections

HIQA inspects foster care services against National Standards for Foster Care (DoHC 2003) and residential services against National Standards for Children's Residential Centres (DoHC 2001). Special Care Units are inspected against National Standards for Special Care Units introduced by HIQA in March 2015. These new standards supersede the previous National Standards for Special Care Units (2001) developed by the Department of Health and Children.

Foster Care Services

In 2015, HIQA inspected two foster care services delivered by Tusla service areas – Cavan/Monaghan and Galway/Roscommon. Services were inspected against 26 standards. Although there were some common findings, services differed in their capacity to meet or exceed these standards. Significant risks were identified against two standards in the Cavan/Monaghan area (standards pertaining to supervision and support for foster carers and reviews of foster carers).

Table 42: HIQA inspections 2015 – summary of judgments

Service Area	Exceeds the standard	Meets the Standard	Standard Requires improvement	Number of standards against which significant risk was identified
Galway/Roscommon	2	4	20	0
Cavan/Monaghan	0	6	18	2

Inspectors found good practice in a number of areas:

- Both areas met the standards relating to promoting children's education and one exceeded this standard. There was a high value placed on children's education and they were supported to achieve their educational potential. Many went on to further education with full support from the service area;
- On an individual basis, service areas met standards related to meeting children's diverse needs, placing children in safe and nurturing homes, and generally providing children with good quality, safe placements;
- Children's wishes were respected and there was evidence in one area that they were consulted about decisions that impacted upon their lives;

- Overall, social work practice was found to be good and children were supported to maintain their sense of identity and to keep in touch with important people in their lives;
- The aftercare provided to the children in one area (Galway/Roscommon) was described as excellent;
- All children in the Cavan/Monaghan had an allocated social worker and care plan;
- Good quality foster care assessments;
- Effective governance structure and clear lines of accountability;
- Skilled staff team who were well supported by regular supervision and training opportunities which were informed by a workforce learning and development plan.

In terms of shortcomings and areas for improvement reports referred to:

- Matching children with carers who could meet their needs was not always possible due to limited numbers and types of foster care placements. This resulted in some placements breaking down and also in placing several unrelated children in the same foster care placement.
- Challenge to provide culturally sensitive placements, although each service was endeavouring to address this deficit;
- The level of support to foster carers varied across the services and although many received high quality support, others did not have an allocated social worker;
- Some delays in assessment and approval of some foster carers who had children placed with them, which meant that the potential risks to some children may not have been identified;
- Lack of a robust system to carry out timely and effective foster care reviews (Cavan/Monaghan);
- Significant delay in accessing psychological services in the Cavan/Monaghan area – concern about the well-being of these children. Assurances were provided by the area in response to this concern;
- Foster care committee not in compliance with national guidance and national standards in one area (Cavan/Monaghan);
- Deficits in the oversight and management of allegations and complaints;
- Deficits in risk management and quality assurance systems;
- Insufficient staff in place to deliver a safe and effective service.

Action plans were developed to address deficits identified and implement recommendations made, many of which have already been identified.

Residential Services (excluding special care)

All children's residential centres are subject to statutory inspection. HIQA inspects and registers statutory (Tusla) children's residential centres and Tusla inspects and registers voluntary and private residential centres. The statutory framework which underpins this work is laid out in the Child Care (Placement of Children in Residential Care) Regulations 1995 and the Child Care (Standards in Children's Residential Care) Regulations 1996, in addition to National Standards for Children's Residential Centres (2001). It is against these standards that inspectors form judgements about the quality of children's residential child care services. Centres are inspected in line with a 3 year registration cycle.

The Child Care (Placement of Children in Residential Care) Regulations 1995 places additional duties on the Agency to ensure compliance with the Child Care Regulation 5-16. The regulations state that an authorised person (monitoring officer) is required to visit centres from "time to time" (Part III, Article 17(b)). The aim of the monitoring process is to support best practice and the provision of the highest standards of care. This duty extends to statutory centres in addition to private and voluntary centres referred to above.

In 2015, HIQA published 16 inspection reports for children's residential centres. Eleven were conducted as part of a thematic programme which focused on the quality of work undertaken with children whose behaviour was challenging. Inspectors met with and had telephone contact with a number of children and parents during these inspections.

The findings were mixed but broadly positive for most centres inspected. With the exception of two centres, inspectors found that children were safe, the overall quality of care provided was good and there was evidence of a lot of positive interaction between children and staff.

Most centres inspected required improvement in more than half of the standards inspected. Significant risks were identified against standards in three centres inspected: two centres had significant risks identified against four standards and one centre had a significant risk identified against one standard. None of the standards were exceeded in any of the centres inspected.

Table 43: HIQA inspections 2015 – summary of judgments

Centre	Standards Assessed	Exceeds the standard	Meets the Standard	Standard Requires improvement	Number of standards against which significant risk was identified
ID38	8	0	2	2	4
ID32	10	0	4	6	0
ID364	6 (follow-up)*	0	2	4	0
ID195	7	0	1	6	0
ID38	6 (follow-up)*	0	1	5	0
ID22	7	0	2	5	0
ID37	7	0	3	4	0
ID35	7	0	1	6	0
ID187	7	0	4	3	0
ID372	7	0	4	3	0
ID279	7	0	4	3	0
ID130	8	0	0	4	4
ID220	7	0	3	4	0
ID108	10	0	4	6	0
ID13	10	0	3	7	0
ID49	7	0	1	5	1

*Judgements against standards are made only in regard to the actions to be taken by the provider and should not be read as an overall compliance with relevant standards

Inspectors found good practice in a number of areas:

- Children's rights respected and information about their rights being readily available;
- Good quality, up to date individual care plans, placement plans, absence management plans and crisis management plans for the majority of children;
- Almost all children with an allocated social worker;
- Children being facilitated to make good contact with family and friends and to engage in community activities;
- Children involved in decisions about their care and their voice reflected in centre records and reports;
- Staff familiar with the needs of children and proactive in responding to these needs;
- Staff consulting with children in relation to the running of the centre;
- Strong links with An Garda Síochána;
- Swift co-ordinated response to serious incidents of behaviour that challenges;
- A number of centres had models of care or an approach that guided staff in their work with children with challenging behaviours;
- Staff trained in managing behaviour that challenges;
- Strong leadership and clear lines of accountability in a number of centres;
- Children being supported to achieve their educational potential;

- Restrictive practices used as a last resort and effective use of “relationship based models”.

In terms of shortcomings and areas for improvement, reports referred to:

- In the case of the themed inspections, some centres did not have a model of care and where this was the case, there was a less coherent approach to how staff worked with children and the likelihood of a more reactive culture being employed in managing behaviour that challenged;
- Systems to manage risk (keep children safe) were not effective in all cases;
- Purpose and function of some individual centres was not accurately defined in some centres. This allowed for weak admission processes that resulted in staff providing care to children who were not suited to the centre;
- While the majority of reports referred to strong leadership which provided the basis for the provision of consistent, safe and effective levels of care for children, a small number referred to centres where managers were unable to provide sufficient leadership and direction to guarantee a safe, good quality service;
- Collective reviewing of significant events (for learning) not happening in a number of centres;
- Quality and frequency of supervision required improvement in some centres;
- Staff training, including training needs analysis to monitor training required, received and requested;
- Complaints management systems required improvement in a number of centres;
- Staffing capacity;
- Care plans / absence management plans / record keeping required improvement in some centres;
- Supports to children with complex needs not adequate in some centres;
- Quality assurance systems required improvement;
- Increased safeguards for children who are placed at risk as a result of their behaviour and better care planning for such children.

Action plans were developed to address deficits identified and implement recommendations made, many of which have already been identified.

Special Care

Special Care Centres are monitored under Article 22 of the Child Care Special Care Regulations 2004. The National Standards for Special Care Units (HIQA 2015) introduced in 2015 guide special care units on how best to provide safe and effective services to children. They also provide the framework for HIQA to assess whether special care units are providing high quality, safe and effective services and supports to children, in line with the requirements of the Health Act 2007.

HIQA conducted four inspections of special care units in 2015. Three of these were annual full inspections and one was a triggered inspection (unannounced as a result of receiving information relating to concerns or notifications) of one unit that assessed the use of single separation²² under specific circumstances.

Annual inspections found that in general, practice across the three special care units was similar, although they varied to some degree in relation to the levels of risk at the time of their respective inspections. One unit (Coovagh House) met more than half (18/30) of the standards and exceeded one, while the remaining two units met close to half of the standards inspected (13/30). Two of the units had significant risks identified, related to the use of restrictive practices and managing behaviour that challenged.

Table 44: HIQA inspections 2015 – summary of judgments

Unit	Exceeds standard	Meets standard	Standards requiring improvement	Significant risk identified
Coovagh House	1	18	8	3
Ballydowd	0	13	17	0
Ballydowd (triggered inspection)	0	0	1	2
Gleann Alainn	0	13	15	2

The inspection reports found that overall children were well cared for and that their key rights were valued and respected.

Inspectors found good practice in a number of areas:

- Children being involved in consultation and decision making processes;
- Good safe-guarding and child protection practices;
- Parents interviewed acknowledged the positive changes in their child's presenting behaviours;
- Clear delegations of management responsibilities;
- Care planning and review processes were in the main effective;
- Multi-disciplinary therapeutic services were provided in a timely way;
- Records of each child were well maintained;
- Children supported to maintain links and positive attachments with their families;

²² Single separation is defined as the isolation of a seriously disruptive young person, for as short a period as possible, to give them the opportunity to regain self-control. Department of Health and Children's National Guidelines on the Use of Single Separation in Special Care Units (2003).

- Educational needs met;
- Management of complaints.

Common areas of practice that required improvement were related to promoting children's right to dignity and privacy, the development of an individual programme of special care for each child, the premises, and the need to improve elements of the leadership, governance and management.

Findings from the triggered inspection in Ballydowd (July 2015) identified a number of concerns in relation to the practice of single separation including: overuse and duration of restrictive interventions, learning from incidents to drive improvements, promoting the rights of children and staff training in the use of single separation. Immediate steps were taken by Tusla due to the seriousness of the issues identified including an immediate directive that the Director of Residential Services was to be informed about episodes of single separation in all special care units as an interim safeguarding measure and formal assurances to be provided to HIQA that such practices (as identified in Ballydowd) were not evident in other special care units in the country. A single-occupancy facility is also being developed at Ballydowd which will be better equipped to deal with extremely challenging behaviour and which in turn will reduce the need for single separation. Notable improvements in practice in relation to the use of single separation were identified in the annual inspection that was conducted in October 2015. Inspectors found that policies and procedures had been revised and were in the process of being implemented in all units. There was a re-focus on the promotion of children's rights when singly separated. Cultural changes had taken place that meant exploring effective alternatives to this practice were the main objective. Incidences of single separation had decreased nationally.

4.4.2 Ombudsman for Children

Common themes in complaints received by the Ombudsman for Children in respect of children in care and highlighted in their annual report for 2015 include, concerns around planning for their future and the availability of a range of placements to meet their needs, a feeling that their views are not heard when decisions are made about them, insufficient services, poor inter-agency working and lack of response to complaints.

4.5 CONCLUSION

The data and information presented in this report demonstrate that children in the care of the Agency are, in the main, safe and well cared for by competent and experienced staff. Notwithstanding, improvements are required and particularly in terms of the following:

- Ensuring that all children in care have an allocated social worker;
- Improving foster care recruitment and the matching of placements;
- Improving supports for foster carers and ensuring that they have a link worker;
- Improving supports and preparedness for children leaving care;

- Strengthening of governance, risk management, quality assurance systems;
- Develop complaints and feedback system management;
- Meeting the complexity of needs of some children placed in care;
- Develop and understanding of the reasons behind placement moves/breakdowns;
- Staff development and training and in particular for the management of behaviour that challenges.
- Staffing deficits.

It is anticipated that much of this work will be addressed through work that is already underway and particularly with the development of an alternative care strategy for the Agency. This strategy will include a national and international review of best practice and wide consultation with stakeholders. The strategy will include actions to position residential care and foster care in line with organisational need and best practice.

The establishment of the National Children's Residential Services is contributing to a more responsive and cohesive service. Newly established databases are providing real time overviews of demand, activity, performance and risk within the service. Work has commenced on a single occupancy unit in Ballydowd and a new 12 bed special care unit in Crannóg Nua, Portrane. The unit at Ballydowd is also being refurbished including upgrades to the fire protection systems and other regulatory building requirements. This investment will increase special care capacity to 30 places.

Significant work is also underway in terms of developing aftercare services. Following extensive consultation a Standardised National Aftercare Allowance was introduced in September 2015 for young people who have been in care for 12 months on their 16th birthday or for 12 consecutive months prior to their 18th birthday. This weekly standardised allowance of €300 per week ensures equality for all care leavers engaged in training and education. This allowance is the first step in a phased development of aftercare services and will provide certainty and consistency for care leavers for the first time. Financial support is just one element of this service. Advice, guidance, support and signposting are other key elements and these supports are available to all care leavers.

Other work on-going includes liaison with HSE CAMHS to ensure provision is designed to meet young people's needs, development of intensive community-based supports to reduce dependency of residential care, targeted recruitment of foster carers, and development of a complaints and feedback system along with the strengthening of governance, risk management and quality assurance systems.

CHAPTER 5

FAMILY SUPPORT SERVICES PROVIDED

FAMILY SUPPORT SERVICES

KEY MESSAGES

- Tusla is committed to reforming its model of service delivery to strengthen and grow family support services as an effective prevention and early intervention measure to promote best possible outcomes for children.
- On the back of work already commenced, Tusla has secured a once off non-discretionary grant of €8.3 million over three and half years from 2015-2018 from Atlantic Philanthropies to support intensive implementation of its Partnership, Prevention and Family Support Programme (PP&FS), a core element of the Agency's National Service Delivery Framework, that will embed early intervention and prevention within Tusla.
- Structural and process set-up for this programme progressed in 2015 with the appointment of senior managers to lead out on the programme across the areas, the establishment of Child and Family Support Networks (CFSN), the roll-out of Meitheal – national practice model, the implementation of a national training plan as well as further development of participatory practice and Tusla's approach to commissioning.
- In 2015, demand for family support services continued with at least 23,022 children and 15,049 families in receipt of family support services (i.e., services provided by and on behalf of the former HSE Children Family Services) at the end of the year. There were 419 referrals to a family welfare conference and 250 conferences convened. Family Resource Centres (FRCs) provided 313 parenting courses which were attended by 907 children and 1,703 parents; a significant increase on 2014. Twenty-one of the larger funded community-based counselling organisations provided counselling to 1,916 children aged 18 years or younger. For the academic year 2015/2016 a total of 2,533 children received bereavement support. This is in the context of an increasing number of families, changes in the types and nature of families, budgetary cuts to services and increased pressures on the coping capacity of families due to austerity measures.
- Early evidence indicates that Meitheal is increasing the likelihood of an early intervention taking place for a child or young person in need (Cassidy et al. 2016). Perceived benefits for children and young people included improvements in communication skills, engagement with education, improved self-esteem and better outcomes in general.
- Key to the reform that is underway in this area will be the development of the infrastructure required for the Agency to assess in a comprehensive way the adequacy of family support services provided and determine how resources are meeting identified need.
- In 2016, Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities, whilst recognising the wider cross-agency responsibility that exists.

5.1 INTRODUCTION

This chapter provides an overview of parenting and family support services provided by the Agency, some facts and figures on family support services delivered in 2015 along with priorities and developments planned for 2016 and beyond.

Family support is a style of work and a wide range of activities that strengthen positive informal social networks through community-based programmes and services. The main focus of these services is on prevention and early intervention²³, aiming to promote and protect the health, well-being and rights of all children, young people and their families.

In the case of Tusla, parenting and family support is a constituent element of all aspects of its work and it provides a range of services that offer advice and support to families. In addition to services provided directly by Tusla, a wide range of private and voluntary agencies are commissioned and funded by Tusla to provide services on its behalf on a local, regional and national basis. This is in accordance with the provisions of Section 56 of the Child and Family Agency Act 2013. In 2015, service providers and bodies delivering services (includes family support services and other services provided) on behalf of the Agency under Section 56 and 59 of the Child and Family Agency Act 2013 received funding in the region of €98.4 million.

The list of services provided includes:

- Community Childcare Worker Services;
- Family Support Worker Services;
- Family Welfare Conference Service;
- Family Resource Centre Programme (transferred from Family Support Agency);
- Counselling Services (transferred from Family Support Agency);
- Targeted parenting support through universal provision, e.g., Lifestart, Community Mothers, Triple P Parenting Support, Incredible Years, Marte Meo;
- Teen/Youth Support Programmes, including Neighbourhood Youth Projects, Teen Parent Support Initiatives, Health Cafés, Youth Advocacy Programmes;
- Support to families at risk, e.g., Springboard Programmes, Family Welfare Conferencing, Strengthening Families, Intensive Parenting and Family Support, Community Development Projects, Functional Family Therapy;
- Support to specific groups, e.g., Translation services, Hidden Harm supports;
- Supports to families supporting children in care, e.g., multi-dimensional treatment foster care, support to the Irish Foster Care Association (IFCA) to foster carers;
- Individualised packages of support, based on need.

In terms of context there are 1,179,210 families in Ireland (the number of families increased by 12% from 2006 to 2011). Of these families, 834,266 have one or more children. The nature of these families is varied with over 550,000 having a married couple as parents; over

²³ Early intervention means intervening at a young age or early on in a problem. Early intervention helps those at risk to realise their potential and can support them and their families to become healthier and more resilient.

60,000 families are parented by a cohabiting couple; 186,000 families have a mother doing the majority of parenting alone and nearly 30,000 have a lone father as the main carer (Source: CSO Census 2011).

The Agency is committed to ensuring that family support services are an integral part of service delivery reform planned for Tusla; this will be central to ensuring that children and families receive a comprehensive range of services proportionate to their needs. The parenting and family support aspect of the service delivery framework is designed as an area-based approach to prevention, partnership and family support (PP&FS).

As described in Chapter 2 and in more detail in section 5.2.3 below, a comprehensive programme of work 'Prevention, Partnership and Family Support' is underway to implement a framework for early intervention and preventative work as part of the Agency's service delivery framework and in line with its commitment of moving towards a stronger focus on prevention.

5.2 KEY FACTS AND FIGURES

5.2.1 Services formerly provided by HSE Children and Family Services and Services funded under Section 56

Referrals for family support services (i.e., services formerly provided by HSE Children and Family Services and services funded by Tusla under Section 56 of the Child and Family Agency Act 2013) are received from a wide range of agencies outside Tusla (e.g., HSE, schools, probation, An Garda Síochána) and inter-departmentally (e.g., Child Protection and Welfare Services) within Tusla. Families can also self-refer directly to all community-based services.

Data collected for 2015 give an indication of the demand on this service: at least

- 6,931 children and 4,198 families were referred by social work to family support services;
- 17,983 children and 14,373 families were referred by other sources to family support services;
- 23,022 children and 15,049 families in receipt of family support services at the end of 2015;

Due to limitations of the data collected and the need for additional data on the quantity and quality of services provided, it is difficult to comment on the adequacy or otherwise of this service. It is anticipated that this deficit will be addressed through the work that is being done on the process for commissioning of services and the increased emphasis to be placed on monitoring of fidelity to agency priorities.

Family Welfare Conferencing

A Family Welfare Conference (FWC) is a structured, family led, decision making meeting where as wide a range of family members as possible come together to formulate a safe family plan in the best interests of the child. Essentially it is a method of family intervention

that enables families to provide their own solutions to the difficulties they face. Empowerment is key to the FWC process. With the support of an independent facilitator, FWCs enable families to gain control, to make choices and to take ownership of a situation and its solutions. The approach recognises the centrality of parental and family relationships and informal support networks in promoting the welfare of children and ensuring their safety, while enabling the Agency to meet its statutory and co-ordination functions.

The FWC service was established under the Children Act 2001. It is provided directly by the Agency in some areas and contracted out to external providers (e.g., Barnardos) in other areas.

A FWC is chaired by an independent FWC coordinator and convened when:

- The Agency is directed to do so by order of the court;
- The Agency 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 4.2.4 of this report);
- The Agency is concerned for the welfare/care/protection of a child and wishes the family to devise a safe family plan to address their concerns.

The majority of referrals received by FWC services are non-statutory and are received from the Agency's Child protection and Welfare Services. The Agency's standard business processes for child protection and welfare include FWC as an option at different stages of the child protection and welfare system.

Data for 2015 gives an indication of its use: at least

- 419 referrals (428 children) to a FWC service and 250 conferences convened. Data were not available from one area for Q4 2015; hence it is likely that numbers for 2015 are slightly higher. In 2014, there were at least 444 referrals (471 children) and 243 conferences convened (incomplete data).
- 41% (n=103) of conferences were convened for reasons of child abuse/neglect and 56% (n=139) were convened for child welfare concerns.
- 379 children had family plans agreed by the family as an outcome of the conferences; five children did not have family plans agreed by the family.

The study *Pathways and Outcomes: A study of 335 referrals to the Family Welfare Conference (FWC) Service in Dublin, 2011 – 2013*, published in 2015, demonstrates the strengths of the family welfare conferencing process. Strengths identified indicate that participants have a high level of commitment to the ethos and value base of the FWC process. There are increased levels of partnership, family participation and transparency in decision-making. FWC can help optimise family placement for children, tap into a family's ability to draw up a protective plan for their children and offer much from their own resources. However, the report does say that "FWC is not a simple solution that will resolve complex situations quickly, but it does offer a model to put into practice the spirit of partnership and inclusivity to truly involve individuals and families in child protection and welfare work". This

study was commissioned jointly by the Agency's Director of Policy and Strategy and the Area Manager Dublin South West/Kildare/West Wicklow.

Development of the FWC service has been slow since its establishment; staff numbers have remained small and referrals have remained lower than anticipated. This service has not been central to many of the other developments and changes occurring in the child protection and welfare service, perhaps due to the enormity and rapidity of the organisational changes that occurred at so many levels of the child protection system, particularly since 2009. It is intended that the findings from above study will inform planning for future FWC service provision.

5.2.2 Services provided by the former Family Support Agency

Family support services provided by the former Family Support Agency are described below, i.e., Family Resource Centre Programme and Counselling Services. In 2015, a significant body of work was undertaken and continues in terms of integrating these services into the National Service Delivery Framework. Consistency nationally in terms of establishing local connections between Family Resource Centres, counselling organisations and children and family services is a particular challenge.

5.2.2.1 Family Resource Centre Programme

There were 109 communities in 2015 supported through the Family Resource Centre Programme (FRC Programme). Tusla provided €13.09 million in funding to this programme in 2015. The core funding provided includes the cost of two to three workers and some overhead costs.

The FRC programme is Ireland's largest family support programme, delivering universal and targeted community-based family support services and developmental opportunities within disadvantaged communities across the country based on a life-cycle approach. Family Resource Centres work with children, parents and communities to combat disadvantage and improve the functioning of the family unit. Each FRC operates autonomously, working inclusively with individuals, families, communities, and both statutory and non-statutory agencies. The programme emphasises involving local communities in tackling the problems they face, and creating successful partnerships between voluntary and statutory agencies at community level. FRCs include people from marginalised groups and areas of disadvantage on their voluntary management committees. This approach ensures that each FRC is rooted in the community.

The overall remit of the FRCs includes a strategic focus on achieving the national outcomes and aims for children and young people (Better Outcomes, Brighter Futures – National Policy Framework 2014-2020). This includes programmed and developmental activities and is seen as a continuation of the Family Support Agency's Strategic Framework for Family Support which was developed in 2011 and linked to the nationally agreed outcomes for children and their parents. The overall objective of the strategy was to improve the well-being of parents and children by supporting all families through the normal challenges of family life, especially those in disadvantaged communities.

FRCs are an integral part of the Child and Family Agency's Local Area Pathways model and act as a first step to community participation and social inclusion. FRCs engage with a wide range of partner organisations through local infrastructures including the Meitheal - National Practice Model.

Services and development opportunities provided:

FRCs undertake a wide variety of work with children and adults, individually and within groups. These include:

- *Delivering Community-based Services*

Delivering community-based services that may have a universal or targeted focus. For example, Childcare Services, Child Contact Services, etc.

- *Providing Active Learning Opportunities*

These include literacy supports, school support initiatives and after-school projects. Adult education opportunities span personal development and parenting courses through to accredited vocational training.

- *Evidence-based, Modularised Programmes*

Formal programmes with a focus on parenting, family interaction and mental health. These may be targeted at children or parents or both, including Strengthening Families Programmes, Incredible Years Programme, Community Mothers Programme, Common Sense Parenting Programme, Positive Parenting Programme and Parents Plus.

- *Establishing and Supporting Positive Networks and Development Groups*

These networks and groups may facilitate peer-support or have a developmental focus. Networks and groups may comprise people who share a common role within family networks (for example, Parents' Support Group, New Mothers' Group, Carers' Support Group, etc.) or those who are at a common stage in life (for example, Youth Clubs, Children's Groups, etc.). They may also comprise people with a mutual interest or shared experience (for example, Exercise Groups, Mental Health Support Groups, etc.).

- *Providing information, direction, referral to individuals*

Providing information on rights and entitlements. Individuals may also be directed to other service providers or have appointments made on their behalf. This work often involves providing an informal listening service to those seeking a welcoming, confidential space.

- *Mental Health, Resilience, Counselling etc.*

FRCs provide a range of Mental Health supports to people. These include the delivery of evidence-based programmes Safe Talk and ASIST and facilitate mental health/peer support groups and networks. They can also host support programmes such as AA, NA, Al-Anon, etc.

FRCs undertake case assessment and delivering Counselling services to adults and children. This may also involve the delivery of Play Therapy, Music Therapy or Art Therapy to children.

- *Providing Administrative Supports and Space*

Providing access to information technology and office facilities. Also, providing physical space to other service providers as well as to individuals, families and community groups.

- *Other services, supports and programmes delivered by FRCs include*

Family Conferencing, Parents Support Groups, Homework Clubs, Study Clubs, Literacy Programmes, Pre-schools/Playschools, Breakfast Clubs/Lunch Clubs, Out-of-Schools Initiatives including summer camps and School transition programmes, Family Fun Days, Lone Parents Groups, Parent and Toddler Groups, Youth Groups including No Name Clubs and Youth Cafés, Intergenerational Groups, Fathers' Groups (includes father and son groups and supervised access initiatives), Library/Book Lending Service, Substance Abuse Support Groups, and School Uniform Exchange.

Service demand for 2015 included:

- **Significant increase of Evidence-based, Modularised, Parenting / Family Functioning Programmes delivered:** in 2015 there were 313 evidence based parenting programmes delivered in FRCs in comparison with 167 delivered in 2014. Some 1,703 parents and 907 children participated in these programmes in 2015. These figures represent a significant increase on the corresponding figures for 2014 of 1,268 parents and 490 children.
- **Meitheal** - there was a marked increase in 2015 across all levels of FRC engagement with Meitheal - National Practice Model. The number of referrals received by FRCs through Meitheal in 2015 and recorded on the SPEAK FRC National Programme Database was 91 compared to 66 in 2014. Number of Meitheal meetings attended by FRCs in 2015 was 228 in comparison to 135 in 2014. The most pronounced increase is at the level of Lead Practitioner where FRCs undertook this task 45 times in 2015 in comparison to seven times in 2014.
- **FRCs' engagement with Children and Young People's Services Committees²⁴ (CYPSC):** in 2015, 22 FRCs participated on their local CYPSC and 31 were represented on their CYPSC by another FRC.
- **FRCs Providing Mental Health Supports:** on 298 occasions during 2015, FRCs supported people experiencing suicidal thoughts. FRCs ran evidenced-based suicide prevention programmes. A total of 18 Safetalk courses were delivered (in house) and 234 individuals participated. Two ASIST courses delivered (in house) and 27 individuals participated.
- **FRCs delivering Adult Education Programmes and School Supports:** 28,460 adults and 9,150 children participated in active learning opportunities in FRCs during 2015. These figures reflect a considerable increase in FRC activity when compared to

²⁴ These are core components of the Irish government's strategy to coordinate service delivery for children and young people across the country. Their aim is to improve children and young people's outcomes through an inter-agency approach. Their membership is composed of representatives from the community and voluntary sector as well as statutory bodies.

the 20,675 adults and 7,101 children who participated in active learning opportunities during 2014.

- **FRCs facilitating support networks at family level and community level:** over 55,000 people participated in a support network or community group during 2015. This represents a significant increase on the corresponding 2014 figure of 34,024 people.
- **FRCs delivering community-based services:** in 2015 FRCs provided childcare services to 4,783 children. This figure is a considerable increase on the 3,422 that benefited from these services in 2014.

The FRCs are supported by two regional support agencies, Framework and West Training. These support agencies play a key role in promoting good practice within the programme and providing technical support, advice and training to FRCs.

5.2.2.2 Counselling Services

The Agency provides grants to voluntary organisations offering counselling; these grants were formerly administered by the Family Support Agency before its transfer to Tusla. In 2015, Counselling Services received €5.95 million to provide the following types of counselling and support services:

- Marriage and relationship counselling;
- Child counselling;
- Rainbows Ireland peer support programme for children;
- Bereavement counselling and support on the death of a family member.

In 2015, 345 organisations were funded to provide accessible low cost counselling and related support services nationwide. Approximately 230 organisations were funded to provide child counselling. Twenty-one of the larger funded community-based counselling organisations provided counselling to 1,916 children aged 18 years or younger in 2015, accounting for 24% of the total clients (n=8,099) who attended these organisations for counselling (Table 45).

Table 45: Counselling provided, by age group

Age Group (years)	Clients 2014	% of Total	Clients 2015	% of Total
< 6	59	1%	122	2%
7 – 12	102	2%	259	3%
13 – 18	354	8%	1,535	19%
All	515	11%	1,916	24%

Bereavement support funding is also awarded annually to Rainbows Ireland, which facilitates group-based supports for children who have experienced a bereavement or parental separation. Groups are held in schools or community-based settings and focus on the 6-12 year age group. This service is provided across the academic year. For the academic year 2015/2016 a total of 2,533 children were supported by the programme. The majority of the children supported experienced parental separation (Table 46).

Table 46: Children supported by Rainbows Ireland

Academic Year	Completed Accredited Sites	*Total participants as per Accreditation	Loss by Separation	Loss by Bereavement
2014 - 2015	262	2,766	1,855 (67.06%)	911 (32.94%)
2015 -2016	309	2,533	1,724 (68.06%)	809 (31.94%)

** Total participants as per accreditation refers to the total number of children supported by the programme*

5.2.3 PP& FS Programme

2015 represented the first full year of roll-out of the Development and Mainstreaming Programme (D&MP) for Prevention, Partnership and Family Support (PP&FS) in Tusla (Tusla in receipt of €8.3m from 2015 – 2018 from Atlantic Philanthropies). As part of the National Service Delivery Framework, the purpose of this programme is to promote and place greater emphasis on early intervention and family support principles in the work Tusla carries out with children, young people and their families. Central to this programme are five distinct but complementary and interwoven work packages: parental support; public awareness (i.e., increasing awareness of where to access help among the general public); participation (i.e., enhancing child and youth participation at all levels of their engagement with Tusla); commissioning, which focuses on the funding of services; and the development of the Meitheal –National Practice Model. This system requires substantive changes to structures, roles, processes, partnerships and practices in Tusla.

Structural and process set-up of this system progressed in 2015 through:

- The appointment of 15 senior managers for PP&FS in Tusla administrative areas either on a single-focus basis or as part of their job description;
- The establishment of steering committees for PP&FS in a number of areas to take forward this initiative. These are sub-committees of Children & Young People's Services Committees²⁵ (CYPSC) where such already exist;
- The establishment of Child & Family Support Networks (CFSN), as clusters of multi-disciplinary and inter-agency support for children and families, serving geographical areas smaller than the Tusla administrative areas or CYPSC areas;
- The re-configuration of staff into the roles of Senior Child and Family Support Network Coordinators and Co-ordinators as key roles to support the achievement of deep integration across children's services. At the end of 2015, 14 administrative areas had re-configured approximately 40 posts internally to support the development of Child & Family Support Networks and the implementation of the Meitheal –National Practice Model, (a mixture of part-time and full-time posts);
- The implementation of the Meitheal –National Practice Model to ensure that the needs of children and their families are effectively identified, understood and

²⁵ Children & Young People's Services Committees: these are core components of the Irish government's strategy to coordinate service delivery for children and young people across the country. Their aim is to improve children and young people's outcomes through an inter-agency approach. Their membership is composed of representatives from the community and voluntary sector as well as statutory bodies.

responded to in a timely way so that children and families get the help and support needed to improve children's outcomes in key areas;

- The implementation of a National Training Plan on the area-based approach. A National Training Pack and a Meitheal toolkit were completed and disseminated to trained staff. Participants at training courses included staff from Tusla, HSE, Barnardos, Foroige, Family Resource Centres, Daughters of Charity, Education and Welfare Service, Focus Ireland, Garda, Extern, Springboard, Dublin City Council, Addiction Services, Stewarts Care, Crosscare, school principals;
- Development of a suite of performance indicators for family support services / Meitheal;
- Work initiated on the development of a Meitheal/Social Work interface protocol and guidance.

Participatory Practice

In 2015, work also progressed on developing Tusla's approach to participatory practice in line with the DCYA National Strategy on Children and Young People's Participation in Decision-Making (2014) through:

- The establishment of a National Working Group on participatory practice;
- Issuing of a Tusla Broadcast on participation to all staff. This included a brief explanation of participation and links to documentation. Provision of a briefing on participatory practice to staff in administrative areas and partner agencies;
- Contracting of 'Training in Participatory Practice' and 'Quality Assurance in Participatory Practice' from Keenaghan Collaborative Ltd and Investing in Children UK. Investing in Children UK hosted a national workshop and four regional workshops on the Quality Assurance Framework in participatory practice. Keenaghan Collaborative Ltd undertook an international literature review and worked with Tusla Workforce Learning and Development on the development of a training module "National Training for Trainers in Participatory Practice" and a National Toolkit.
- Planning of a National Conference on Participatory Practice in January 2016 in the National University of Ireland, Galway.

Commissioning

Work progressed on developing Tusla's approach to commissioning includes:

- Completion of a Commissioning Plan and Timeline, which identifies key infrastructure and tasks required to progress commissioning within Tusla over the next 3 years;
- Contracting of the Institute of Public Care, UK to assist Tusla in working with a number of pilot sites to further its approach to commissioning;

- Development of Local Commissioning Plans initiated in five area-based pilot sites and one national site;
- Establishment of a financial baseline, identifying key areas of Tusla 2014 service spend. It included an approach to unit cost analysis;
- Development of a Commissioning Decision Support Tool;
- Development of a Training Needs Analysis and Capability Development Plan;
- The Prevention and Early Intervention Network²⁶ and the Wheel²⁷ were invited on to the Commissioning Working Group and both attended their first meeting in August 2015.

PP& FS Summary

In 2015, significant progress was made in establishing an early intervention and prevention system, with key structural processes and staffing incrementally building across the country. Cassidy et al (2016) highlight, through qualitative analysis of participant perceptions of practitioners and managers involved in implementation of Meitheal and CFSNs established in 2015, that:

- Most respondents were of the view that Meitheal had increased the likelihood of an early intervention taking place for a child or young person in need;
- All areas reported evidence of a change in the service provision landscape, highlighting increased opportunities for engagement and dialogue across the spectrum of Family Support and Child Protection and Welfare Services and the strengthening of an ethos based on family support and community development;
- Perceived benefits for children and young people included improvements in communication skills, engagement with education, improved self-esteem and better outcomes in general;
- Unintended consequences include increased positive development of closer relationships between PP&FS staff and other colleagues in Tusla; introduction of Meitheal acting as a catalyst for systematic changes in the way support for children, young people and families is delivered;
- Areas highlighted strong informal relationships as supportive of Meitheal; effective communication between different partners is enabling efficient and timely decision-making;
- Interface points are working e.g., Social Work/Meitheal interface but requires further guidance;

²⁶ The Prevention & Early Intervention Network is a network of evidence-based practice, advocacy and research organisations across the Republic of Ireland that share a commitment to improving outcomes for children, young people, and their communities. The network is funded through the Atlantic Philanthropies Disadvantaged Children and Youth Programme.

²⁷ The Wheel is a support and representative body connecting community and voluntary organisations and charities across Ireland. Established in 1999, The Wheel has evolved to become a resource centre and forum for the community and voluntary sector.

- Enhanced multi-agency engagement is evident from those who were active participants in the Meitheal model; Meitheal provides opportunities to build inter-professional and inter-agency relationships, which appeared beneficial in resolving other situations outside Meitheal; there is a positive perception of CFSNs; however, further consideration is necessary regarding their impact on overall system change.

Based on this feedback, priorities for further development of Tusla's early intervention and prevention system in 2016 include: establishment of an optimum standardised service delivery framework with national job descriptions for delivery of Tusla's early intervention and prevention system; implementation of Readiness Checks to address consistency in application of the required approaches; further guidance on the role and function of CFSNs; further guidance on the Social Work/Meitheal interface; further work on national and local influencing to garner the support of key partners; development of metrics and key performance indicators.

5.3 CONCLUSION

The data and information presented in this chapter demonstrate a service that is undergoing significant reform. Key to this reform will be the development of the infrastructure required to assess in a comprehensive way the adequacy of family support services provided and to determine how resources are meeting identified need. At present, not all service providers have systems in place to capture the data required in a consistent and reliable manner.

This will be achieved through the continued implementation of the PP&FS programme; the process for commissioning of services being developed by the Agency; and work towards the development of participation for children and young people. Evaluation of this work and the development of a suite of outcome measures will also be key pieces going forward. This is in addition to supporting and integrating the work of the FRCs and counselling programmes into the National Service Delivery Framework.

Early evidence indicates that Meitheal is increasing the likelihood of an early intervention taking place for a child or young person in need (Cassidy et al. 2016). Areas surveyed reported evidence of a change in the service provision landscape, highlighting increased opportunities for engagement and dialogue across the spectrum of Family Support and Child Protection and Welfare and the strengthening of an ethos based on family support and community development. Perceived benefits for children and young people included improvements in communication skills, engagement with education, improved self-esteem and better outcomes in general.

In 2016, Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities, whilst recognising the wider cross-agency responsibility that exists.

CHAPTER 6

OTHER SERVICES

OTHER SERVICES

KEY MESSAGES

Emergency Out of Hours Services

- The Emergency Out-of-Hours Social Work Service (EOHS) became operational in November 2015, providing An Garda Síochána with social work consultation and advice, the assistance of a local on-call social worker and emergency placements if required, outside of normal working hours 365 days a year. This service builds on the placement only service (referred to as the Emergency place of Safety Service) that was previously in place. It was one of the key actions outlined in the Ryan Report (2009) and ensures that An Garda Síochána in all counties have access to social work support outside of normal working hours.
- In 2015, there were 1,308 referrals to emergency out-of-hours social work services; 51 more than 2014. Some 528 children were placed in emergency accommodation; 110 more than 2014.
- Intention is to coordinate the three existing out of hours services into a national service with the governance structure, business processes and supporting infrastructure to ensure capacity to efficiently address emergency out of hours referrals and to effectively support day service provision.

Children “Out of Home”

- The Agency has legal responsibility under Section 5 of the Child Care Act 1991 to provide for the care and welfare of children who can no longer live at home;
- At least 23 children (16 & 17 years) were accommodated under Section 5 during 2015. Social work departments work with these children to ensure the minimum time spent in homeless accommodation.

Separated Children Seeking Asylum (SCSA)

- The number of SCSA in Ireland has declined substantially in recent years (109 referrals in 2015, 976 fewer than 2001 when the highest number for the period 2000 – 2015 was reported);
- In 2015, work continued on the development of protocols between the Agency and the Garda National Immigration Bureau.

Adoption Services

- Work continues on the reconfiguration of Adoption Services from locally managed services to a national service managed by a national manager. This provides for a more cohesive standardised service strengthening management and governance arrangements.
- In 2015, there were: 92 completed assessments for inter-country adoptions; 18 completed assessments for domestic adoptions; 65 completed assessments for fostering to adoption and 48 completed assessments for step-parent adoption.

6.1 INTRODUCTION

This chapter of the report provides data and information on a number of other services provided to children requiring a child protection and welfare response. These include:

- Emergency Services for Children;
- Children ‘Out of Home’;
- Service for Separated Children Seeking Asylum;
- Adoption Services.

6.2 EMERGENCY SERVICES FOR CHILDREN

Tusla provides emergency out of hours services to ensure the provision of an appropriate response and place of safety for children found to be at risk outside normal working hours. Due to differing demand and historical organisational reasons, the emergency services have developed differently across the country. Out of hours services are provided by the Emergency Out of Hours Social Work Service which operates in all areas outside of Dublin, Wicklow and Kildare, Cork North Lee and South Lee; the Crisis Intervention Service (CIS) for counties Dublin, Kildare and Wicklow; and the Cork Out of Hours Service for Cork North Lee and South Lee.

Emergency Out of Hours Social Work Service

In November 2015, Tusla set up the Emergency Out-of-Hours Service (EOHS) which operates in all areas outside of Dublin, Wicklow and Kildare. This service builds on the placement only service (referred to as the Emergency place of Safety Service) that was previously in place. The service is available Monday to Sunday between 6 pm and 7 am and each Saturday, Sunday and Bank Holiday from 9 am to 5 pm. The EOHS was set up 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 1991²⁸ and referrals made under section 8(5) of the Refugee Act 1996.

²⁸ Section 12 of the Child Care Act 1991 states that

“Where a member of the Garda Síochána has reasonable grounds for believing that –

(a) there is an immediate and serious risk to the health or welfare of a child, and

(b) 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 a health board under section 13, the member, accompanied by such other persons as may be necessary, may, without warrant, enter (if need be by force) any house or other place (including any building or part of a building, tent, caravan or other temporary or moveable structure, vehicle, vessel, aircraft or hovercraft) and remove the child to safety”.

It further provides that the provisions of the Act are without prejudice to any other powers exercisable by a member of the Garda Síochána and that the child shall “as soon as possible” be delivered into the custody of the health board, who must then either return the child to the parent having custody of him or a person acting in *loco parentis*, or else make an application for an emergency care order.

The EOHS provides the following services:

1. A national EOHS Call Centre providing social work consultation and advice to An Garda Síochána. The service provides a single, national contact point for An Garda Síochána to make referrals. The on-call service is staffed by social workers operating from the Out of Hours Service in Dublin;
2. Access by An Garda Síochána to a local on-call social worker. The EOHS service has access to on-call social workers placed strategically around the country;
3. Placements for children under section 12(3) of the Child Care Act 1991 and placements for children referred under section 8(5) of the Refugee Act 1996.

Foster Care placements are provided by an external contractor acting as an agent for Tusla. Placements are provided on an emergency basis pending resumption of Tusla social work services in normal office hours. Tusla retains custody of a child placed with the contractor by An Garda Síochána under Section 12(3) of the Child Care Act 1991. Day to day care is provided by the contractor. The service conforms with relevant Child Care Regulations and with the National Standards for Foster Care (DoHC 2003). Children who receive a service are those who present as out-of-home and other emergency situations, including children whose parents are unable to care for them due to an accident, illness or incapacity, where a child has been abused and the situation cannot wait until office hours resume, or a separated child seeking asylum.

Crisis Intervention Service (CIS)

- The CIS provides an out of hours emergency social work service to children aged 0-17 years who are in crisis. The service operates across the greater Dublin area serving the counties Dublin, Kildare and Wicklow. It is available Monday to Sunday between 6 pm and 7 am and each Saturday, Sunday and Bank Holiday from 9 am to 5 pm, all year round.
- Referrals to the CIS are made by emergency service providers working outside of normal working hours, e.g., Gardaí, hospitals and ambulance service personnel.
- Referrals are accepted in relation to:
 - Concerns regarding the immediate protection and welfare of children;
 - Children in crisis seeking emergency accommodation;
 - Children who are identified by the Garda National Immigration Bureau as separated children seeking asylum;
 - Requests for home visits that warrant close monitoring at the weekend.
- Where possible, the CIS tries to avoid placement of children in emergency accommodation: preferred options include placement of the child or young person with other family/friends or facilitating the child or young person to return home through mediating between parties where a breakdown in family relations has occurred. If placement is required, the placement options available included those outlined in Table 47.

- The CIS comprises:
 - Day Social Work Team;
 - Emergency social work service which is available out of hours;
 - Night reception centre for children who present to the out of hours service;
 - A day response team, Crisis Intervention Partnership (CISP). This service is delivered in partnership with Focus Ireland and includes practical day to day supports for children while they are out of home and provides such things as meals, showers, and laundry services. The service also provides a key worker service to provide one to one support to the young person and facilitates and supports contacts between the young person and their family with a view to reunification where appropriate.

Table 47: Placement options available, Crisis Intervention Service

Placement Option	Age of young person	Number of nights
CIS Foster Care Placements (n = 4)	0 -1 2 years	3 nights It is expected that the Area Social Work Department prioritise a response and identify an alternative placement for these children within three days.
Private foster care placements/supported lodgings (Orchard Children's Services) (n = 5)	12- 17 years	14 nights It is expected that the Area Social Work Department prioritise a response and identify an alternative placement for these children within 14 days, otherwise the costing of the placement reverts to the Area Social Work Department. These placements are prioritised for the more vulnerable older teenagers who are new to the CIS.
Lefroy House (Eden Quay, Dublin 1) - emergency residential placements (n = 7) <i>Lefroy House is an emergency admissions place of safety only, i.e., it is not a mainstream residential unit.</i>	12 -17 years	There is no maximum length of stay but it is recommended that the length of stay should not exceed 14 nights Children accessing Lefroy House are generally older teenagers who are displaying difficult to manage behaviours and involved in substance misuse.
Sherrard House (Upper Sherrard Street, Dublin 1) - emergency residential placements (n = 1)	12 -17 years	There is no maximum length of stay but it is recommended that the length of stay should not exceed 14 nights.

Cork Out of Hours Service

The HSE established emergency out of hours pilot projects in Cork and Donegal in 2011. The Cork pilot service continues to operate. Two social work staff are on call each night (one social work manager and one social work practitioner) and eight staff are on call at weekends to cover four shifts (one social work manager and one social work practitioner per shift). Placements for children are provided by private provider, on contract.

6.2.1 Key Facts and Figures

- In 2015, there were 369 referrals to the Emergency Place of Safety Service/EOHS; 26 more than 2014 (Table 48). A total of 280 children were placed in accommodation; some 80 more than 2014. A total of 576 nights' accommodation was provided by placement providers in 2015; 106 nights more than 2014.

Table 48: Referrals to the Emergency Place of Safety Service / EOHS / Cork Service, 2014-2015

Year	Number of referrals	Number referrals placed	Nights' accommodation provided
2015	369	280	576
2014	343	200	470

Source: Emergency Place of Safety Service / EOHS

- In 2015, there were 939 referrals to the CIS; 25 more than 2014 (Table 49). A total of 248 children were placed in accommodation; 30 more than 2014. A total of 2,457 nights' accommodation was provided in 2015; 127 fewer nights than 2014.

Table 49: Referrals to the Crisis Intervention Services, 2014-2015

Year	Number of referrals	Number (%) of referrals placed	Nights' accommodation provided
2015	939	248	2,457
2014*	914	218	2,584

Source: Crisis Intervention Service

**Figures for 2014 revised from those previously reported*

6.2.2 Key Priorities and Developments Planned

- Coordinate the three existing out of hours services into a national service with the governance structure, business processes and supporting infrastructure to ensure capacity to efficiently address emergency out of hours referrals and to effectively support day service provision.
- Other issues requiring attention include the gap in provision of 24 hour placement care for children placed in Lefroy House. Lefroy House provides emergency hostel-type accommodation for children in need of accommodation/care at night time/weekends. Lefroy House does not remain open during the day time, so children have to vacate the premises and are not able to return until 5 pm. This is concerning for the welfare of vulnerable children left in a city centre location, especially at weekends.

6.3 CHILDREN “OUT OF HOME”

Children become “out of home” for a range of reasons – it is rare that any one event is the cause. Triggers might include conflicts within the family; violence, abuse or neglect at home; drug or alcohol addiction; emotional or behavioural problems; or leaving residential or foster care. Unlike adult homelessness, most children have a base or place of residence where they could potentially live, albeit that they may be unable to stay living there.

The Agency has a legal responsibility under the Child Care Act 1991 to provide for the care and welfare of children who can no longer remain at home. Section 5 of the Child Care Act 1991 states:

“Where it appears to a health board that a child in its area is homeless, the 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 provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.”

6.3.1 Key Facts and Figures

- During 2015, at least 23 children (16 & 17 years) were accommodated under Section 5 of the Child Care Act 1991 (Table 50). These data are based on an incomplete return of data; hence, the actual number is most likely higher. The highest number was reported by Dublin North (n=6), followed by Dublin North City (n=5).

Table 50: Number of children (16 & 17 years) accommodated under Section 5, by area

Regions/Areas	Number of 16 & 17 years accommodated under Section 5 (2014)	Number of 16 & 17 years accommodated under Section 5 (2015)
Dublin North	4	6
Dublin North City	1	5
Louth/Meath*	0	-
Cavan/Monaghan	0	0
Dublin South East/Wicklow	0	0
Dublin South Central	0	0
DSW/KWW	0	0
Midlands	1	0
Mayo	2	2
Galway/Roscommon	0	0
Sligo/Leitrim/West Cavan	0	0
Donegal	0	0
MidWest	8	3
Waterford/Wexford	1	0
Carlow/Kilkenny/South Tipperary	0	0
Cork**	14	4**
Kerry	2	3
Total	33	23

Source: Tusla Quarterly Dataset *Partial return – data for Louth not available Q4 2014/2015 **Estimated figure

- At the end of December 2015, there were at least nine children (16 & 17 years) accommodated under Section 5 of the Child Care Act 1991. These children were reported by three areas (Cork n=6), Kerry (n=2) and MidWest (n=1).
- Of the nine children who were accommodated at the end of December 2015, five (56%) were in supported lodgings²⁹, two were in designated homeless beds, and two were in a placement setting specified as 'other'.
- Social work departments work with these children to ensure the minimum time spent in homeless accommodation. At the end of December 2015, the majority of children (89%; n=8/9) accommodated were the subject of a Section 5 for six months or less (Table 51).

Table 51: Number of children (16 & 17 years) accommodated under Section 5, by area

	Number of 16 & 17 years olds under Section 5	Number of 16 & 17 years olds under Section 5 < 1 month	Number of 16 & 17 years olds under Section 5 1- 6 months	Number of 16 & 17 years olds under Section 5 >6 months
Dec 2015	9*	3 (33%)	5 (56%)	1 (11%)
Dec 2014	16*	2 (12.5%)	10 (62.5%)	4 (25%)

Source: Tusla Quarterly Dataset

*Data for Louth not available for Q4 2014/2015

- The Agency also collects data on the number of children placed in a youth homeless centre/unit for more than four consecutive nights OR more than 10 separate nights over the year. In 2015, a total of 27 children were placed in a youth homeless centre/unit for more than four consecutive nights OR more than 10 separate nights; 15 fewer than 2014 and 14 fewer than 2013 (n=41). All of these children were reported by Cork. These data most likely reflect the fact that Cork has a dedicated service (Liberty Street House) for children out of home or at risk of being out of home, and for older separated children seeking asylum. It provides social work and child care leader support to children who are out-of-home or in conflict situations in their family homes and at risk of leaving or being put out-of-home. The priority at all times is to return a child home. Where a child is unable to return home, there are a number of accommodation options available. Emergency accommodation is provided for boys in Pathways and girls in Riverview, both in Cork City. Children move on from the emergency accommodation to other accommodation options managed by Liberty Street House. The approach adopted by this service has been found to facilitate enhanced working relationships with the families of the children.

²⁹ Supported lodgings is the term used for the provision of accommodation, support and in a domestic setting to young people who cannot live at home, but are not ready to live independently. The provider of supported lodgings will work in partnership with the young person and the young person's social worker in preparing them for independent living at a future date.

6.4 SERVICE FOR SEPARATED CHILDREN SEEKING ASYLUM

Tusla provides specialist services for separated children seeking asylum (SCSA). The service consists of three residential short to medium term intake units in Dublin that are registered children's homes. The SCSA services has developed substantially in recent years and now provides an effective range of intake and assessment services and family-based care placements.

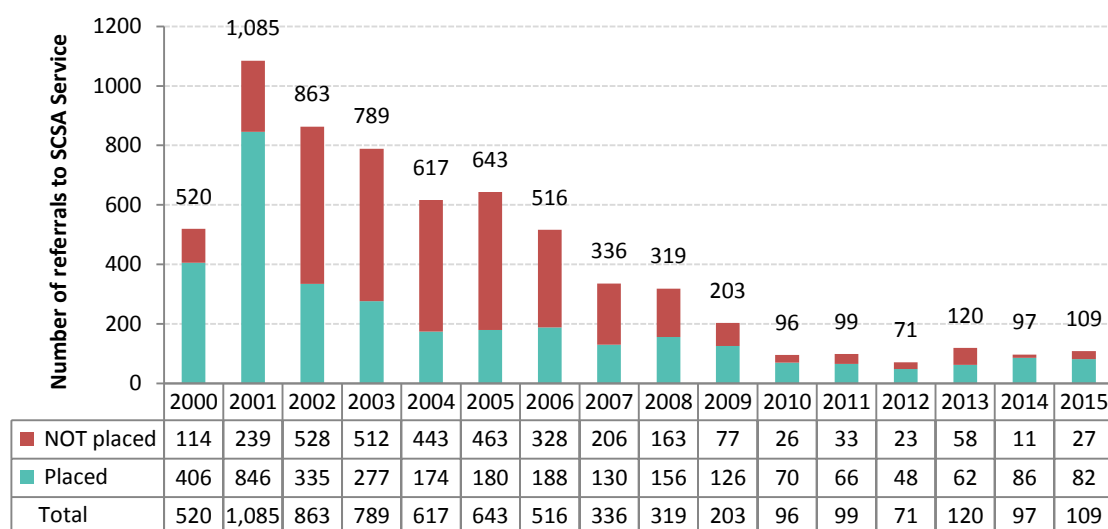
Children are referred to the service by the Office of the Refugee Applications Commissioner (ORAC) and by the Garda National Immigration Bureau (GNIB). The majority of children referred to the service are received into care and initially accommodated in one of the intake units as either a "pre-reunification with their family placement", or as a "pre-foster care placement". All unaccompanied children under 12 years of age are placed with a foster family on arrival. Children are received into the care of the Agency, either on a voluntary basis or through a court order under the Child Care Act 1991. Some of these children are received into care pending the outcome of a family reunification risk assessment or while family tracing is being facilitated.

All children are seen by a social worker on the day of referral and an initial assessment takes place. The social work assessment is multidisciplinary in nature and involves a medical examination, an educational assessment and a child protection risk assessment. A statutory care plan is developed and, if appropriate, an application for asylum is made on behalf of the child. After assessment, children are placed in the most appropriate placement option depending on their assessed needs. The most common form of placement is with a foster family; supported lodgings are also used.

6.4.1 Key Facts and Figures

- The number of SCSA in Ireland has declined substantially in recent years. In 2015, there were 109 referrals to the SCSA; 12 more than 2014 but 976 fewer than 2001 when the highest number for the period 2000 – 2015 was reported (Figure 23). This most likely reflects the change in net migration outlined in Chapter 2 of this report. Seventy-five per cent (n=82/109) of referrals in 2015 were placed in care (Figure 23).

Figure 23: Separated children seeking asylum by year 2000-2015



Source: SCSA Service

- In 2015, family reunification assessments were completed for 32 of the 109 referrals (regardless of placement in care status) to the SCSA Service. The number of family reunification assessments completed by year for the period 2000-2015 is presented in Table 52.

Table 52: Family reunification assessments completed by year, 2000-2015

Year	Total referrals	Family reunification assessments completed
2015	109	32
2014	97	49
2013	120	43
2012	71	31
2011	99	31
2010	96	21
2009	203	66
2008	319	157
2007	336	185
2006	516	308
2005	643	441
2004	617	418
2003	789	439
2002	863	506
2001	1,085	231
2000	520	107

- Coincident with the decline in the number of SCSA is a decrease in the number of SCSA who are missing in care. There were 10 reported at the end of 2015 (of which four were subsequently accounted for) compared to 52 at the end of 2002 (when these data were first collected). Reasons for a child going missing can include:
 - 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 child 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.

Several other factors are contributing to the decline in the number going missing, including: the development of robust care placement services, a more intensive and holistic child protection risk assessment with a dimension on age, as well as an addressing mechanism for those suggesting a motivation to avoid an age assessment. In addition, in 2015 work continued on the development of protocols between the Agency and the Garda National Immigration Bureau, allowing for the collaborative screening of SCSA presenting at ports.

6.5 ADOPTION SERVICES

Adoption Services is a national service within Tusla, managed by a national manager, and carries out two distinct functions:

(1) Adoption which includes the:

- assessment for suitability and eligibility of those who wish to adopt;
- the counselling of birth parents considering adoption as an option for their child;
- the placing of children for adoption at birth parents' consent.

(2) Adoption Information and Tracing Service

For the purpose of this report only adoption is covered; information and tracing is outside the scope of the report.

Adoption is the process whereby a child becomes a member of a new family. It creates a permanent, legal relationship between the adoptive parents and the child. There are four types of adoption, three of which relate to children resident in Ireland. These are:

- Infant domestic adoption;
- Step-parent adoption;
- Fostering to adoption;
- Inter-country adoption (i.e., adoption of children outside the State).

Adoption in Ireland is governed by the Adoption Act 2010 ("the Act") which came into force on the 01 November 2010. This Act consolidates all existing laws in relation to adoption into one single piece of legislation and aims to ensure better regulation of adoption in Ireland and in respect of inter-country adoption. The Act provides that the Hague Convention (meaning the Convention on Protection of Children and Co-operation in respect of Inter-country Adoption 1993) has the force of law in Ireland, meaning that it is only possible to adopt children from countries that have ratified the Hague Convention or from countries with which Ireland has a bi-lateral agreement. Membership of Hague is intended to improve standards

in inter-country adoption. The Act also establishes “The Adoption Authority of Ireland (AAI)” in place of the Adoption Board.

An adoption order secures in law the position of the child in the adoptive family. The child is regarded in law as the child of the adoptive parents as if he/she were born to them. Adoption orders are made by the Adoption Authority of Ireland.

Tusla is the competent authority for assessing the eligibility and suitability of possible adoptive parents. Following assessment, a recommendation is made to the Adoption Authority.

6.5.1 Key Facts and Figures

- In 2015, there were:
 - 92 completed assessments for inter-country adoptions; 22 fewer than 2014 (n=114)
 - 18 completed assessments for domestic adoptions; 21 fewer than 2014 (n=39)
 - 65 completed assessments for fostering to adoption; nine more than 2014 (n=56)
 - 48 completed assessments for step-parent adoption; 17 fewer than 2014 (n=65)

6.5.2 Key Priorities and Developments Planned

- Complete the reconfiguration of the service from locally managed services to one service managed nationally by a national manager and reallocate resources to improve service delivery;
- Development of joint protocols and working relationships with key stakeholders such as DCYA and AAI;
- Support the work of the Commission of Investigation into Mother and Baby Homes and Certain Related Matters;
- Continue the programme of work commenced to standardise policies and procedures for adoption services;
- Develop a permanency planning practice handbook for staff working with children in care to support the implementation of the proposed Adoption Amendment Bill.

6.6 DOMESTIC AND GENDER-BASED VIOLENCE SERVICES

Statutory responsibility for care and protection for victims of domestic and gender-based violence (DSGBV) transferred to Tusla on establishment of the Agency.

In 2015, Tusla provided approximately €17 million in funding to approximately 60 specialist Domestic Violence (DV) and Sexual Violence (SV) services as well as supporting national DSGBV networks. Organisations funded include:

- 44 DV Services (including 20 emergency refuges);
- 16 Rape Crisis Centres (RCCs)/SV Services

Key priorities for DSGBV services for 2015 included:

- Establishing a framework for national oversight and support of services for victims of domestic, sexual and gender based violence, including establishment of a dedicated national team;
- Implementing a project to achieve improved business intelligence about domestic, sexual and gender based violence services to inform planning and service quality and outcomes for service users;
- Enhanced engagement between Tusla and DSGBV service provider organisations to achieve strategic priorities that will support developments in DSGBV sector.

Developments 2015

There were a number of developments in 2015 as follows:

- Establishment of a dedicated national team for DSGBV Services;
- Development of a service model for DSGBV Services;
- Consultation and engagement with key stakeholders, including service provider organisations about the future direction of service provision;
- Development of DSGBV Services Training Plan for Tusla staff – in collaboration with Workforce Learning and Development;
- Implementation of Tusla responsibilities under the Istanbul Convention and Second National Strategy on Domestic Sexual and Gender Based Violence Services, including modest additional outreach provision and 2 additional units of emergency accommodation.

A number of gaps in service (unmet need) were also identified in 2015 as follows:

- Limited reliable data is available on which to establish adequacy of provision and from which to identify needs and outcomes for service users;
- Gaps in services for victims, were evident in some Areas;
- Need for further development of outreach services for victims of both sexual violence and domestic violence in most areas;

- Gaps in services for children who witness domestic violence in some areas – lack of consistent, evidence informed supports for children.

Key Priorities and Developments Planned

There are a number of developments planned for DSGBV services for 2016 and beyond as follows:

- Implementation of a national governance framework to support the delivery of coherent, consistent and high quality services with greater equity in access and outcomes for service users;
- Implementation of commissioning approaches for DSGBV Services;
- Development of business intelligence for DSGBV services remains a priority to inform resource allocation and underpin service planning;
- Service developments include additional provision of emergency accommodation units; enhanced focus on a number of geographical areas; increased outreach services in Border and Midlands areas.
- Methods of engaging with service users by Tusla and funded services will be explored and enhanced to ensure that the service user voice is heard in planning and delivering services for victims and survivors of domestic, sexual and gender based violence.

CHAPTER 7

CONCLUSION

7.1 OVERVIEW

Over the past number of years, services for children and families in Ireland have experienced significant changes in legislation, regulations, standards and policy and not least the establishment of a new, dedicated, independent agency, Tusla – Child and Family Agency. Following a period where the State’s record in child protection and welfare was found wanting, the establishment of the Agency offers a real opportunity to ensure that the services delivered are coordinated, effective, efficient and child-centred. It places substantial responsibilities on the Agency in terms of the services provided to children and families and the standards to which these services must be delivered and operate. Throughout 2015 considerable effort was made and continues to ensure the success of this ambitious reform programme, due in large part to a renewed commitment by all staff providing services to children and families. Given the scale of this programme and impact on staff and existing services, this transformation is expected to take time, effort, perseverance and collaboration. The challenges involved in this programme should not be under-estimated. It involves a complex merger of components of various organisations, all of which operated under different departmental, organisational, and governance structures, operated fundamentally different service delivery models and had very different organisational cultures and norms underpinning these operations. This also takes place against a backdrop of financial constraint and changing socioeconomic and demographic factors.

The annual “Review of Adequacy” (as provided for under Section 8 of the Child Care Act 1991) provides us with the opportunity to assess and reflect on the quality and quantum of services being provided to children and families. It affords us an opportunity to identify what we are doing well and to name the difficulties and challenges being experienced. Most importantly, it provides us with the opportunity to think about the means by which we can address these challenges and difficulties.

The determination of adequacy presented in this report is, in the main, based on the performance and activity data that is routinely collated and published by the Agency and findings from inspection and investigation reports published by HIQA and the National Review Panel (NRP) along with other internal reports and reviews. The availability of data on outcomes and integrated activity and input data (financial and HR data), along with more feedback from children and families engaging with our services, would make for a more comprehensive assessment of adequacy, and in particular for Family Support Services. Currently, the Agency does not have the systems to collate the data and information required for a comprehensive assessment of the adequacy of Family Support Services and to determine how resources are meeting identified need.

7.2 OVERALL ASSESSMENT OF ADEQUACY 2015

In 2015, demand for services continued. In terms of numbers there were

- 43,596 referrals to child protection and welfare services; similar number to 2014;
- 26,655 cases open to social work (December 2015);
- 1,550 admissions to care;
- 6,384 children in the care of the State (December 2015);
- 4,823 foster carers at the (December 2015);
- 1,835 young adults in receipt of aftercare services (up 7% on 2014);
- 23,022 children and 15,049 families in receipt of family support services (i.e., services formerly provided by HSE Children and Family Service) at the end of December 2015.

This is in addition to other services provided by the Agency. In terms of statutory requirements 93% (n=5,919) of children in care had an allocated social worker and 90% (n=5,766) had a written care plan. Ninety-two per cent (n=4,443) of foster carers (all types) were approved in accordance with regulations and 79% (n=3,275) of approved general and relative foster carers had an allocated link (social) worker; up four percentage points on 2014.

Other positives include improvements in placement stability (fewer children in their third or more placements within the previous 12 months) in recent years; fewer children in a placement outside of the State; fewer children aged 12 years and younger being placed in residential placements; high number of children in care in education and the high number of young people in aftercare services in full-time education and remaining with their carers.

In addition, inspection reports published by HIQA were broadly positive and reflected the fact that once services engaged with children and families they received good quality services. Reports published referred to services being effective and producing good outcomes for children; immediate action being taken for children deemed to be at highest risk; children's rights being promoted; children being consulted about decisions that affected them; children in care in safe nurturing homes and speaking positively about their activities in the community; good quality assessments being done; committed, experienced well qualified staff and competent managers along with good interagency working and implementation of Children First National Guidance (2011).

Furthermore, the NRP reports referred to good practices in a number of cases, particularly where children were ill or had disabilities, where care planning was good and the level of support offered to families was high. In a number of cases the commitment of social workers and the skills of different workers in building relationships with families in difficult circumstances were commended. The standard of aftercare was also referred to as being good in a number of cases.

Despite these positives, the data and information presented in this report highlight a number of weaknesses and shortcomings across the system, many of which are compounded by

financial constraint and staffing deficits. Findings indicate that children often experience a different quality of service depending on the administrative area where they are receiving a service and in particular for children in direct provision accommodation. At the end of December 2015, 6,718 children were awaiting allocation of a social worker of which 999 (15%) were categorised as high priority. Some 7% (n=465) children in care were awaiting an allocated social worker and 10% (n=618) did not have an up-to-date care plan. There were also 874 approved foster carers awaiting a link (social) worker and 327 unapproved relative foster carers (who had a child placed with them for longer than 12 weeks) awaiting approval. Other common weakness and challenges include access to external services such as CAMHS; capacity of some services to meet the complexity of need of some children requiring placement and in dealing with behaviour that challenges; recruitment of foster carers and the matching of placements; support and supervision of foster carers; incidences of overuse of single separation in special care; preparedness for aftercare; deficiencies in the management of cases of alleged historical abuse; along with deficiencies in systems for information management, risk management, quality assurance and complaints and feedback. Greater accountability and managerial oversight in a general sense is also required in some areas. A small number of HIQA reports described premises (residential centres) that were not fit for purpose and in breach of building and fire regulations. In addition, reports repeatedly stated that insufficient resources were impacting on service provision and quality.

At present the Agency does not have the systems to collate the data and information required for a comprehensive assessment of the adequacy of Family Support Services and to determine how resources are meeting identified need. This is compounded by the number and types of services providing services to children and families. It is anticipated that the work underway in terms of the commissioning of services and in terms of the implementation of the Partnership, Prevention and Family Support (PP&FS) programme will go a long way towards addressing this deficit. Over time, commissioned research and roll-out of the NCCIS will also improve the data and information required for an assessment of adequacy, not just for Family Support Services, but across the Agency as a whole.

7.3 ACTIONS AND DEVELOPMENTS TO ADDRESS SHORTCOMINGS

Significant inroads are being made in terms of reducing waiting lists for the allocation of a dedicated social worker, a key indicator of a responsive service. When the Agency was established in January 2014, there were 9,742 cases awaiting allocation of a social worker; by December 2015 this figure was down to 6,718, a 31% (n=3,024) reduction. For the same period there was a 72% (n=2,631) reduction in high priority cases awaiting allocation. The majority of cases awaiting allocation at the end of December 2015 were of a medium/low priority level, reflecting efforts to deploy resources to children most in need of a service.

Other significant improvements to the system include the introduction of the

- National Child Protection System (CPNS) which is accessible 24 hours a day, seven days a week by An Garda Síochána and specific medical personnel (e.g., hospital emergency departments, children's hospitals, maternity hospitals and out of hours GP services) and which has greatly improved local and national oversight of children who are placed on the system and has improved the appropriate sharing of information between key agencies for the purpose of protecting children;
- Emergency Out-of-Hours Social Work Service (EOHS) which provides An Garda Síochána with access to social work consultation and advice as well as access to a local on-call social worker outside of normal working hours. This was one of the key Actions (No.93) called for in the Ryan Report (2009);
- National Children's Residential Service which is contributing to a more responsive and cohesive service while newly established databases are providing real time overviews of demand, activity, performance and risk within the service;
- Standardised National Aftercare Allowance for young people leaving care engaged in education/training; a first step in a phased development of aftercare services providing certainty and consistency for care leavers for the first time.

These developments are in addition to the strengthening of governance, risk management and quality assurance arrangements across the Agency.

In 2016 Tulsa will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities whilst recognising the wider cross-agency responsibility. This will be achieved through the continued implementation of the NSDF and the PP&FS programme, along with the process for commissioning of services that is being developed by the Agency.

The Agency will continue to build on work already commenced along with a number of other key actions. Key among these actions will be:

- Development of a Child Protection and Welfare Strategy;
- Development of an Alternative Care Strategy;
- Embedding the National Service Delivery Framework;
- An examination of resourcing deficits and retention of staff;

- Increased focus on reducing the number of cases awaiting allocation of a social worker;
- Refresher training and guidance to improve consistency in the application of standard business processes and thresholds across the service;
- Improvement in systems and processes in place for services to children in direct provision accommodation;
- Increased diversion of cases to child and family support services as they become further developed and embedded in the areas, i.e., cases deemed suitable for closure either after assessment or after a period of intervention but with outstanding unmet need that can be met by child and family support services;
- Focus on implementation of recommendations identified in internal and external reports;
- Foster carer recruitment and matching of placements;
- Further supports and preparedness of children leaving care;
- Continued engagement with the HSE with regard to children who require priority access to mental health services and the needs of children with disabilities;
- Roll-out of a complaints and feedback system;
- Further development and roll-out of the NCCIS.

This will be in addition to the continued strengthening of risk management, quality assurance and oversight and accountability mechanisms across the service.

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