



REVIEW OF ADEQUACY

**IN RESPECT OF CHILD CARE AND FAMILY SUPPORT SERVICES PROVIDED
BY THE HEALTH SERVICE EXECUTIVE 2013**

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FOREWORD

The programme for Government undertook to fundamentally reform the delivery of child protection services by removing child welfare and protection services from the Health Service Executive and establishing a dedicated new agency. Legislation was enacted at the end of 2013 to establish the new Child and Family Agency from January 1st 2014. Consequently all policy and strategic priorities for Children and Family Services in 2013 are aimed at Agency establishment.

Key priorities for 2013 included promoting the cultural change and reforms necessary to provide a comprehensive range of services for children and families; the promotion of multi-disciplinary practice and efficient community engagement; and preparation for the new legislative responsibilities to be borne by the new Agency. With this in mind the National Director/Chief Executive designate assembled a national management team supported by a regional and area management structure.

Preparation for the establishment of the new Agency occurred at a time of considerable national austerity. Therefore, cost containment and budgetary control, centred on core service priorities, was a key objective. The budget allocation for Children and Family Services for 2013 was €535m with a staff ceiling of 3,552.

The data provided in this report provides evidence of service improvement in key areas, albeit against an unfavourable economic environment. The service gaps identified will help to drive service improvement and overall quality assurance. I want to take this opportunity to express my appreciation to staff who demonstrated great dedication and endurance at a time of considerable challenge and change.

Gordon Jeyes
Chief Executive

INTRODUCTION

Section 8 of the Child Care Act (1991) states that the Health Service Executive (HSE) should “*have a report prepared on the adequacy of the child care and family support services*”; this report should be made available to the Minister and other stakeholder bodies. Up until 2005, individual Health Boards produced their own local reviews of adequacy but since 2005, when the Boards were replaced by the national Health Service Executive, a single annual document has reported on HSE Children and Family Services.

The determination of adequacy is an ongoing process of review and reflection in order to improve the planning, development and delivery of effective services. There is a range of methods by which this is achieved, such as:

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

The Review of Adequacy is not an end in itself but is a critical tool in ensuring that Children and Family Services is a learning organisation underpinned by a robust evidence-base. The service gaps identified serve to highlight areas for continuous improvement. Similarly, the identification of examples of exemplary practice are opportunities to raise standards more broadly. A service priority during 2013 has been to deliver services for the protection and care of children in keeping with the National Standards for the Protection and Welfare of Children (HIQA, 2012) and the anticipated legislation including Children First and adoption reform.

EXECUTIVE SUMMARY

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

Chapter 2 of this report sets out some of the key reforms to the organisation of Children and Family Services following the publication of the Child and Family Agency Act 2013 which sets out the functions of the Board of the Agency, the role of the Chief Executive, accountability and funding of the Agency and provision of services. The Act also provides for the dissolution of the Family Support Agency and the National Educational Welfare Board, the incorporation of their functions into the new agency and the transfer of certain staff and functions from the HSE. The following were some of the main activities in 2013 in this respect:-

- Appointment of the first Chair of the Board of the Child and Family Agency in April
- Announcement of further membership in September
- Signing into law of the Child and Family Agency Act 2013 in December
- Assembly of a management team by the Chief Executive Designate to prepare for establishment of the Child and Family Agency
- Arrangements to consolidate management and organisational structures under this leadership team.
- Progress on the delivery of a Change Programme in accordance with the Programme for Government (2011) to standardise and integrate services and re-focus on service outcomes.

A budget of €544m was allocated for the provision of children and family services and in accordance with the Service Plan 2013 progress was made in many areas including the following:-

- Progress on 24/7 access to a national register of children with a Child Protection Plan extended to GP's, hospitals and An Garda Síochána was made.
- Progress on the publication of Early Years (Pre-school) Inspection Reports.
- The 116,000 Missing Children Hotline came into effect 24/7 in April.

- The design of the Service Delivery Framework was completed
- Project commenced to centralise payroll services within HSE for staff transferring to the Child and Family Agency.
- Completion of Memorandum of Understanding (MoU) and Joint Protocol with the HSE.
- Working draft of the National Charter for Children was completed by year end.
- Launch of new awareness campaign for foster carers “Change a Life, Become a Foster Carer”.
- Appointment of Chief Operations Officer in October
- Further development of the National Child Care Information Project (NCCIS)

In 2013 there were a number of key legislative and policy changes relevant to the work of the Children and Family Services and also a number of reports published by the Office of the Ombudsman for Children, HIQA and the National Review Panel and these are detailed in Sections 2.3, 2.4 and 2.5 of this report.

Chapters 3 – 5 provide data on key activities in Children and Family Services in 2013 including Family Support Services, Child Protection Services, Alternative Care and Specialist Services.

Parenting and family support is a constituent element in all aspects of the HSE’s Children and Family Services work and many key initiatives were undertaken to develop and drive this approach including the appointment of senior managers to lead on the commencement of consistent implementation of *Meitheal, A National Practice Model for all Agencies Working with Children Young People and their Families*.

During 2013 a working group developed a standardised national assessment framework covering both initial and further assessment in order to bring consistency to the assessment process and align it to the NCCIS.

2013 saw a further increase in the number of referrals received by Children and Family Services with 41,599 referrals received in total of which 22,192 were of a welfare nature and 19,407 were child protection. The introduction of standardised processes for referrals nationally brings consistent and uniform practice regarding the evaluation of referrals by enquiry and initial assessment.

Within foster care services service enhancements included a recruitment campaign, the introduction of a standard business process, policy and procedure guidance, an electronic register and an alternative care handbook.

Admissions to care fell by 8% which may reflect improved assessment leading to more community based alternatives. 90% of admissions of children to care during 2013 were to foster care placements and in 95% of discharges from care the child returned home to their family or remained with their carers. The provision of suitable accommodation continues to remain a challenge for Aftercare Service Teams however, 2013 saw a reduction in the number of children placed in emergency residential centres from 99 in 2012 to 41 in 2013. In 2013 a Joint Protocol was developed between the HSE Children and Family Services and the City and County Managers to specifically address the accommodation needs of young people at age 18 and over leaving statutory care. It is intended to present the protocol to the Department of the Environment Community and Local Government in 2014.

Chapter 6 sets out the activities of the Child and Family Services in the area of specialist services including Out of Home Services, Out of Hours Services, Separated Children Seeking Asylum Services, Assessment, Consultation and Therapy Service (ACTS), Inspection and Monitoring and Adoption Services.

In 2013 there was a reduction in the number of deaths of children notified to the National Review Panel from 23 in 2012 to 17 in 2013. The National Review Panel also published seven reports and made a total of 18 recommendations which highlight learning for practitioners and managers.

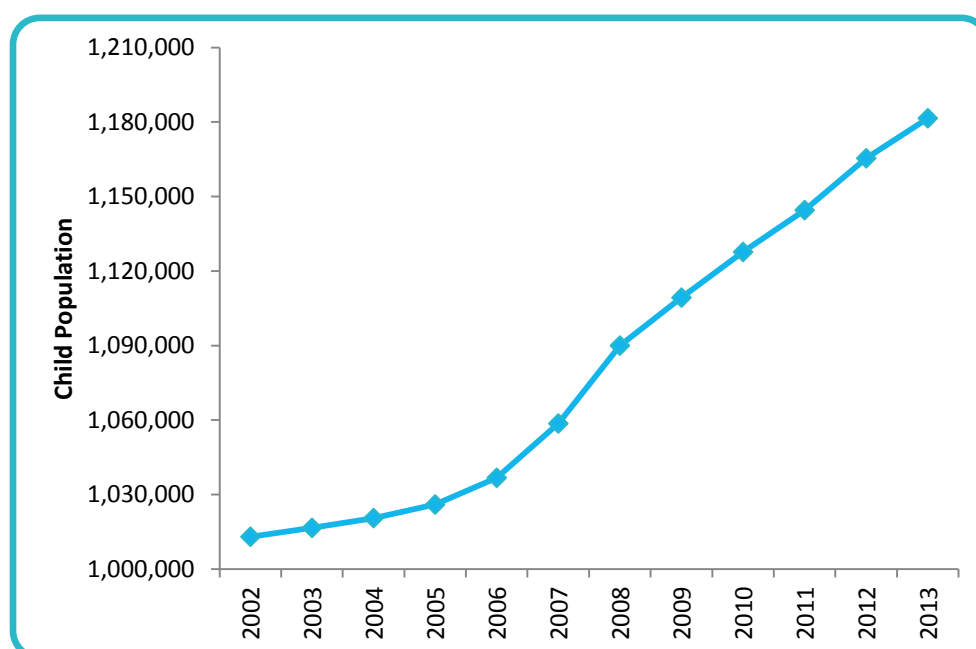
Finally Chapter 7 sets out the achievements of the Child and Family Services in the area of workforce development including the delivery of a national training plan roll out of a Staff Supervision Policy and the development of a draft Continuous Professional Development (CPD) Strategy.

1. DEMOGRAPHIC FACTORS

1.1 Child Population

The Central Statistics Office (CSO) estimates there were 1,181,499 children (0-17 year olds) living in Ireland in 2013, representing an increase of 1.4% (n = 16,117) on the estimated figure for 2012. Since 2002, there has been a year on year increase in Ireland's child population (Figure 1).

Figure 1: Ireland's Child Population (0 - 17 years), 2002 – 2013



Source: CSO Annual Population Estimates - Table PEA11 (Published: 27/08/2014)

Note: CSO data for 2012 and 2013 are preliminary. Up to and including 2005 figures are based on the *de facto* definition while 2006 and onwards are based on the usually resident concept.

The younger age groups (0-4 years and 5-9 years) experienced the highest percentage increase in numbers between 2002 and 2013, with the number in each group increasing by 32% (n = 88,117) and 62% (n=(68,993) respectively. Conversely, the number of 15-17 year olds dropped by 6% (n = 11,787) between 2002 and 2013. A breakdown of the number of children by age group for the years 2002 to 2013 along with the percentage change in numbers between 2002 and 2013 is presented in Table 1.

Table 1: Child population, by age groups, 2002 – 2013

Year	Age Groups				
	0-4 Years	5-9 Years	10-14 Years	15-17 Years	Total
2002	277,630	264,090	285,708	185,603	1,013,031
2003	284,331	268,659	281,688	181,911	1,016,589
2004	290,701	274,928	278,182	176,720	1,020,531
2005	296,530	280,613	276,338	172,512	1,025,993
2006	302,344	288,535	274,179	171,694	1,036,752
2007	310,473	297,234	276,474	174,416	1,058,597
2008	324,007	306,238	283,146	176,592	1,089,983
2009	335,227	310,681	290,473	172,913	1,109,294
2010	346,984	314,612	296,109	169,967	1,127,672
2011	356,039	319,638	301,039	167,797	1,144,513
2012	364,601	324,810	305,366	170,605	1,165,382
2013	365,747	333,083	308,853	173,816	1,181,499
% Change in population from 2002	+32%	+26%	+8%	-6%	+17%

Source: CSO Annual Population Estimates - Table PEA11 (Published: 27/08/2014)

Note: CSO data for 2012 and 2013 are preliminary. Up to and including 2005 figures are based on the *de facto* definition while 2006 and onwards are based on the usually resident concept.

A breakdown of Ireland's child population (based on the CSO 2011 Census data) by Health Service Executive (HSE) region and Local Health Area (n = 17) is presented in Table 2.

Of the four HSE regions, Dublin Mid Leinster has the highest percentage (28.3%; n = 324,955) of the child population while HSE Dublin North East has the lowest percentage (22.5%; n = 258, 569). Similarly, of the 17 local health areas, Cork has the highest percentage (11.2%; n = 128,448) of the child population while Sligo/Leitrim/West Cavan has the lowest percentage (2%; n = 23,060).

Table 2: Child population (2011 Census data) provided by HSE Region and Local Health Area

HSE Region / Local Health Area	Child population (2011 Census data)	% of child population in 2011
Dublin South Central	62,438	5.4
Dublin South East/Wicklow	81,991	7.1
Dublin South West/Kildare/West Wicklow	102,800	8.9
Midlands	77,726	6.8
TOTAL HSE DUBLIN MID LEINSTER	324,955	28.3
Dublin City North	72,666	6.3
Dublin North	63,256	5.5
Louth/Meath	87,562	7.6
Cavan/Monaghan	35,085	3.1
TOTAL HSE DUBLIN NORTH EAST	258,569	22.5
Cork	128,448	11.2
Kerry	34,940	3.0
Carlow/Kilkenny/South Tipperary	57,800	5.0
Waterford/Wexford	71,608	6.2
TOTAL HSE SOUTH	292,796	25.5
Mid West	94,989	8.3
Galway/Roscommon	77,270	6.7
Mayo	32,514	2.8
Donegal	44,534	3.9
Sligo/Leitrim/West Cavan	23,060	2.0
TOTAL HSE WEST	272,367	23.7
TOTAL NATIONAL	1,148,687	100.0

Source: Data from HSE Health Intelligence Unit

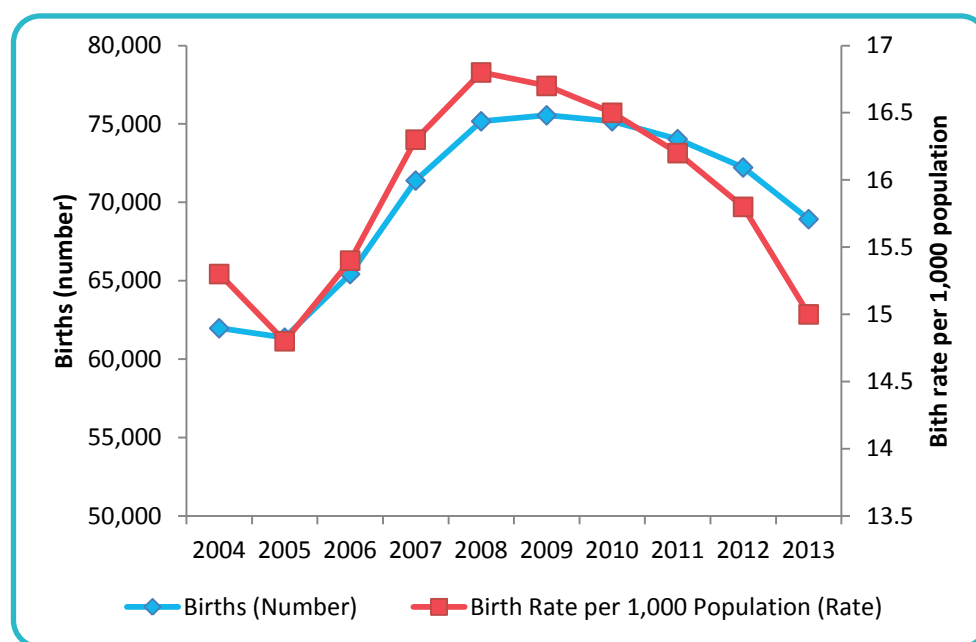
In 2013, children (0-17 year olds) accounted for over one-quarter (25.72%) of the total estimated population (n = 4,593,125) for the year. The proportion of children in 2013 was up 0.3% on the 2012 figure of 25.42%. Although the proportion of children has dropped significantly over the past 30 years, from 36.2% in 1981 to 25.72% in 2013, there has been a small but steady increase since 2008.

1.2 Births and Birth Rate

There were 68,930 births registered in 2013, a decrease of 3,295 births on 2012. The 68,930 births represent an annual birth rate of 15.0 per 1,000 population, 0.8 below the rate for 2012.

Since 2009, there has been a year on year decrease in the number of births and the birth rate per 1,000 population. The number of births and the corresponding birth rates per 1,000 population for the 10 year period 2004-2013 are presented in Figure 2.

Figure 2: Number of births and birth rate per 1,000 population, 2004- 2013



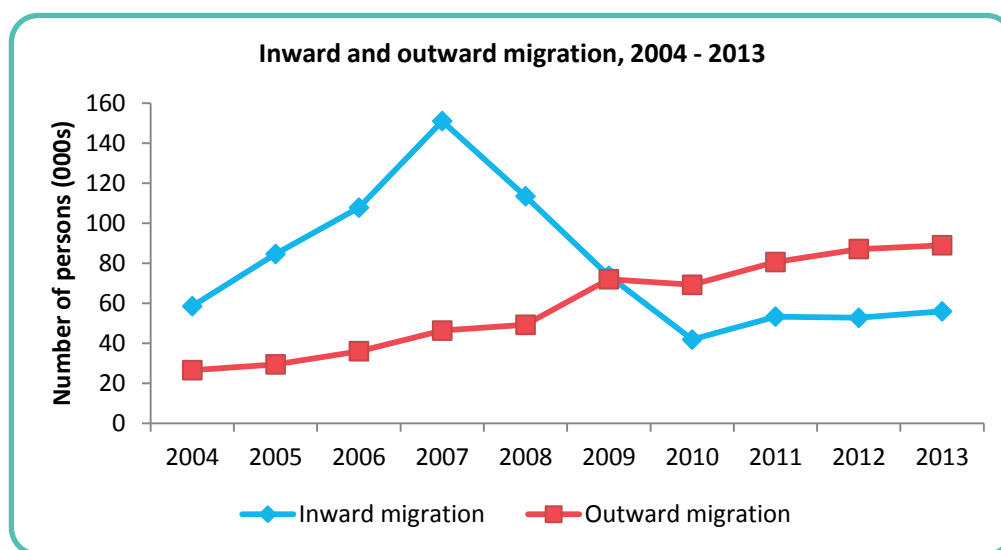
Source: CSO Births, Deaths and Marriages - Table VSA18 (Published: 30/06/2014)

Note: Figures for 2004 to 2011 are final and based on the number of births occurring in the year. Figures for 2012 and 2013 are provisional and are based on the number of births registered within the year.

1.3 Migration

In 2013, more people left the country than arrived for the fourth consecutive year i.e., net migration was negative. Notwithstanding, immigration into Ireland also increased for the fourth consecutive year to stand at 55,900 in 2013. This follows a sharp decline between 2007 and 2009. A breakdown of inward and outward migration for the years 2004 to 2013 is presented in Figure 3.

Figure 3: Inward and outward migration, 2004 -2013



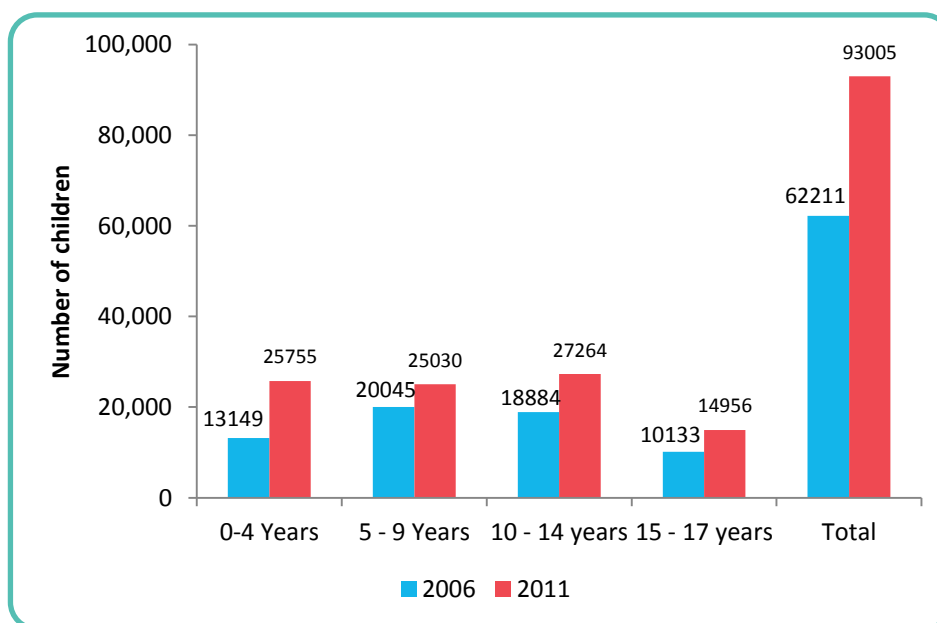
Source: CSO Population and Migration Estimates.

Note: CSO data refers to the 12 months up to April of each year and is preliminary for 2012 and 2013.

1.4 Foreign National Children

In 2011 (CSO Census data), there were 93,005 foreign national¹ children (0-17 years old) in Ireland, accounting for 8.3% of the total child population in Ireland. The number of foreign national children increased by 49.5%, from 62,211 in 2006 to 93,005 in 2011 (Figure 4).

Figure 4: Number of foreign national children, by age, 2006 and 2011



Source: State of the Nation's Children - Ireland 2012 (DCYA 2012)

¹ A person is identified as a **foreign national** in the 2011 Census if the answer is not 'Irish' to Question 10: 'What is your nationality?'

In 2011, the most frequently reported nationality for foreign national children was Polish, accounting for 26.5% of total. The next most common nationality was Great Britain (16.0%) followed by Lithuania (8%) and Nigeria (5%). A breakdown of the number and percentage of foreign national children, by nationality (2011) is presented in Table 3.

Table 3: Number and percentage of foreign national children, by nationality (2011)

Nationality	Number	%
Poland	24,611	26.5
Great Britain	14,870	16.0
Lithuania	7,417	8.0
Nigeria	4,635	5.0
Latvia	4,158	4.5
India	4,127	4.4
Philippines	2,998	3.2
Romania	2,942	3.2
USA	2,922	3.1
Pakistan	1,321	1.4
Slovakia	1,309	1.4
Germany	1,279	1.4
Hungary	1,127	1.2
Brazil	906	1.0
Other	18,383	19.8
Total	93,005	100.0

Source: State of the Nation's Children – Ireland 2012 (DCYA 2012)

1.5 Ethnicity

In the 2011 (CSO Census data), the largest group of 0-19² year olds was reported as White Irish with 1,056,478 (84.4%) usual residents, down 4% on the 2006 figure. This was followed by Any Other White Background (6.8%), Black or Black Irish – African (2.3%) and non-Chinese Asian (1.8%). White Irish Travellers made up 1.2% (n = 15,414) of the population aged 0-19 years while those of mixed backgrounds constituted 1.3% of the 0-19 years population. A breakdown of population aged 0-19 years by ethnicity (2011 Census) is presented in Table 4.

² CSO - Census 2011 data for ethnicity is presented by five-year age bands.

Table 4: Population aged 0-19 years by ethnicity (2011)

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

Source: CSO Census of the population 2011. Table CD701 Published: 17/10/2012 11:00:00

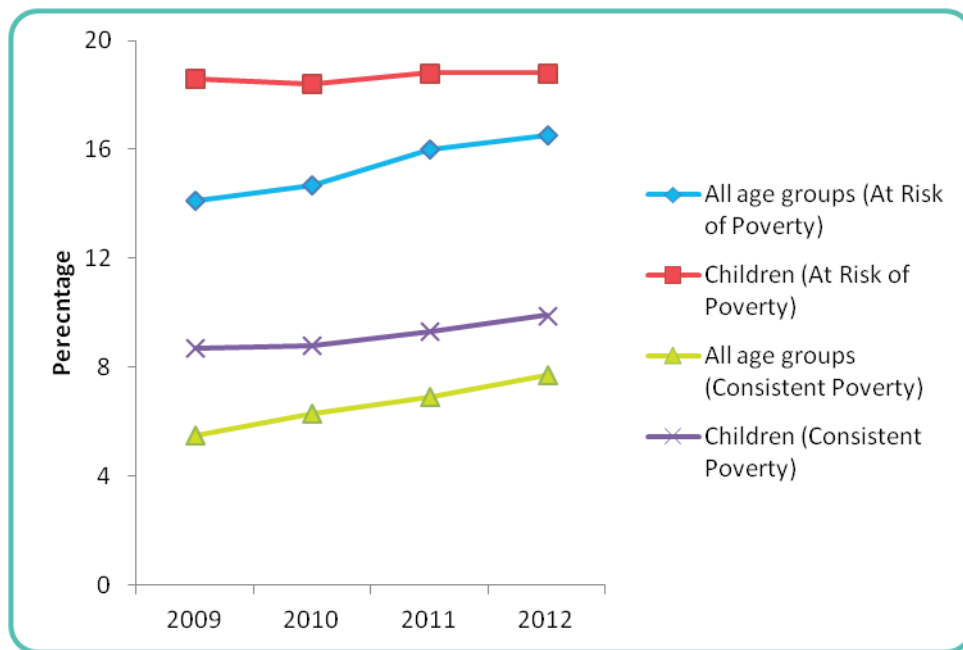
1.6 Poverty

In 2012, 9.9% of children (aged 0-17) continued to live in consistent poverty³, up from 9.3% in 2011. This equates to one in 10 children. Consistent poverty means that these children are living in households with incomes below 60% of the national median income and experiencing at least two forms of enforced deprivation (from 11 agreed items). The 'consistent poverty rate' for children was higher than the national average (for all age groups) of 7.7%, up from 6.9% in 2011.

In 2012, 18.8% of children were considered to be 'at risk of poverty'. 'At risk of poverty' means that these children are living in households with incomes below 60% of the national median income. This was the same as that for 2011 and up by 0.4 percentage points on 2010. The 'at risk of poverty rate' for children was higher than the national average (for all age groups) of 16.5%, up from 16% in 2011. A breakdown of the poverty rates for children and all age groups for the years 2009 to 2012 is presented in Figure 5.

³ The data presented in this section are taken from the Survey on Income and Living Conditions (SILC), 2012. SILC is an annual survey conducted by the CSO to obtain information on the income and living conditions of different types of households. The survey also collects information on poverty and social exclusion.

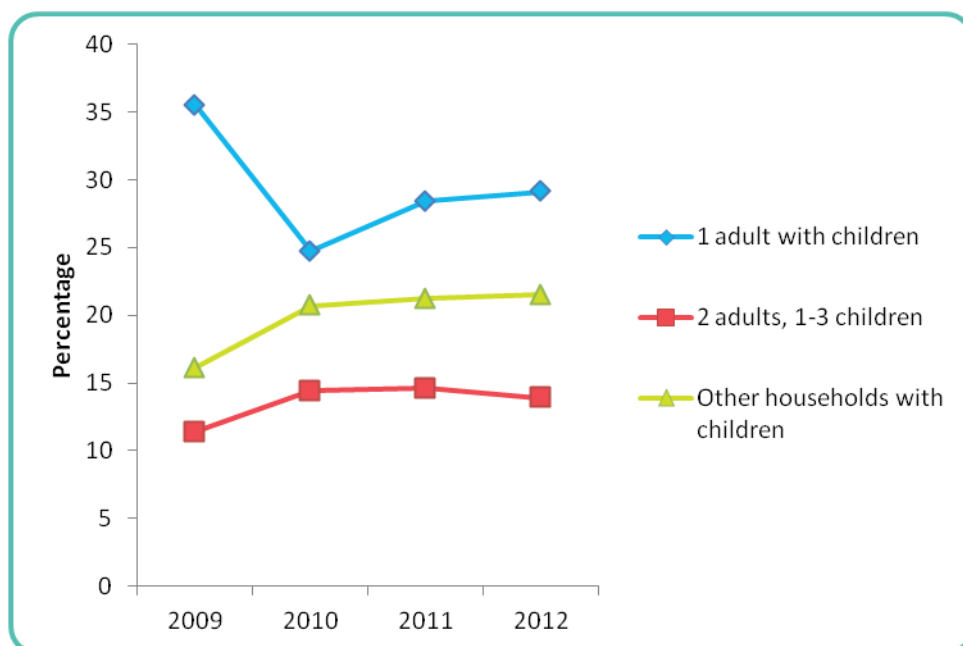
Figure 5: Poverty rates, children and all age groups, 2009 – 2012



Source: Survey on Income and Living Conditions (SILC), 2012

In 2012, the 'at risk of poverty' rate for households composed of one adult with children was 29.1% up from 28.4% in 2011 but still less than the rate recorded for 2009 (35.5%). This was substantially higher than the 'at risk of poverty' rate for households with two adults and 1-3 children (13.9%) and other households with children (21.5%). A breakdown of the 'at risk of poverty' rates for households for the years 2009 to 2013 is presented in Figure 6.

Figure 6: At risk of poverty rates' for households, 2009 to 2012



Source: Survey on Income and Living Conditions (SILC), 2012

2. REVIEW OF 2013

2.1 Organisational Reform

Following the publication of the Report of the Task Force on the Child and Family Support Agency in 2012 (Department of Children and Youth Affairs [DCYA], 2012), there was a formal response from Government culminating in the publication of the Child and Family Agency Act 2013. The Act sets out the functions of the Board of the Agency, the role of the Chief Executive in relation to it, accountability and funding of the Agency and provision of services. The Act also provides for the dissolution of the Family Support Agency and the National Educational Welfare Board (NEWB), and the incorporation of their functions into the new Agency. It also provides for the transfer of certain staff and functions from the HSE.

The first Chair of the Board of the Child and Family Agency was appointed in April with the announcement of further membership in September. The Child and Family Agency Act 2013 was signed into law in December and commencement day was set as January 1st 2014.

While still under the auspices of the HSE the National Director, Children and Family Services/ Chief Executive designate assembled a management team to prepare for the establishment of the Child and Family Agency, the first legal entity in Ireland solely dedicated to the support of children and families. The Agency will bring together the Children and Family Services of the HSE, the Family Support Agency (FSA), the National Educational Welfare Board (NEWB) and services responding to domestic, sexual and gender based violence. In addition, the Agency will have statutory responsibility to provide psychology services to children and families.

Arrangements were put in place to consolidate management and organisational structures under this leadership team, comprising seventeen Area Managers supported by four Service Directors.

In tandem with the consolidated management structure, and in accordance with the Programme for Government (2011), progress continued on the delivery of a Change Programme to standardise and integrate services and re-focus on service outcomes. Specifically the Change Programme sought to address:

- The requirement to set a clear direction for the service

- To deliver services in a consistent manner throughout the country
- Deficits in the governance of services at national, regional and local levels.

2.2 Key Priorities

In accordance with the Service Plan 2013 key priorities for the year included:

- Preparing for the transition of responsibilities to the new Child and Family Support Agency.
- Delivering statutory services for the care and protection of children in keeping with the HIQA *Standards for the Protection and Welfare of Children* and National Standards and Regulations for Alternative Care (www.hiqa.ie and appendix II). This includes anticipated legislation including the placing of Children First: National Guidelines for the protection and welfare of Children (Children First) on a statutory footing and adoption reform legislation.
- Working to ensure full implementation of Children First across relevant health services and preparing for any future statutory requirements relating to implementation
- Promoting quality and safe services underpinned by sound knowledge and information management.
- Cultural change and reforms necessary to provide a comprehensive range of services for children in care.
- Promoting effective multidisciplinary shared practice and efficient community engagement.
- Developing a Workforce Development Strategy aimed at sustaining an efficient, professional and supported workforce within a culture of continuous learning.

A budget of €535m was allocated for the provision of children and family services. Progress was made during 2013 against stated key priorities, which are summarised as follows:

- Progress on 24/7 extending access to a national register of children with a Child Protection Plan to GPs, hospitals and An Garda Síochána was made in 2013 under a dedicated project manager and this was completed to design stage by year end with implementation planned for 2014.
- National and Regional Editorial Boards were established to manage the publication of Early Years (Pre-school) Inspection Reports which are now available on www.pobal.ie The recruitment process in respect of five additional Early Years Inspectors was advanced and these will be coming on stream in 2014.

- The 116000 Missing Children Hotline came into effect 24/7 in April, following a successful pilot initiative initiated by the Department of Children and Youth Affairs (DCYA) in partnership with a number of cross sectoral agencies including the HSE. The hotline is run by the Irish Society for Prevention of Cruelty to Children (ISPCC).
- Enhancement of the provision of specialist therapeutic services for children in residential special care units with the Assessment, Consultation and Therapy Service (ACTS) becoming fully operational in mid 2013.
- The provision of nationwide seminars to disseminate the findings of the National Audit of Neglect (HSE, 2012), challenging staff to examine their practice in responding to child welfare and protection.
- A number of reports by the National Review Panel on serious incidents and child deaths were published in November. The panel's function is to determine the quality of service provision to the child/young person prior to their death or experience of a serious incident.
- A number of mergers/boundary changes took place including the alignment of Dublin 15 Child and Family Services merging with Dublin North.
- The design of the Service Delivery Framework was completed in 2013 with each area team moving to implementation phase from Q4 2013.
- A major project was undertaken to centralise payroll services within HSE Shared Services for staff transferring to the Child and Family Agency (approximately 4,000).
- The completion of Memorandum of Understanding (MoU) and Joint Protocol with HSE.
- The development of a working draft of the National Charter for Children was completed by year end. This work will be concluded in 2014 ensuring it reflects the inter-dependencies with other relevant policy documents including the *National Healthcare Charter for Children* (HSE Advocacy Department) and the Charter for Children in Care. This work was aided by the Advisory Group of Young People (TAG).
- The launch of a new awareness campaign for foster carers 'Change a Life, Become a Foster Carer' with associated information available on an updated website www.fostering.ie.
- The appointment of Chief Operations Officer in October.

2.3 Legislative and Policy Development

In 2013 there were a number of key legislative and policy changes relevant to the work of Children and Family Services as follows:

- The Adoption (Amendment) Act 2013 was enacted in December. This legislation allowed for the inclusion of the Russian Federation for a declaration of eligibility and suitability in relation to inter-country adoption.
- The Education (Admission to Schools) Bill 2013 was also published which requires all schools to have an admissions policy that does not discriminate and proposes a new parent-friendly, equitable and consistent framework to regulate school admissions policy for all 4,000 primary and post-primary schools. The framework will improve access to schools for all pupils and will ensure that there is consistency, fairness and transparency in the admissions policies of all schools.

The Department of Children and Youth Affairs (www.dcyu.ie) published a series of significant reports, including:

- *An Examination of Recommendations From Inquiries into Events in Families, their Interactions with State Services and their Impact on Policy and Practice* - Department of Children and Youth Affairs – Irish Research Council Research Development Initiative (December 2013).
- *Growing up in Ireland, The National Longitudinal Study of Children in Ireland* – a suite of reports from this research were published (Department of Children and Youth Affairs, ESRI, Trinity College Dublin December 2013)
- *Right from the Start, Report of the Expert Group on Early Years Strategy* – Department of Children and Youth Affairs (September 2013)
- *Ireland's Consolidated Third and Fourth Report to the UN Committee on the Rights of the Child* – Department of Children and Youth Affairs (July 2013)
- *Children First Sectoral Implementation Plan* – Department of Children and Youth Affairs (July 2013)
- *Child and Family Agency Bill 2013 – Regulatory Impact Analysis* – Department of Children and Youth Affairs (July 2013)
- *Sixth Report of the special Rapporteur on Child Protection* – Dr. Geoffrey Shannon (January 2013)

- *Every Child a Home: A Review of the Implementation of the Youth Homeless Strategy* – Department of Children and Youth Affairs (July 2013)
- *Young Voices Have Your Say Summary Report* – Irish EU Presidency, Department of Children and Youth Affairs, National Youth Council of Ireland, Youth In Action (March 2013)
- *State of the Nation's Children Ireland 2012* – Department of Children and Youth Affairs (March 2013)

These reports influenced the development of operational policy and procedures within the service.

2.4 Regulators' Reports

2.4.1 Office of the Ombudsman for Children

The Office of the Ombudsman for Children (www.oco.ie) published a number of reports which had relevance for both policy and practice, including:

- *A Meta-Analysis of Repetitive Root Cause Issues Regarding the Provision of Services for Children in Care* (December 2013)
- *A Statement Based on an Investigation into Provision by the Department of Education and Skills and the HSE for a Child in Care* (July 2013)
- *A Statement of an Investigation into the Provision of Supports and Therapeutic Services for a Child Following Disclosures of Alleged Sexual Abuse* (April 2013)
- *Report on the Investigation of HSE Social Work Service Provision in North Lee* (April 2013)

2.4.2 Health Information and Quality Authority

In July 2013 the Health Information and Quality Authority (HIQA) (www.hiqa.ie) published *An Overview of Findings of 2012 Children's Inspection Activity: Foster Care and Residential Care Services*. In respect of residential care the report found evidence of dedicated and committed staff who were appropriately qualified and whose intervention led to many positive outcomes for children and young people. However, HIQA also found that the system was under significant pressure and that improvements were required in certain aspects of the service.

Regarding foster care it noted overall good quality care to children and young people in a safe environment. However, it also noted that staff shortages had impacted on the HSE's capacity to deliver a safe, high quality fostering service resulting in some children in foster care not having a social worker, some foster carers not having a link worker and delays in the investigation of some allegations made against foster carers.

2.5 Service Improvement Initiatives

During 2013 a number of reports were published by the National Review Panel (NRP). A National Audit of Neglect (HSE, 2012) was published. Regional seminars were organised to disseminate the outcomes from this audit and the NRP reviews. All levels of staff were represented with between 40 and 50 staff at each.

Issues arising from the reports of the NRP included the need for greater management oversight of intake to avoid cases being referred, closed prematurely and then re-referred. Overall it found supervision to be of a high standard. It also noted the challenges of working with resistant families and with young people with suicide ideation. The learning points from the National Audit of Neglect included the need for increased awareness of the consequences of chronic neglect, timely assessment and effectiveness governance at all levels.

2.6 National Child Care Information Project

During the first quarter of 2013 the focus of the National Childcare Information Project was to conduct a contract review and approval process for the new National Child Care Information System (NCCIS).

By the end of March 2013 the HSE had signed a contract with CareWorks Limited, to supply a National Child Care Information System to the soon to be established Child and Family Agency.

During Quarter 2 work began and new project structures comprising of CareWorks and HSE Children and Family Services were established at national level. A Project Implementation Team was also established in the initial implementation site (Mid West).

The initial requirements analysis and design phase led directly onto configuration and development of the software and design of the technical infrastructure and architecture.

By the end of 2013 the server environments to host the child care information system were built and tested in the HSE National Data Centre. A beta version of the software (phase 1) was installed and ready for testing in January 2014.

3. FAMILY SUPPORT SERVICES

In 2013 the HSE Children and Family Services committed to delivering services within a co-ordinated, multi-disciplinary and multi-agency *National Service Delivery Framework* (NSDF). The intention is to have an integrated system of children's services that will have the following elements:-

- Formal linkages with services external to the HSE
- Clear and consistent referral pathways for children and families
- Timely and proportionate provision of parenting and family support services
- Support for referrers to work collaboratively and to use their resources in the best interests of children
- Clear and transparent information-sharing between core services and other services.

The Parenting and Family Support aspect of the NSDF is designed as an Area-based approach to Prevention, Partnership & Family Support (PP&FS) with the aim of establishing parenting and family support at great prominence in the discharge of statutory child welfare and protection responsibilities. A suite of policy, strategy and guidance documents to articulate its approach in this regard was published as follows:

1. Commissioning Guidance
2. Investing in Families, Supporting Parents to Support Children
3. 50 Key Messages Supporting Parents to Improve Outcomes for Children
4. Guidance to the Implementation of an Area-based Approach to Prevention, Partnership and Family Support
5. What Works in Family Support?
6. Meitheal: A National Practice Model for all Agencies Working with Children, Young People and their Families.

Parenting and family support is a constituent element in all aspects of the HSE's Children and Family Services work, including social work activity, early years, community-based youth work, foster care, residential care, special care, and local services to women in situations of domestic abuse.

Many non-governmental organisations are funded by the HSE to provide parenting and family support services at community level and these organisations have considerable experience and trusted relationships with the communities they serve. In 2013 work was

undertaken to align these services to support children and families in local communities and geographical areas. In practice, this linked management responsibility, coordination between statutory and non-statutory partners, and involved the consistent application of a national practice model through which those in need of support would be identified and the necessary support delivered.

The following were some of the key initiatives undertaken by the HSE Children and Family Services to develop and drive this approach:

- Appointment of Senior Managers for PP&FS to lead this initiative
- Establishment of Steering Committees for PP&FS in each Area to take forward this initiative. These will be sub-committees of the Children's Services Committees (CSCs) where same already exist.
- Establishment of Child and Family Support networks, as clusters of multi-disciplinary and inter-agency support for children and families, serving geographical areas smaller than the Area Management or Children's Services Committee Area.
- Commencement of consistent implementation of *Meitheal* nationally to ensure that the needs of children and their families are effectively identified understood and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes. This is being underpinned by the initiation of a National Training Strategy.
- Valuing the contribution of the community and voluntary sector to families and children, by providing them with every opportunity to achieve their fullest possible well-being and potential.

Table 5: Funding Provided to Family Support Services 2013

Service Category	Internal			External Spend	Total Spend	Internal Split of service Spend	External Split of Service spend
	WTE	Pay	Non-Pay				
Family Support Services	425	€17,678,808	€3,039	€23,804,719	€41,486,567	43%	57%
Child Protection Services	1355	€68,231,745	€12,302	€6,757,055	€74,988,800	91%	9%
Alternative Care Services	1397	€83,256,201		€76,514,527	€159,770,728	52%	48%
Adoption	78	€3,306,538	€472	€1,073,256	€4,380,266	75%	25%
Monitoring and Inspection services	62	€3,214,854	€223		€3,215,076	100%	0%
Early Years Services				€7,939,546	€7,939,546	0%	100%
Educational Welfare Services	72	€5,445,463		€32,860,070	€38,305,533	14%	86%
Domestic, Sexual and Gender Based Violence	14	€597,289		€19,049,612	€19,646,901	3%	97%
Total	3403	€181,730,898	€16,036	€167,998,784	€349,733,416	52%	48%

Figure 7: Percentage of Total Service Spend per Category

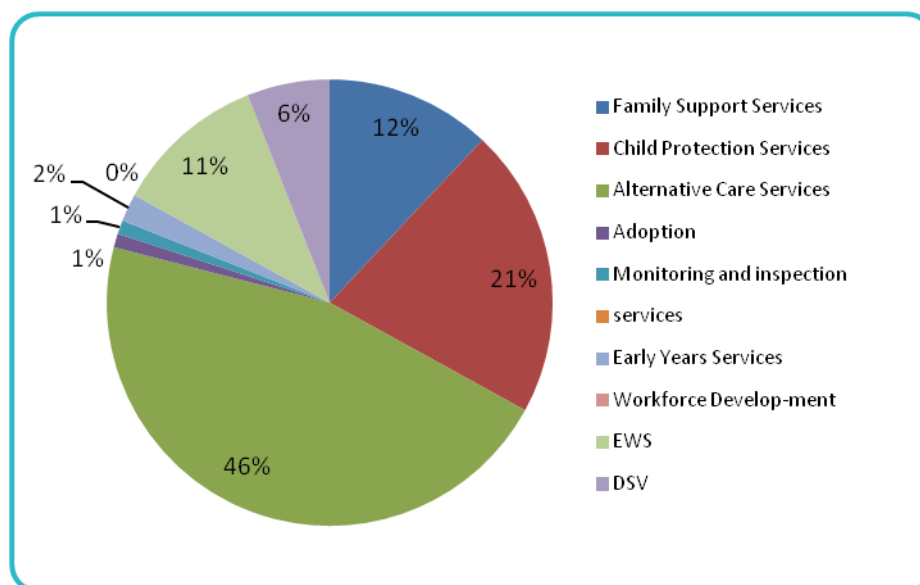


Table 6: Key External Spend Categories

Key External Spend Categories	Spend (€m)
Grant Aided Agency Funding	96
Family Resource Centre Funding	14
Counselling Grants	7
School Completion Programme Grants	25
TOTAL	141

3.1 Family Welfare Conferences

Early intervention can help to prevent any worsening of current difficulties being experienced by a child. Family Welfare Conferences can also assist in the development and growth of protective factors for families. This is achieved by linking them with existing social supports in the community as well as providing a range of services through statutory, voluntary and community organisations.

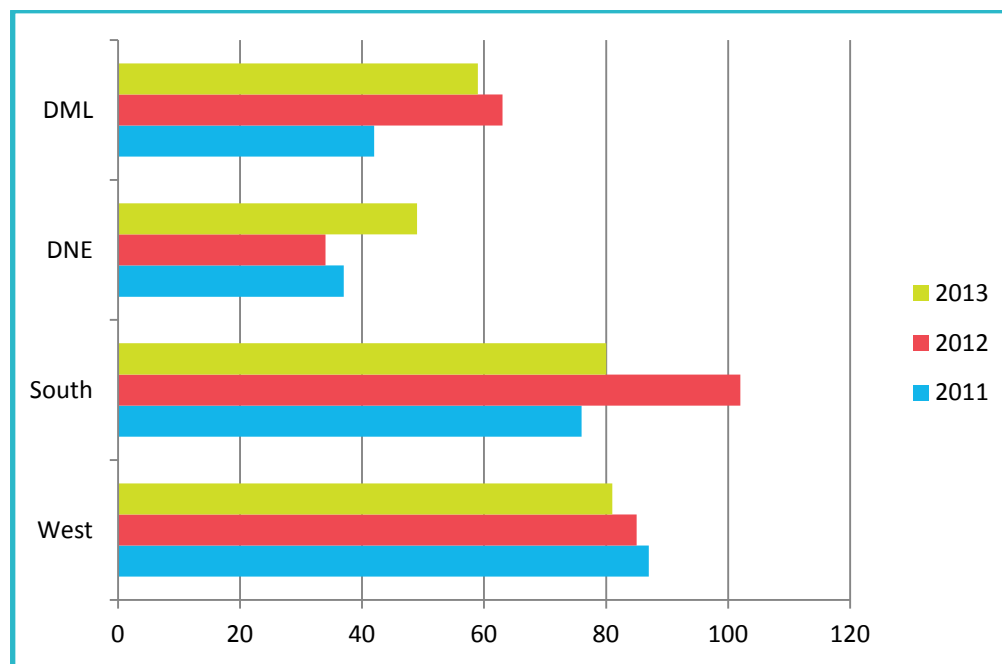
Under the auspices of a family welfare conference, a family is defined broadly to include immediate and extended family, significant others and family friends. The purpose of the meeting is to aid the family in approaching and addressing the concerns regarding the child. The outcome of the family welfare conference therefore is a plan that becomes the framework in which family members and professionals can work together to ensure the agreed care, protection and welfare of the child.

The delivery of effective family welfare conferences should include the following components:

- A commitment to empowering families;
- Joint agreement between families and professionals about the type of support needed;
- A focus on the individual needs of children and their parents/carers, considered both separately and together;
- An identification of a network of existing supports in the community such as extended family, neighbours, church groups, clubs and associations;
- Links with community based services such as playgroups, projects, schools and after-school programmes, local organisations, parenting programmes, adult education, family support services, child care services, health services;
- Provision and ongoing resourcing of services as the need arises;
- Availability of supports during a crisis or over a prolonged period;
- Ongoing identification of needs;
- Ongoing evaluation.

In recognising this concept, family welfare conferences are provided sensitively to meet the individual needs of children and their families. The delivery of family welfare conferences also enables HSE staff to assist families where risks exist, but where the situation does not warrant a child protection assessment. This service is provided to give full support to the family in planning for the care, protection and welfare of the child, in a co-ordinated and designed manner.

Figure 8: Family Welfare Conferences convened 2011-2013



In 2013 there were 269 family welfare conferences convened (Figure 8) and their outcomes were as follows:

Table 7 Family Welfare Conference Outcome

Region	No. of family plans agreed by the family as an outcome of family welfare conference
Dublin Mid Leinster	51
Dublin North East	45
South	16
West	77
TOTAL	189

The HSE agrees that family welfare conferences are an effective intervention for families; they empower families and are a constructive way for professionals to work in partnership with families, which improves outcomes for children. They provide an intervention platform to manage child welfare concerns, prevent admissions into care or to plan a child's return to their family.

The challenges for the continued use of family welfare conferences are in respect of a consistent approach across geographic boundaries. It was demonstrated that HSE delivery areas do not appear to be providing this service in a standardised fashion, following a national office small scale study on the usage of this mechanism. The study found that cases of varying 'Hardiker' level of need were being addressed through family welfare conferences

in an inconsistent manner. Therefore the development of an agreed national approach is to be considered going forward.

3.2. Teen Parent Support Programme

The Teen Parent Support Programme (TPSP) provides supports to young people who become parents when they are 19 years or younger. These supports are offered to young parents until their child is two years of age.

The provision of assistance is offered on topics such as health, relationships, parenting, childcare, accommodation, social welfare entitlements, education and training.

In 2013 there were 1,381 (or 2.0% of total) births to mothers aged under 20 years in 2013. This represents a 16% reduction in the number of teenagers giving birth in comparison to the previous year. It also represents a significant fall in those who might be offered a TPSP service when viewed over a ten year period; in 2004 there were 2,560 (or 4.2% of total births) children born to teenage mothers.

In 2013 the TPSP supported 1,311 service users. However TPSP Projects also worked with reduced funding in 2013. This resulted in reduced staffing and therefore reduced availability for a number of such projects. Specifically as of May 2013, direct contact with teen parents was reduced by up to four staff from a full complement of 21 staff. In addition, travel restrictions imposed on staff resulted in fewer young parents living in rural areas receiving a full support service.

4. CHILD PROTECTION SERVICES

4.1 Introduction to Child Protection Services

Child protection and welfare services are provided through a range of professional disciplines and interventions, in accordance with legislative obligations, policy documents and national guidance (Appendix II). Section 3 of the Child Care Act 1991, places a broad statutory duty on the service to identify children who are not receiving adequate care and protection, and to then provide appropriate family support and child care services, which is understood to include child protection services if required.

Underpinning the legislative framework are the Irish Constitution and the United Nations Convention on the Rights of the Child (ratified by Ireland in 1992).

There have been a number of child protection inquiries over the last few years and their findings and recommendations continue to have relevance for the contemporary delivery of child protection services. They include:

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

In addition, the Ombudsman for Children Act, 2002 applies in relation to complaints being referred to the Ombudsman for Children. The Children Act, 2001 provides a framework for the development of the juvenile justice system and makes provision for addressing the needs of out-of-control or non-offending children who may come before the courts.

4.2 Service Developments

Following the introduction of the National Standards for Child Welfare and Protection (HIQA, 2012), tools were developed to assist local services to self-assess against the Standards in order to be prepared for HIQA inspections.

During 2013 a working group developed a standardised National Assessment Framework covering both initial and further assessment. The purpose of the framework is to bring consistency to the assessment process and to align it to the National Child Care Information System.

In order to assist social workers and others appearing in Court proceedings guidelines were developed to provide consistency of approach. The *Court: Best Practice Guidance* (2013) provides key components for successful engagement with family legal proceedings. The guidance also provides standardised templates for the preparation and presentation of Court reports and associated material. A training module was also provided to underpin this development.

4.3 National Child Protection Notification System Project

Section 3 of the Child Care Act (1991) together with Children First, the National Guidelines for the Protection and Welfare of Children (1999) initiated the Child Protection Notification System (CPNS); the CPNS is a record of every child about whom the HSE is satisfied that there are unresolved child protection issues, including neglect. The revised Children First (2011) re-affirms the requirement for a national CPNS, operating in accordance with the Children and Family Service standardised business processes.

The establishment of the CPNS in health boards and subsequently the HSE has been uneven both in terms of a consistent approach to listing children and in the provision of access to the CPNS for relevant services and agencies. Its operation, with significant variation across the country, limits its value as a safeguarding instrument. The National Office for Children and Family Services identified that the listing of children through Child Protection Conferences, following the consistent application of thresholds, requires clear and direct guidelines for area managers and all social work practitioners. In addition, access to the CPNS by other agencies requires clear protocols. A successful national CPNS, compliant with the National Standards for Child Welfare and Protection, requires informed participation in Child Protection Conferences by staff from health, education, justice and the voluntary sector. The

National Office established a working group in 2013 to provide the national system with consistent operating procedures and protocols for child protection conferences and for establishing the national CPNS. The working group has delivered National Guidelines for Child Protection Conferences and the Child Protection Notification System (CPNS).

The new guidelines cover all aspects of Child Protection Conferences including all conference arrangements, the role of the chairperson and the role of the social worker with particular emphasis on facilitating active participation by children, parents and other professionals working with children and families. The guidelines are specifically for Area Managers, Social Work Managers and Practitioners. These guidelines will impact on existing practice and therefore required a thorough consultation process. All Area Managers and social work staff were issued with a draft of the guidelines in early 2013 and invited to make submissions to the working group either individually or collectively as part of their team response.

Although the guidelines are specifically for chairpersons and social workers, because of the multi-disciplinary and multi-agency nature of the child protection process and the importance of the participation by service users and other professionals, a wider consultation process also took place with key stakeholders. Children's views were sought through the young person's advisory group to the National Office. Several professional representative or working groups submitted a response from the perspective of their particular expertise. The Department of Children and Youth Affairs (DCYA), the Health Information Quality Authority (HIQA), the Department of Education and Science and An Garda Síochána were also consulted.

A significant number of submissions were received, collated, carefully analysed and presented to the National Steering group for their consideration. In line with extensive research and learning from best practice in other jurisdictions the working group signed off on a final draft and the proposed new guidelines were completed and presented to the senior management team and await approval and implementation.

Preliminary work has also been conducted to examine the IT options for hosting the new CPNS database. A new Project Manager is due to be appointed in early 2014 to oversee the implementation of the new guidelines and develop the IT component for the CPNS.

4.4 Child Protection and Welfare Data

Child protection referrals are allegations of abuse, neglect or harm to a child. Child welfare referrals are made in relation to children who are in need of additional supports, due to their needs not being adequately met.

During 2013, the number of referrals to Children and Family Services continued to increase when compared to previous years. Child and family social work services received 41,599 referrals in 2013, receiving more welfare referrals (22,192) than child protection referrals (19,407) (Table 8).

Table 8: Referrals to Social Work x Referral type x Region (2013)

Region	Number of welfare referrals	Number of child protection referrals	Total	% welfare	% child protection
Dublin Mid Leinster	5,395	4,842	10,237	53%	47%
Dublin North East	4,914	5,238	10,152	48%	52%
South	6,175	5,219	11,394	54%	46%
West	5,708	4,108	9,816	58%	42%
National	22,192	19,407	41,599	53%	47%

Longitudinal analysis demonstrates a significant rise in referrals to the service since 2010 (42%), by increasing from 29,277 to 41,599.

This increase was determined by a 35% increase in welfare referrals, from 16,452 to 22,192, and by a 51% increase in child protection referrals, from 12,825 to 19,407.

The 2010 introduction of Standardised Business Processes for referrals has brought consistent measurement of all referrals across the country, towards the practice of counting each referral individually per child and not per family.

4.5 Child Protection Data

In 2013, 19,407 referrals were received by Child and family social work services as child protection concerns.

The distribution of child protection referrals across the four regions is as follows:

Table 9: Child Protection referrals by Region

Region	Child Protection Referrals 2013
Dublin Mid Leinster	4,842
Dublin North East	5,238
South	5,219
West	4,108
TOTAL	19,407

Although some variation by Local Health Office exists, the regional distribution of child protection referrals is relatively consistent (Appendix III).

The introduction nationally of standardised processes for referrals brings consistent and uniform practice regarding the evaluation of referrals by preliminary enquiry and initial assessment. The measurement of preliminary enquiries and initial assessments for child protection referrals are detailed in Table 10 and Table 11.

Table 10: Preliminary Enquiries for Child Protection Referrals (2013)

	Number of Referrals of Child Protection (2013)	Number of Referrals of Child Protection which received a Preliminary Enquiry	% of Referrals of Child Protection that received a Preliminary Enquiry
Dublin Mid Leinster	4,842	4,790	99%
Dublin North East	5,238	5,102	97%
South	5,219	4,823	92%
West	4,108	4,028	98%
National	19,407	18,743	97%

	Number of Preliminary Enquiries (2013)	Number of Preliminary Enquiries which were completed within 24 hours	% of Preliminary Enquiries that were completed within 24 hours
Dublin Mid Leinster	4,790	2,033	42%
Dublin North East	5,102	4,564	89%
South	4,823	2,124	44%
West	4,028	3,561	88%
National	18,743	12,282	66%

Of the 19,407 child protection referrals nationally, 97% (18,743) received a preliminary enquiry. Of these 66% were completed within 24 hours of receipt of referral in 2013.

Table 11: Initial Assessments for child protection referrals following Preliminary Enquiry (2013)

	Number of Referrals which received a Preliminary Enquiry	The number of Initial Assessments required following a Preliminary Enquiry	% of Preliminary Enquiry that required an Initial Assessment	No. of IA's completed within 21 working days of receipt of the referral	% of IA's completed within 21 working days of receipt of the referral
Dublin Mid Leinster	4,790	3,087	64%	697	23%
Dublin North East	5,102	2,797	55%	224	8%
South	4,823	2,753	57%	330	12%
West	4,028	2,921	73%	788	27%
NATIONAL	18,743	11,558	62%	2,039	18%

Sixty-two percent (11,558) of referrals that received a preliminary enquiry required an initial assessment. Cases that do not proceed to initial assessment are either screened-out to closure or diverted to other Family Support Services, as they do not meet the threshold for social work intervention.

Eighteen percent (2,039) of these initial assessments were completed within 21 days of receipt of referral. The service anticipates a future review of this process during 2014 and 2015.

4.6 Child Welfare Referrals

In 2013, 22,192 referrals were received by Children and Family Services as Child Welfare Concerns.

The distribution across the four regions is as follows:

Table 12: Welfare Referrals by Region (2013)

Region	Child Welfare Referrals 2013
Dublin Mid Leinster	5,395
Dublin North East	4,914
South	6,175
West	5,708
TOTAL	22,192

Similar to the profile of Child Protection referral data, the distribution of Child Welfare referrals is relatively consistent across the regions (Table 12).

Table 13: Preliminary Enquiries for Child Welfare Referrals (2013)

	Number of Referrals of Child Welfare (2013)	Number of Referrals of Child Welfare which received a Preliminary Enquiry	% of Referrals of Child Welfare that received a Preliminary Enquiry
Dublin Mid Leinster	5,395	4,828	89%
Dublin North East	4,914	4,914	100%
South	6,175	5,680	92%
West	5,708	5,074	89%
National	22,192	20,496	92%
	Number of Preliminary Enquiries (2013)	Number of Preliminary Enquiries which were completed within 24 hours	% of Preliminary Enquiry completed within 24 hours
Dublin Mid Leinster	4,828	2,157	45%
Dublin North East	4,914	4,164	84%
South	5,680	1,747	31%
West	5,074	4,634	91%
National	20,496	12,702	62%

Of the 22,192 child welfare referrals, 92% received a preliminary enquiry. Of these, 62% were completed within 24 hours of receipt of referral.

Table 14: Preliminary Enquiries where Initial Assessments Required

	Number of Referrals which received a Preliminary Enquiry	The number of Initial Assessments required following a Preliminary Enquiry	% of Preliminary Enquiry that required an Initial Assessment	No. of IA's completed within 21 working days of receipt of the referral	% of IA's completed within 21 working days of receipt of the referral
Dublin Mid Leinster	4,828	2,382	49%	452	19%
Dublin North East	4,914	1,729	35%	125	7%
South	5,680	2,505	44%	267	11%
West	5,074	2,876	62%	715	25%
NATIONAL	20,496	9,492	46%	1,559	16%

Forty six percent of referrals that received a Preliminary Enquiry required an Initial Assessment. Cases that do not proceed to initial assessment are either screened-out to closure or diverted to other Family Support Services, as they do not meet the threshold for social work intervention.

16% of those initial assessments were completed within 21 days of receipt of referral.

Similar to child protection, the service anticipates a future review of the process during 2014 and 2015.

4.7 Audit of Catholic Religious Orders

An audit of the safeguarding and child protection practices within religious orders of the Catholic Church continued during 2013, as directed by the Minister for Children and Youth Affairs.

The mandate for this review and audit followed the recommendations of the 2005 Ferns clerical abuse inquiry (2005) (<http://www.ferns.ie/reports/>). A previous audit on dioceses had been completed.

There were approximately 183 religious orders in the State which were subject to this audit. The audit has no powers of compellability, but it can be reported that cooperation from the church bodies has been good and the audit generally welcomed.

The main focus of the audit to date has been on those orders where there had been a higher reported and confirmed incidence of allegations of child abuse, and on those orders where there are high numbers of its members who are out of ministry and subject to activity curtailment as a result of ongoing concerns.

The methodology of the audit is the verification of information supplied, which had also been the methodology employed in the diocesan audit. Emphasis is also being placed on current adherence to child protection and welfare guidelines and best practice by the orders. The field work for the report is scheduled for completion in 2014 with a view to reporting outputs in 2015.

5. ALTERNATIVE CARE

5.1. Introduction to Alternative Care Services

The HSE has a statutory responsibility to provide Alternative Care Services under the provisions the Child Care Act 1991, *the* Children Act 2001 and the Child Care (Amendment) Act 2007 (Appendix IV). A range of Alternative Care services are provided to address the needs of children known to our services as follows.

General Foster Care

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 carers look after other people's children, caring for them on a daily basis. This includes working closely with social workers, parents and other professionals who are involved in the children's lives.

Relative Foster Care

Wherever possible, when a child comes into care, consideration will be given to relative foster care in the first instance in order to lessen the impact of being in care for the child. A relative foster carer is defined as a person who is a friend, neighbour or relative of a child, or a person with whom the child or the child's family has had a relationship prior to the child's admission to care.

Residential Care

Children are also placed in residential care in order to provide a safe, nurturing environment for them when they cannot live at home or in an alternative family environment such as foster care. Residential care aims to meet, in a planned way, the physical, educational, emotional, spiritual health and social needs of each child. Residential care can be provided by a statutory, voluntary or private provider.

Aftercare

When a child leaves the care of the HSE they are provided aftercare support and services. Typically, young people leave care when they turn 18 years of age and are said to have 'aged

out' of the care system. Many young people remain living with their previous foster carers and are supported in education through aftercare.

Services are also provided with respect to Out of Hours, Separated Children Seeking Asylum, and adoption. Information in relation to these services is provided in Section 6 of this report.

5.2 Service Developments

During 2013, service developments for alternative care included:

Recruitment Campaign for Foster Carers

In 2013 a national recruitment campaign for foster carers was undertaken which generated enquiries from potential carers across the country. The campaign was managed and facilitated through the development of an electronic enquiry line www.fostering.ie.

Introduction of Standard Business Process for Foster Care

A new Standard Business Process comprising two phases was developed for foster care in 2013. Phase one of the project, incorporating all processes up to the point of assessment, was completed in 2013. Phase 2 also commenced in 2013 and it is intended to complete this in 2014 in order to establish a National Assessment Framework for non relative and relative carers and ensure a shared and consistent national process for fostering.

Policy and Procedural Guidance

A suite of policies and procedures for foster care services was further developed in 2013 with a view to being issued in 2014. This will allow for a standardised approach to be taken to practice and will provide front line staff with clear guidance and procedures on operational matters.

Electronic Foster Care Register

The development and design of a new electronic foster care register commenced in 2013 which will allow for the collation of data in relation to the fostering process and an up to date register of approved carers be collected locally, regionally and nationally.

Alternative Care Handbook

Work on the production of an Alternative Care Handbook for practitioners continued in 2013 with presentations made to the Advisory Group for Young Person (TAG) and representatives from Teenagers and Children Talking in Care (TACTIC). Publication of the handbook will

take place in 2014. The handbook will ensure that the views and voices of the children and young people are central to the work of Children and Family Services and will provide a reference guide for staff in their work with children, incorporating guidance on procedures and best practice throughout.

5.3 Participation

Significant progress was made in 2013 regarding the participation of young people in care. This work progressed and built on the DCYA publication of *“Listen to Our Voices: Hearing Children and Young People in the Care of the State”* (DCYA 2011).

The original report had been issued following a consultation with 211 children and young people living in the care of the State. The HSE Children and Family Services contributed through the implementation group for the report.

Since inauguration, the implementation group has continued to involve children and young people from the age of nine to aftercare age. In 2013 the group agreed that its development should continue, its work should advance and that the group should be formally named. As of 2013, the group is to be known as the “TACTIC - Teenagers and Children Talking in Care”.

During 2013, TACTIC made presentations to a number of Children and Family Services staff. They will also act in an advisory capacity to the Chief Executive of the new Child and Family Agency on matters directly affecting the lives of children in care.

The group met on a number of Saturdays throughout 2013 to progress developing age-appropriate information leaflets for children coming into care. The range of booklets, including a ‘Story Book’ for younger children coming into care, is intended to be published in 2014.

5.4 Children in Care Data

Children are placed in care when they can no longer remain in the care of their parents; this care is usually provided in the form of placements within a family setting, either with general carers or relative carers. Some children are placed in residential care settings; this is provided by the State or by non statutory or private providers.

5.4.1 Admissions to Alternative Care

Overall admissions to care fell by 8% between 2012 and 2013 which may reflect improved assessment leading to more community-based alternatives, or better/more available community-based alternatives. However, this steady fall in the number of admissions to care since 2009 is contrary to other key related trends namely, the rising child population overall, rising levels of referrals to HSE Children and Family Services, and rising numbers of children in alternative care.

There were 1,896 admissions to alternative care in 2013 (Table 15).52% (n=988) of those admitted were female and 48% (n=908) were male. A breakdown of reasons for admission and the orders granted is as follows:

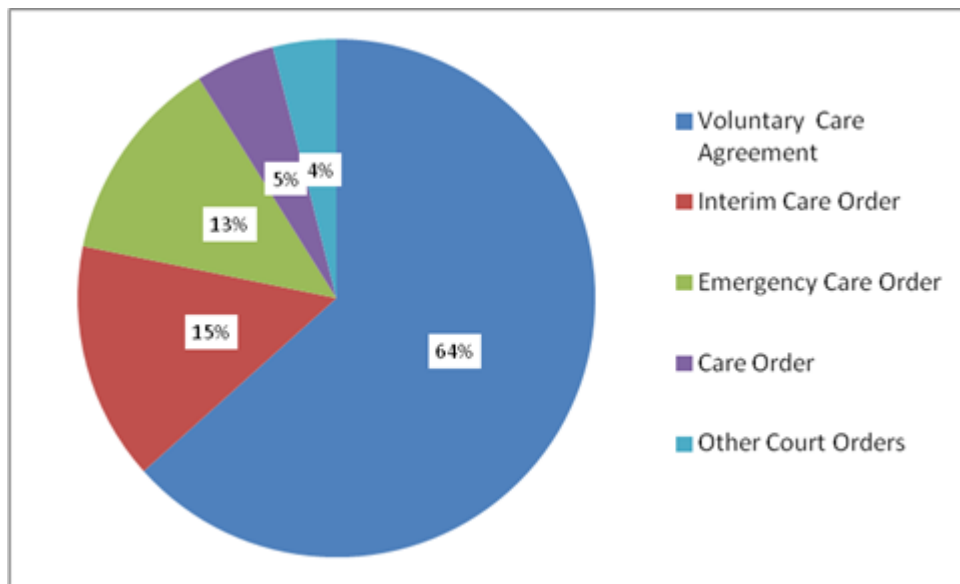
Table 15: Primary reason for admission to care (2013)

Primary reason for admission to care	2013 Number of admissions by primary reason	2013 % of admissions by primary reason
Physical abuse	121	6%
Emotional abuse	100	5%
Sexual abuse	48	3%
Neglect	608	32%
Child welfare concern	1,019	54%
Total	1,896	100%

Over half (54%) of admissions to care during 2013, were due to Child Welfare Concerns, and 46% due to Child Abuse.

Sixty four percent (n=1,219) of admissions to care during 2013 were admitted under a voluntary care arrangement. The remainder of admissions into care were following an application to court and a breakdown of the court orders are as follows:- Interim Care Order 15%(280); Emergency Care Order 13% (255); Care Order 5% (98); Other Court Orders 4% (44)(Figure9).

Figure 9: Legal basis of admissions to care in 2013



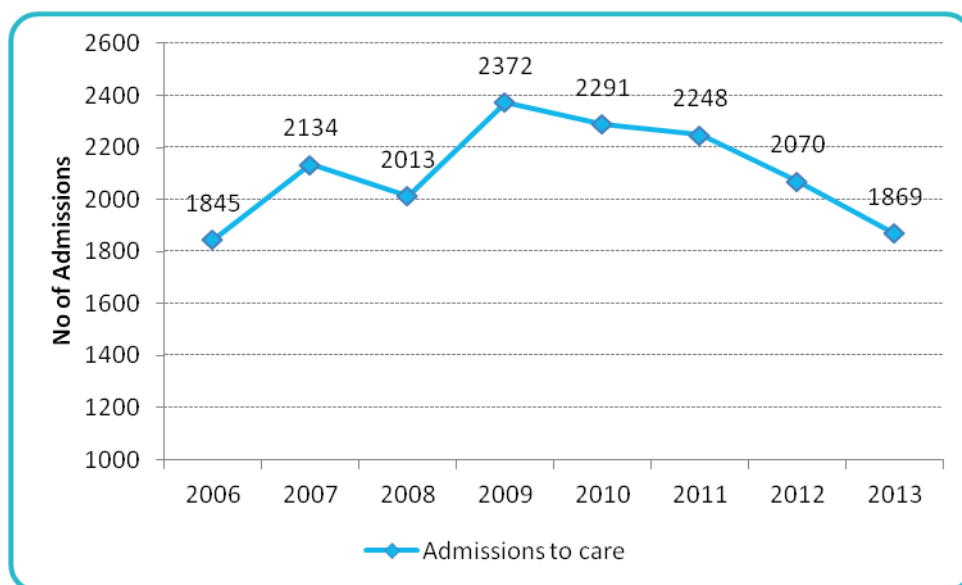
The majority, 90% of admissions to care during 2013 were to Foster care placements, with only 6% being placed in residential care (Table 16).

Table 16: Care type for admissions to care 2013

Admissions by care type	2013 Number of admissions by care type	2013 % of admissions by care type
Residential Care	117	6%
Foster Care General	1,385	73%
Foster Care Relative	323	17%
Other Care Placements	71	4%
Total	1,896	100%

When viewed longitudinally, admissions to care have been steadily decreasing since 2009 (Figure 10).

Figure 10: Admissions to care by year (2006 to 2013)



The decrease in Admissions reflects the contribution of factors such as a greater interaction of services, improved assessment leading to more community-based alternatives, the availability of those community-based alternatives, a cultural shift away from placing children in care except as a last resort and thresholds for same.

5.4.2 Children in Alternative Care

The Profile of Children in Care

On 31st December 2013, there were 6,469 children in care.

There was an even balance in terms of the gender of children in care in 2013, with 50% (n=3,262) being male and 50% (n=3,207) female.

Table 17 shows the distribution of children in care by age group across the regions. There were more children in alternative care aged <1 year to 8 years (37%) than in either the 9-13 (33%) or 14-17 (31%) age bands:

Table 17: Number and Percentage of Children in Care by Age Band

	% of Children in Care aged 0 to 8 years	% of Children in Care aged 9 to 13 years	% of Children in Care aged 14 to 17 years
Dublin Mid Leinster	34%	33%	33%
Dublin North East	33%	36%	31%
South	40%	30%	31%
West	40%	32%	28%
National	37%	33%	31%

Placement Type:

Table 18: Children in Care by care Type

Care Type	%
Foster Care General	64%
Relative Care	29%
Residential Care	5%
Other	2%

Ninety three per cent of children in care are living in a foster care placement. Relative foster care and general foster care are preferred options for children in care compared to residential care.

Table 19: Number of children in care x Length of stay (Dec 2013)

Length of stay Region	Percentage			Total
	Less than one year	One to five years	More than 5 years	
Dublin MidLeinster	16%	38%	47%	1,565
Dublin North East	15%	43%	42%	1,496
South	22%	47%	31%	1,929
West	20%	45%	35%	1,479
National	19%	43%	38%	6,469

At 31st December 2013, 19% (n=1,197) of children had been in care for less than a year, 43% (n=2,798) had been in care for one to five years, and 38% (n=2,474) for more than five years (Table 19).

Table 20: Number of children in care in third or greater placement within 12 months x Number of children in care

	Number of children in care in a 3rd care or more placement within 12 months	Total Number of children in Care on 31st December 2013	% of Children in care who had a 3rd care placement during 2013
Dublin Mid Leinster	42	1,565	3%
Dublin North East	38	1,496	3%
South	55	1,929	3%
West	15	1.479	1%
National	150	6,469	2%

The HSE introduced a new measurement to record placement movements in 2011. This records the number of children in care in their third placement or greater placement within the previous 12 months.

In December 2013 the number of children in care who were in their third placement or greater placement within 12 months was 150. This figure was a reduction on the figure reported for 2012 (n=172) and represents 2.3% of children in care (Table 20).

Two other jurisdictions collect this information, England and Wales, where both report 11% of their children in care are in third or greater placement: (Department for Education, 2013; Statistics for Wales, 2013). Placements for children in Ireland were therefore substantially more stable than for children in care in England and Wales.

Table 21: Number and % of children in care in a third or greater care placement within 12 months x type of care

Region	No and %. of 3 rd or greater placement within 12 months Residential Care	No and % of 3 rd or greater placement within 12 months Foster Care General	No and % of 3 rd or greater placement within 12 months Relative Foster Care	No and % of 3 rd or greater placement within 12 months Other Care
Dublin Mid Leinster	17 (41%)	23 (55%)	1 (2%)	1 (2%)
Dublin North East	14 (37%)	16 (42%)	5 (13%)	3 (8%)
South	17 (31%)	23 (42%)	2 (4%)	13 (24%)
West	10 (67%)	2 (13%)	1 (7%)	2 (13%)
National	58 (39%)	64 (43%)	9 (6%)	19 (13%)
Number in care by care type	357	4,147	1,862	103
Total no. of children in care	6,469			
% in 3rd or greater placement	2%			

Almost half (n=73) of children who had three or more care placements in the previous 12 months, moved to foster care or relative foster care in their last care placement.

5.4.3 Placement of Children Aged 12 or Under in Residential Care

The policy of Children and Family Services is that children aged 12 years or younger requiring admission to care should be placed in foster care. However, there may be exceptional cases where it is not in the best interests of the child to be placed in a foster care setting. For example, there may be particular identified therapeutic needs which are best met within a residential setting.

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

Table 22: Number and percentage of children in residential care aged 12 years or under (Dec 31st)

Region	Number aged 12 or under in a Residential Care Placement					% children in care aged 12 or under in a Residential Care Placement				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Dublin Mid Leinster	25	21	26	15	9	16%	13%	16%	11%	7.0%
Dublin North East	10	11	3	9	9	8%	9%	3%	10%	9.3%
South	10	5	10	11	9	12%	5%	9%	11%	11.0%
West	8	2	4	1	7	15%	4%	8%	3%	14.0%
National	53	39	43	36	34	13%	9%	10%	10%	10.0%

There were 4,023 children aged 12 and under in care, at the end of December 2013, of which less than 1% of were in a residential care placement.

5.4.4 Special Care and High Support

Special Care is part of a continuum of State care available to children and young people in Ireland. It provides for a short-term stabilising intervention that prioritises safe care in a secure therapeutic environment for children/young people at risk with challenging behaviour. Special Care is an exceptional intervention entailing a legal Order of the High Court restricting the liberty of a child/young person and involves the detention of a child/young person for his/her own welfare and protection in a Special Care Unit. The Child Care (Amendment) Act 2011 establishes Special Care on a statutory basis. The admission criteria for a Special Care intervention are based on the provisions of this Act. Until the enactment of this legislation, Special Care remains under the inherent jurisdiction of the High Court.

There are three Special Care units under the governance of National Special Care Services. They are:

- Ballydowd, Dublin – a mixed gender unit
- Coovagh House, Limerick - a mixed gender unit
- Gleann Alainn, Cork – a female unit

In 2013 there were 86 referrals made and 18 re-referrals, giving a total of 104 referrals. Of these 32 were approved, 45 were deemed not suitable and 27 were withdrawn or removed (Figure 11).

Figure 11: No of Referrals to National Special Care Services 2013

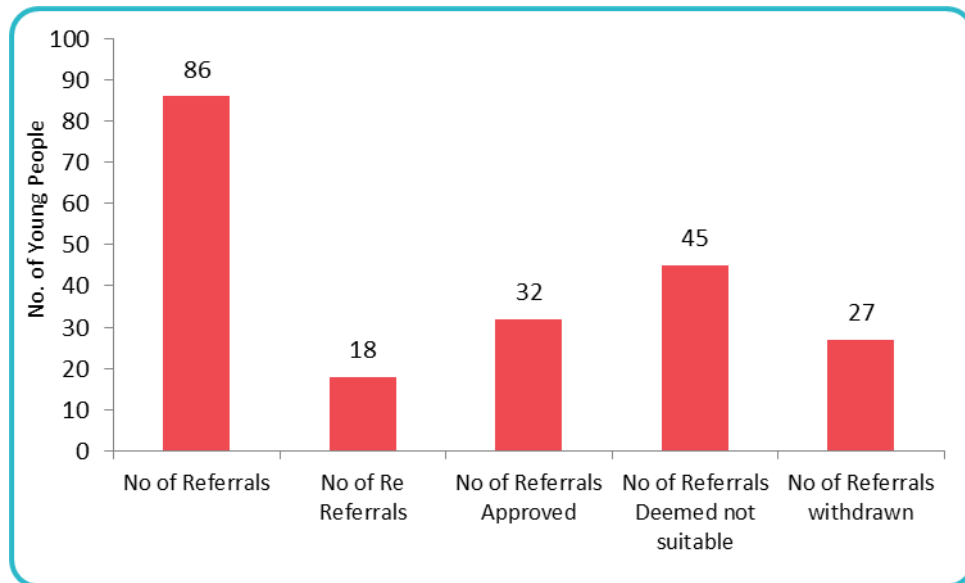


Figure 12: No. Of young people placed in Special Care January to December 2013

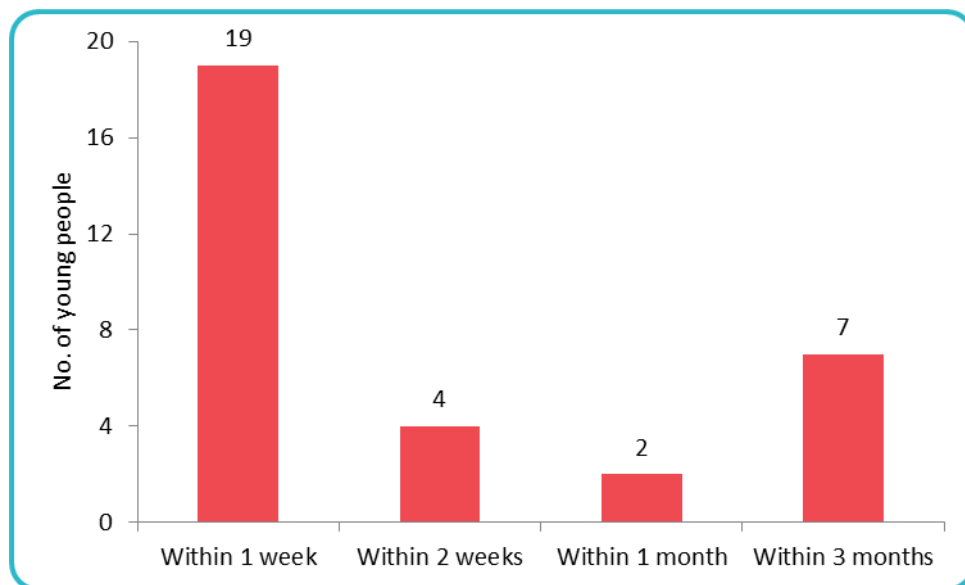
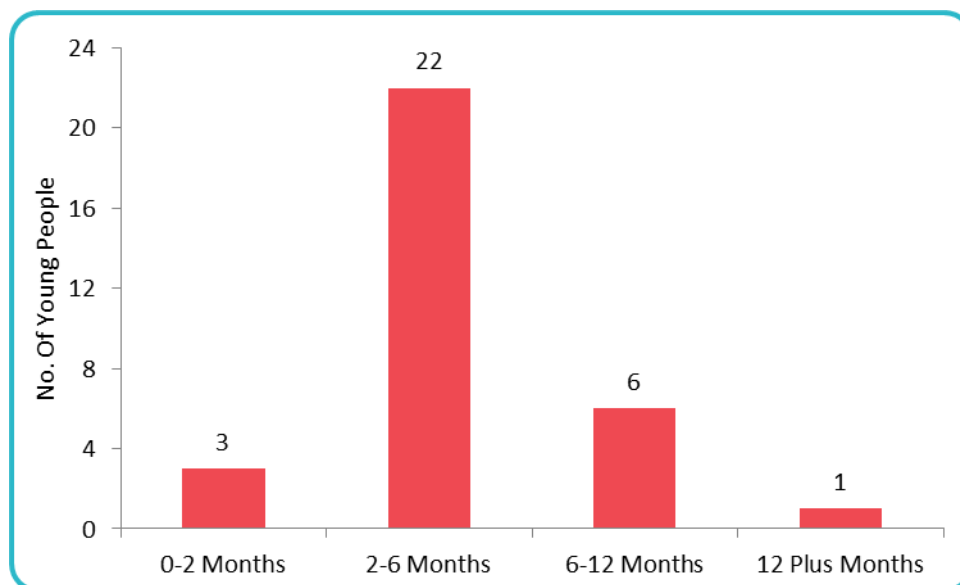


Figure 13: Number of children and Length of Special Care Intervention



Children and Family Services place very few children in Special Care. On 31st December 2013, 16 young people had a special care placement, representing only 0.2% of the 6,469 children in care.

Table 23: Length of stay in special care or high support (2013)

Placement type	Minimum Length of Stay	Maximum Length of Stay	Average Length of Stay
Special care	0-6 Months 25 young people	6-12 Months 6 young people	12 months plus 1 young person
National high support	0-6 Months 3 young people	6-12 Months 3 young people	12 months plus 1 young person

High Support Units were reconfigured during 2013: in August 2013, Crannog Nua High Support Unit, was redesignated into Special Care provision. As a result, capacity of the service to respond to new referrals was reduced during that period, in preparation for the unit re-assignment. In October 2013, as part of the wider reform programme for children's residential care services, the National Director for Children and Family services took the decision to cease the provision of High Support services at Rath na nÓg High Support Unit. The unit was redesignated as a Child Well-Being Centre to provide specialised interventions to children and young people within the remit of the social work department in the local catchment area.

There were forty four referrals to High Support services in 2013, of which seven were admitted, seven were withdrawn, eight did not take the placement and twenty two were deemed to be not suitable.

Figure 14: Referrals to Special Care and National High Support Units (2010-13)

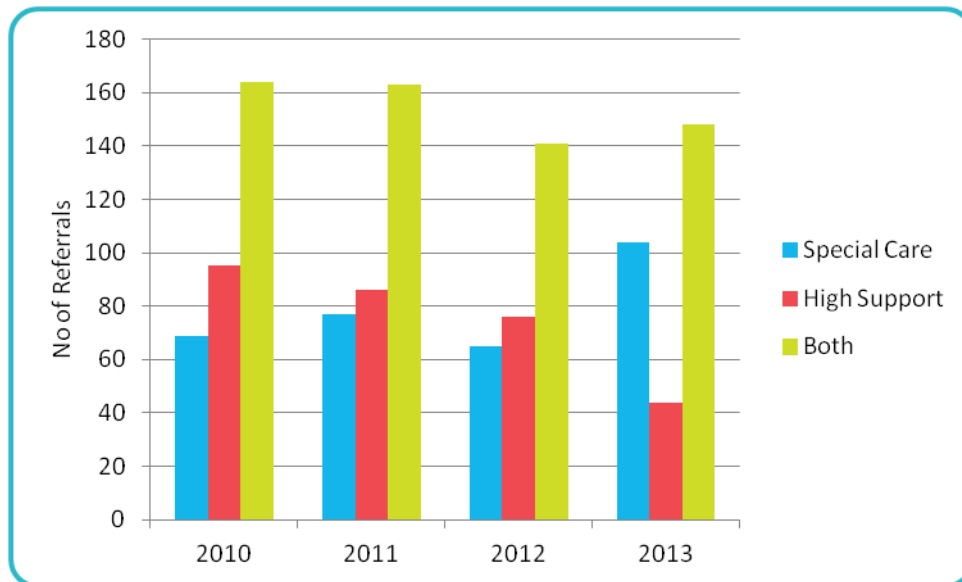
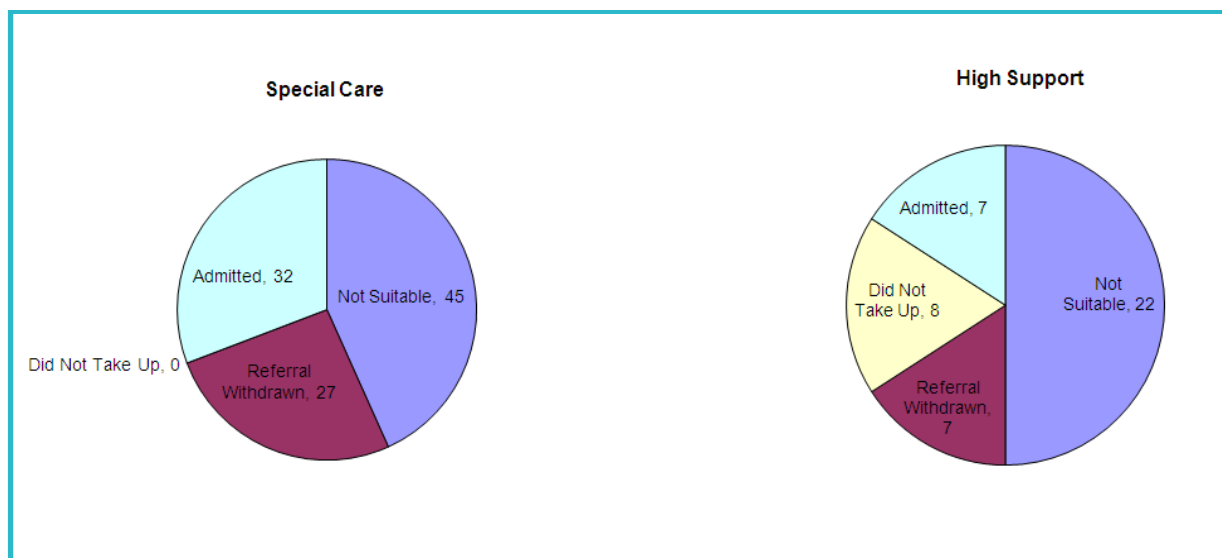


Figure 15: Referrals to Special Care and National High Support x Referral outcome in 2013



National Children's Residential Services continue to develop enhanced and higher supports where young people are in need of additional targeted support. Services will increasingly concentrate resources on the provision of high quality support to the children and young people placed in community based residential centres.

2013 service enhancements include:

- Enhanced connectivity to existing regional resources

- Improved access to step-down placements through increased provision of statutory and private care.
- The further enhancement of the National Specialist Multi-disciplinary clinical team for children in special care.
- The establishment of alternative models of care e.g. intense community based supports and specialised family placements

5.4.5 Education of Children in Care

School attendance for children in care is recognised as essential in terms of ensuring positive longer-term educational outcomes. In the HSE National Service Plan for 2012 a performance indicator was introduced for the first time relating to the *Number of children in care aged between 6 and 16 (inclusive) who are in full-time education on the last day of the reporting period.*

Full time education has been defined for collection in 2013 as:

- Recognised educational establishment
- Registered home schooling
- Carline, Youth Reach or any course/training that is approved by the NEWB
- A child will be considered in full time education 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 meet the child's needs.

Similar data was also collected for the young people in care aged 17 and over. These metrics were also collated during 2013 and data was available for 4,498 children aged 6-16 and 506 young people aged 17 years.

Table 24: Education of children in care aged 6 to 16 (Dec 2013)

	Number of children in care aged 6 to 16 (2013)	Number of these in Full Time education (2013)	% in Full Time education (2013)
Dublin Mid Leinster	1,116	1,063	95%
Dublin North East	1,028	1,008	98%
South	1,359	1,340	99%
West	995	989	99%
National	4,498	4,400	98%

Source: CIC data for Education is extracted from the Quarterly PI returns

Ninety eight per cent of children in care aged 6-16 were in full-time education.

For young people in care aged 17 years and over, ninety per cent were in full time education. More of these were in full-time education in the South (93%) than other regions (West 91%, DNE 89%, and DML 85%) (Table 25)

Table 25: Education of children in care aged 17 Years (Dec 2013)

	Number of children in care aged 17 and over Years (2013)	Number of these in Full Time education (2013)	% in Full Time education (2013)
Dublin Mid Leinster	139	118	85%
Dublin North East	127	113	89%
South	135	126	93%
West	105	96	91%
National	506	453	90%

Source: CIC data for Education is extracted from the Quarter 4 PI returns

5.4.6 Children Missing from Care

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

- Absconding from a care placement
- The child is an unaccompanied minor whose appeal for asylum has been refused and he/she is nearing 18 years and is reacting to the pending threat of deportation;

- The person has been smuggled into the country to join the workforce on a consensual basis and is availing of the child protection service as a fast track route into the State; then subsequently absconds from that care.
- The child has been trafficked into the State by traffickers using the child protection service as a route.

In order to address the concerns associated with a young person absconding from a care placement, a joint protocol for 'Children Missing from Care (2012)' was developed between the HSE and An Garda Síochána (2012). In 2013 national training for this protocol was rolled out to both staff in Children and Family Services and An Garda Síochána. The protocol involves a shared approach to responding and managing cases. This core theme progressed in training and is intended to support the joint approach.

The protocol includes the introduction of an absence management plan and each child in care must have a plan completed. The implementation of this protocol assists staff in making an assessment of risk should a child be missing from care; it also provides guidance on the appropriate actions to be taken (such as contacting An Garda Síochána). The protocol incorporates strategies for joint working, particularly for those children who have a high risk of absconding behaviour.

The HSE provides specialist services for separated children seeking asylum (SCSA). The service consists of four residential assessment units in Dublin that are registered children's homes. Those who present as children separated from their parents and seeking asylum are provided with a multidisciplinary assessment, including a medical examination, an educational assessment and a social work assessment.

2013 has seen positive developments in the numbers of separated children seeking asylum who are then subsequently missing from care. There has been a steady and steep decline in this number since data collection commenced: there were 52 reported in 2002 (when this data was first collected) and there were two reported in 2013. Several factors are contributing to this decline, including: the development of a more intensive and holistic child protection risk assessment with a focus on age, as well as an addressing mechanism for those suggesting a motivation to avoid an age assessment.

In addition in 2013 work was undertaken to develop a further protocol between the HSE and the Garda National Immigration Bureau. This facilitates collaborative screening of SCSA presenting at ports. The implementation of the protocol commenced as a pilot in the Dublin area. It is anticipated that the final protocol will be implemented in full in 2014; it will also

introduce biometric information gathering i.e. fingerprints in the event of a young person going missing.

5.5 Placement Abroad

Children and Family Services seek to place children with complex needs within Ireland and in the majority of instances this is achieved. However, in some limited circumstances children are placed abroad where their specific needs can be met. These children often present with a complex range of needs in some cases as a result of injury or accident, in others due to their childhood experiences.

In seeking such specialist placements the needs of the child are prioritised over the location of the placement.

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

On December 31st 2013 twenty seven children were in placement outside Ireland: ten in residential care, four in relative foster care and nine in secure care, two in general foster care and two in other care placements. Fifteen (55%) were in a specialised needs placement (Table 26)

Table 26: Placement type of children in care outside HSE (Dec 2013)

Children in Care in an Out of State Placement by Placement Type	Out of State Secure Care	Residential General	Foster Care General	Relative foster care	Other Care Placements	Total	Number of these in specialised needs placements
Dublin Mid Leinster	2	3	2	1	0	8	4
Dublin North East	4	4	0	2	0	10	8
South	2	3	0	1	2	8	3
West	1	0	0	0	0	1	0
National	9	10	2	4	2	27	15
	33%	37%	7%	15%	7%	100%	

Source: CIC data (<1 to 17 years) for placement outside of the State is extracted from the December Monthly Activity Return 2013

5.6 Private Sector Placements

In 2012 HSE Children and Family Services introduced the additional measurement of the number of children in care placed in the private sector. In order to promote better value for money from the services used, improvements have been made to the information collected on private sector placements.

There were 397 placements in the private sector during 2013, representing approximately 6% of all care placements made in the year (Table 27).

Sixty two per cent (n=246) of private sector placements were in foster care general. Dublin Mid Leinster made the majority of placements in the private sector, with 196 placements (49%).

Table 27: Placements in the private sector on 31st December 2013

	Residential Care (all categories)	Foster Care general	Other Care Placements	Total	%
Dublin Mid Leinster	55	135	6	196	49%
Dublin North East	30	69	0	99	25%
South	35	25	3	63	16%
West	22	17	0	39	10%
National	142	246	9	397	100%
%	36%	62%	2%	100%	

Source: CIC data (<1 to 17 years) for private placement is extracted from the December Monthly Activity Return 2013

5.7 Discharges from Care

During 2013, there were 1,329 discharges from care (Table 28: note that this figure relates to discharges from care and does not include those who became 18 years of age during 2013).

Table 28: Discharges from care by care type

Care Type	No Discharges	%
Special Care	1	0.07%
High Support	9	0.67%
Residential General	75	6.00%
Foster General	964	72.00%
Relative Care	189	14.00%

Other	91	7.00%
Total	1,329	100.00%

The majority of discharges (72%) from care were from foster general followed by discharges from relative care (14%).

Table 29: Place of discharge for those discharged from care

Location	%
Remained with Carers	9%
Independent Living	2%
Returned Home/Family	86%
Supported Lodgings	2%
Total	100%

Ninety five per cent (1,258) children were returned home to their family or remained with their carers.

5.8 Aftercare

Aftercare is a process of preparation for leaving care, follow up and support in moving towards independence for all those young people who are eligible. Aftercare is a service provided and offered by the Children and Family Services, which facilitates the care-leaver's voluntary engagement. It is a '*through care process*', which enables the young person, in consultation with professionals, to comprehensively consider their care plans and reviews with a view to life after care.

The delivery of the Aftercare Service is directed by regulation, including:

- Childcare (Placement of Children in Foster Care) Regulations (1995).
- Childcare (Placement of Children in Residential Care) Regulations (1995).
- Childcare (Placement of Children with Relatives) Regulations (1995).

Section 45 of the Child Care Act, 1991 outlines how a care leaver may be supported upon reaching their 18th birthday. It further permits the HSE to support the young person beyond 18, either up to the age of 21 or to complete a course of education where that applies.

In 2013, HSE Children and Family Services supported and assisted young people under Section 45 by:

- supporting care leavers in the completion of education and by contributing financially towards maintenance while that education is underway
- by assisting in sourcing a trade or training and contributing financially towards maintenance while that training is underway
- supporting care leavers in accessing appropriate accommodation
- by visiting the young person and maintaining a relationship with them
- by working with and through local housing authorities to plan accommodation for those who leave care.

Aftercare policies, procedures and services had been primarily in place on a legacy basis per former Health Board area. Following the development of the '*Aftercare and Leaving Care Policy and Procedure*' (HSE 2011), a national implementation plan was developed for the service in 2013. This addressed: the national standardisation of financial payments, the assignment of dedicated aftercare services to each of the 17 administrative areas and the development of dedicated inter-agency committees.

As this service is demand-led, through voluntary engagement, the number of young people in receipt of an Aftercare Service can fluctuate at any given time. At the end of 2013, there were 1,093 young people aged 18 – 20 years in receipt of the service (Table 30):

Table 30: Numbers of young people in receipt of aftercare services

No. young people 18-20 years inclusive in receipt of aftercare service	December 2013
Dublin Mid Leinster	298
Dublin North East	320
South	217
West	258
National	1,093

Of the 1093 young persons aged between 18 -20 years in receipt of an aftercare service, 55%, or 603 were in full time education. (this figure does not include all those who availed of support for full time education or training, only those up to and including 20 years of age).

Table 31: Numbers in fulltime education aged 18-20

No. young people 18-20 years inclusive in full time education	December 2013
Dublin Mid Leinster	166
Dublin North East	116
South	159
West	162
National	603

The provision of suitable accommodation continues to remain a challenge for the Aftercare Service teams. Under ‘Action 66’ of the Ryan Implementation Plan (OMCYA 2009b) the HSE was charged to review this work: *‘The HSE and the Department of the Environment, Heritage and Local Government will review the approach to prioritising identified ‘at risk’ young people leaving care and requiring local authority housing.’*

During 2013 work on this review continued; this involved the development of a ‘Joint Protocol’ between HSE Children and Family Services and the City and County Managers to specifically address the housing needs of children leaving care by local authorities. It is intended that developments in this area will continue, and that the protocol will be presented to the Department of the Environment Community and Local Government in 2014.

6. SPECIALIST SERVICES

6.1 Out of Home Services

Any concern about the care and protection of children who present as in need of accommodation and support should be assessed in the same way as any other child protection concern. Children under 16 years presenting as in need of accommodation and support, or at risk of same, should be categorised as a child protection and welfare concern and referred to the appropriate social work service for an assessment in accordance with Children First. If the assessment determines they cannot return to their parents they should be taken into care under the Child Care Act (1991) and appropriately accommodated.

‘Every Child a Home’ a review of the implementation of the Youth Homelessness Strategy was published in 2013 by the Department of Children and Youth Affairs. This report found that the Strategy had made a significant contribution to addressing the matter of children who are alone, and not with their parents, presenting in need of accommodation and support. It found that while improvements had been made and the number of young people requiring assistance had decreased, deficits still existed in the provision of accessing services.

The issue of homelessness among families has become an increasing concern for services in 2013, as a result of austerity measures and the decrease in housing stock particularly in urban areas. There is an ongoing concern regarding the impact of long term homelessness on children in these situations and the HSE’s capacity to provide support services to children in inappropriate, insecure and stressful living conditions. However developments in the service which supports children who may need to be accommodated under Section 5 of the Child Care Act (1991) are evidenced in the reduction of these cases (table 32):

Table 32: No. of children placed in accommodation under Section 5 of the Child Care Act 1991.

	2011	2012	2013
Number of children accommodated for more than four consecutive nights (or 10 separate nights over a year)	131	99	41
Number of children in care accommodated in a centre/unit on 31 st December 2013.	9	14	10
Number of children in care 31 st December 2013	6,160	6,332	6,469
% of children in care placed accommodated in a centre/unit on 31.12.2013.	0.14%	0.22%	0.15%

Section 5 of the Child Care Act 1991, directs the HSE to provide accommodation for children who present to the service as homeless. In assessment of each case, the service can enquire into the child's circumstances and/or consider the suitability of placing the child in care, in accordance with their best interests. At December 31st there were seventeen young people accommodated by the HSE. The Social Work departments of the Children and Family Services work closely with these young people to ensure a minimum time is spent in homeless accommodation; this is reflected in the activity data, as 18% of the seventeen young people were accommodated under Section 5 for a period greater than six months.

Table 33: No. children aged 17 years or younger accommodated under Section 5 of Child Care Act, 1991 (Dec 2013)

	Total No. of children under section 5	No. of children under Section 5 for less than a month	No. of children under Section 5 for 1-6 months	No. of children under Section 5 for greater than 6 months
Dublin Mid Leinster	0	0	0	0
Dublin North East	1	0	1	0
South	12	1	10	1
West	4	2	0	2
Total	17	3	11	3
%		18%	65%	18%

Case Study of Homeless Service

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

- Pathways: an emergency HSE hostel for adolescent boys out of home aged 15-18, comprising five beds. Pathways also provide an aftercare/outreach service in consultation with Liberty Street Services.
- Parkview and Marina View: low support accommodation options used as an interim phase to independent living. Young people here are usually aged 17–19 and staff are available to residents from 9.00pm–9.00am each night. Parkview has five beds for males and Marina View has three beds for females.
- Riverview: Service Level Agreements are in place with the Good Shepherd Services, which includes access to an emergency residential centre for girls called Riverview, with capacity for six females.
- Supported Lodging Providers are recruited and assessed by the Accommodation Manager and Team Leader. The model has been the most successful option for young people aged 16-19.

Table 34: Placements in Liberty Street House 2011-2013

	Number 2011	Number 2012	Number 2013
Individuals	45	42	53
Number of admissions	58	68	76
Bed nights – children in care or recently discharged from care	259	293	242
Bed nights – children out of home (Section 5)	1, 802	1,477	1,954
Bednights section 12			72
Total bed nights	2,061	1,770	2,268

6.2. Out of Hours Services

Emergency services address the needs of children and young people that emerge outside standard social work office hours including the needs of children presenting out of home. Joint working between the HSE Children and Family Services and An Garda Síochána underpins the child protection and welfare service in out of hours circumstances.

Under the Child Care Act, 1991 An Garda Síochána has sole legal responsibility where there is an immediate and serious risk to the health or welfare of a child and it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order under Section 13.

The *Crisis Intervention Service* (CIS) provides an out of hours emergency social work service to young people aged 0-17 years that are in crisis residing in the areas of Dublin, Kildare and Wicklow. The service was established in 1992 and originally responded to young people between the ages of 12 and 18 years. Since 2005 the CIS was expanded to include all children up to the age of 18 years. The OHS is available from Monday to Sunday between 6.00p.m. and 7.00a.m. and each Saturday/Sunday and Public Holiday from 9.00a.m. to 5.00p.m. all year round. The service is comprised of a day response team (CISP) which responds to referrals and placements made by the Out of Hours Service (OHS) at night time and weekends. The CISP responds to and coordinates requests made to the OHS for emergency placements and monitors home visits to children at risk over weekends and Bank Holidays.

Table 35: 2013 Referrals / Placements / Nights' Accommodation CIS

Crisis Intervention Service (Covering Dublin, Wicklow and Kildare)	Annual 2013
Number of Referrals to the Crisis Intervention Service where the client was placed during 2013	286
Number of Referrals to the Crisis Intervention Service where the client was NOT placed during 2013	726
Overall Number of Referrals to the Crisis Intervention Service during 2013	1,012
The number of children placed with the Crisis Intervention Service during 2013	286
The total number of nights accommodation supplied by the Crisis Intervention Service during 2013	2,704

Source: Crisis Intervention Service

Of the 1,012 referrals during 2013 to the Crisis Intervention Service 54% (544) were male and 46% (468) female. The data also reveals that 52% (528) were from clients aged between 12-17 years of age with the remaining 48% (484) aged less than 12 years.

The *Emergency Place of Safety Service* (EPSS) provides an emergency out of hours service to those areas not covered by the CIS. The service is sub-contracted to Five Rivers Ireland and placements are provided via foster carers.

Gardaí access an appropriate place of safety through the EPSS for children found to be at risk outside standard office hours under Section 12 of the Child Care Act, 1991. The children who access the service include those who present as out of home but the figures should not be interpreted as being exclusively such children.

Table 36: 2013 Referrals / Placements / Nights accommodation EPSS

Region	Number of referrals made to the Emergency Place of Safety Service	Number of Children Placed with the Emergency Place of Safety Service	Total Number of nights foster care supplied by the Emergency place of safety service
Dublin Mid Leinster	40	28	49
Dublin North East	80	53	111
South	119	86	209
West	131	95	221
National	370	262	590

The Report of the Commission to Inquire into Child Abuse, 2009, commonly known as the Ryan Report, under Action 93 sets out the following:

“The HSE will put in place a national out-of-hours crisis intervention social work service, built into the existing HSE out-of-hours service. This will be piloted initially in two areas of the country”.

The HSE established emergency Out of Hours Pilot Projects in Cork and Donegal in 2011.

An external evaluation of the two pilot sites by the School of Social Work and Social Policy, Trinity College, Dublin was commissioned and concluded that *“This brief evaluation of the*

pilot projects has demonstrated the clear potential for an Out of Hours service nationally. It is relatively inexpensive and while usage is low, it is an important addition to the range of child welfare and protection services in Ireland.”

Development of this service, which will incorporate the existing EPSS, is underway.

6.3 Separated Children Seeking Asylum

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

Children are referred to the service by the *Office of the Refugee Applications Commissioner* (ORAC) and by the Garda National Immigration Bureau (GNIB). Those children who are not reunited with family are received into the care of the HSE, either on a voluntary basis or through Court, under the Child Care Act 1991. Some children are received into care pending the outcome of a family reunification risk assessment or while family tracing is being facilitated.

All children will see a social worker on the day of referral and an initial assessment will take place. A statutory care plan will be developed and if appropriate, an application for asylum will be made on behalf of the child. All newly arriving unaccompanied children under 12 years will be placed on arrival in a foster care placement. The newly arrived child over 12 years will be placed in one of the three residential intake units in Dublin that are registered children’s homes: on arrival children are accommodated in these units over a number of weeks while a social work risk and needs assessment is carried out. The assessment is multi-disciplinary in nature and in addition to the child protection social work component it also involves a medical examination and an educational assessment.

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 but supported lodgings are also used.

The number of separated children seeking asylum has declined steadily since its peak in 2001, (Table 37).

Table 37: Separated children seeking asylum placed 2000-2013

Year	Total Referrals to the HSE's Team for SCSA	Placed in care	Completed Family reunification service provided, regardless of placement in care status.	Other
2013	120	62	43	15
2012	71	48	31	12
2011	99	66	31	7
2010	96	70	21	5
2009	203	126	66	11
2008	319	156	157	26
2007	336	130	185	29
2006	516	188	308	22
2005	643	180	441	22
2004	617	174	418	25
2003	789	277	439	73
2002	863	335	506	22
2001	1085	846	231	8
2000	520	406	107	7

6.4 Assessment, Consultation & Therapy Service (ACTS)

ACTS is a national specialised clinical service which has been developed in order to provide multi-disciplinary consultation, assessment and focused interventions to young people who have high risk behaviours associated with complex clinical needs.

ACTS also supports other professionals in their ongoing work with young people and their families. The service includes psychology, social work, speech and language therapy, addiction counselling and social care who work together to inform collective practice.

The service is led by a management team consisting of a National Manager and three Heads of Discipline whose central responsibility is the implementation of systems of clinical

governance and the development of policy and guidelines in order to facilitate the provision of more therapeutic environments in the national special care units and children detention schools and to improve outcomes for the most vulnerable young people. This is achieved through effective planning, implementation and evaluation of clinical treatment programs and protocol-driven interventions based on evidence, best international practice and in accordance with relevant legislation. The management team also provide high quality clinical supervision and monitoring of the professional development needs of staff.

Services include

- On-site therapeutic services to young people in secure settings in Ireland (Special Care and the Children Detention Schools)
- Support when young people return to community settings to help them to re-engage with mainstream services as appropriate
- Consultation in the community for children at significant risk of placement in secure settings.

The ACTS model of service is flexible and focused on complex needs which are often based on the interplay of trauma, dysregulation, development and attachment. This model allows clinicians to continue working with young people when they move from special care placements and detention in order to add value to other therapeutic supports.

Services to Children in Special Care

When young people are placed in Special Care the ACTS Team works with the individual young person, their families, care staff and other stakeholders to develop clinically informed individual therapeutic plans. These are implemented collaboratively and evaluated on an ongoing basis.

ACTS clinicians are now working in the three units providing Special Care nationally and participate in clinical planning and review meetings involving various professionals including social workers from local areas. Through the development of the ACTS community service, clinicians stay involved with young people to support their transition out of special care units and provide additional supports in the community when their threshold of need exceeds that which is available in the community.

Services to Children in Detention Schools

ACTS provides clinical services in the children detention schools. In order to make the best use of a limited clinical resource and in line with best practice, all children remanded or committed to the children detention schools are screened using an evidence based mental health screening tool to see if they need to be seen by clinical services. ACTS clinicians have trained the staff in the children detention schools around the use of this tool. Referrals (containing results from this screening assessment as well as other information) are then made to the clinical team who meet weekly on campus to review referrals and plan clinical interventions. This allows clinicians to focus on providing interventions rather than assessment only services. Clinicians have also provided some training to care and educational staff around clinical issues.

6.5 Inspection and Monitoring of Children's Residential Centres

Background

In 2013 HSE Children and Family Services had the responsibility to conduct inspection and monitoring visits of voluntary and private sector providers under Part VIII of the *Children Act, 1991*. Inspections continued in accordance with the Child Care (Placement of Children in Residential Centres) Regulations, 1995 and the Child Care (Standards in Children's Residential Centres) Regulations, 1996.

Monitoring and Inspection Teams

In 2013 the Monitoring and Inspection Teams structure was revised to provide four teams:

- South – merger of teams in former Southern Health Board and South Eastern Health Board
- West – merger of teams in former North Western Health Board and Western Health Board
- Former Mid Western Area
- Dublin North East & Dublin Mid Leinster – merger of teams from former Eastern Region, former North Eastern Health Board, former Midland Health Board

Separate staff in Dublin North East undertake inspection and monitoring functions whereas often the same staff perform both functions in other regions.

Service Challenges

There remain particular issues of capacity in some areas as follows:

- Dublin Mid Leinster - whilst an additional monitoring post was agreed for appointment, there remains no capacity for the monitoring of foster care services.
- West - there was one vacant Monitoring and Inspection post at the end of 2013 and while this was an improvement on 2012 there will continue to be challenges in fulfilling statutory inspections in that area into 2014.

Where possible, cross cover from other areas has been utilised in order to address some of the shortfall within this service.

6.6 Inspection of Pre-schools, Play Groups and other Early Years services

HSE Children and Family Services undertake pre-school inspections under Part VII of the Child Care Act, 1991 and the Child Care (Pre-School Services) Regulations 2006 for services which cater for children aged 0-6 years. In 2011, a regulation and inspection reform programme, in conjunction with the DCYA, was initiated which set out key priorities for redevelopment. In 2012 the Pre-School Inspectorate put a focus on the implementation of the National Pre-School Standards (DoHC, 2010) particularly Regulation 8 and Regulation 14 referring to the suitability of staff in early years provision.

The following were some of the key achievements in 2013

- Focus on ensuring that the Inspectorate staff was deployed to maximum effectiveness and flexibility.
- Recruitment of additional staff.
- Decision to manage Inspectorate by direct national leadership in order to increase support and governance.
- Continued standardisation of practice across the regions.
- Decision to publish all retrospective inspection reports of pre-school/early years services was taken and publication commenced July 1st 2013.
- Review of inspection report format and processes for publication.
- Work commenced to standardise operating procedures.
- Consistency groups established within the inspectorate to align inspection practices as led out from the National Office.
- Four Regional Editorial Boards with oversight from a National Steering Editorial Board were established.

- The National Editorial Board developed policies, protocols and guidance to govern the publication of inspection reports for the early year's inspectorate.
- Extensive training provided to the Inspectorate body which supported the implementation of more standardised practices across the regions.
- The Director of Children and Family Services commissioned an analysis of the reports for the previous 18 months to determine the key learning points and to identify the level of quality provision in the sector. This is due to be published in 2014.

At the end of 2013 there were 4,697 notified providers operating an Early Years service (2012 n=4,758), distributed as follows (table 38): 27% in Dublin Mid Leinster, 23% in Dublin North East, 23% in South and 27% in West.

Table 38: Number of Notified Early Years Services in 2013 and no of Inspections

AREA	No. of Notified Early Years Services	Number Inspected	% Inspected
Dublin Mid Leinster	1,284	548	43%
Dublin North East	1,068	527	49%
South	1,082	623	58%
West	1,263	754	60%
Total	4,697	2,452	52%

In 2013 there were 2,452 inspections undertaken of notified services (table 38). Notification is the procedure by which a person proposing to carry on a pre-school service gives notice in writing to the HSE at least 28 days before the commencement of the service. The vast majority of the services inspected were found to have dedicated staff committed to providing a safe and nurturing environment for young children.

Thirty-eight percent (1,780) of the notified Early Years Services in 2013 received an annual inspection. Nineteen-percent (342) were fully compliant with Regulations compared to 21% in 2012 (table 39).

Table 39: Number of Notified Early Years Services in 2013 – Annual Inspection

Area	Number of Early Years Services	Number Inspected	% Inspected	Number fully compliant	% fully compliant that received an annual inspection
Dublin Mid Leinster	1,284	410	32%	89	22%
Dublin North East	1,068	231	22%	12	5%
South	1,082	523	48%	67	13%
West	1,263	616	49%	174	28%
Total	4,697	1,780	38%	342	19%

Of the 4,697 notified Early Years services operating in 2013, 34% (1,591) were operating a full day service and 763 (48%) of these received an annual inspection (table 40).

Table 40: Number of Notified Full Days Services in 2013

Area	Number of Notified Full Day Services	Number of Full Day Services inspected	Percentage inspected
Dublin Mid Leinster	499	315	63%
Dublin North East	398	103	26%
South	329	181	45%
West	365	164	45%
Total	1,591	763	48%

In summary:

- 48.% (763) of notified Full Day Services were inspected
- 52% (2,452) of notified Early Years were inspected
- 311 Review/Follow-up inspections and 535 advisory visits were undertaken.
- 361 complaints relating to early years services were made.
- 3 prosecutions undertaken against Early Years services were taken by children & Family services.

Inspection rates were impacted during 2013 by the decision to publish reports (reference: <http://www.tusla.ie/services/preschool-services/creche-inspection-reports>) as this diverted inspection time into this other important area. Nevertheless, in the interest of public confidence and transparency, this was considered an appropriate use of resources. In particular, a considerable amount of time was required to retrieve retrospective reports and prepare them for dissemination in accordance with Data Protection policy.

6.7 Adoption Services

Background

Adoption creates a permanent, legal relationship between the adoptive parents and the child. The child has the same legal rights as if they were born in the adoptive family. The *Adoption Act, 2010* was commenced in 2010, coinciding with Ireland's ratification of the *Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption*.

National Service

In 2013 a plan to develop a national adoption service with all teams working under one national manager commenced with the appointment of an interim national manager and this work will continue in 2014.

Legislative Changes

The introduction of new legislation (the Adoption Act 2010) resulted in the expiration in October 2013 of approximately 370 Adoption Declarations granted under the previous legislation. This requires these prospective adoptive parents to apply under Section 40, Adoption Act 2010, for a new Adoption Declaration. The Adoption Services nationally completed a review of all of these new applications and completed all necessary adoption assessment applications in conjunction with the Adoption Authority of Ireland and the Department of Children and Youth Affairs within the tight timeframe.

Information and Tracing Service

The Adoption Service provides an Information and Tracing Service throughout the country to birth mothers, adopted persons and their families. A recent change in legislation (Adoption Act 2010) required agencies providing Tracing and Information services to gain accreditation.

A number of Religious Orders who previously provided this service opted not to apply for accreditation and their records from their Mother and Baby Homes transferred to the HSE. This has resulted in a significant increase in demand for Tracing and Information services provided by the HSE.

Performance and Activity Indicators

A review of performance and activity measurement for Adoption Services was also completed in 2013 and a new set of indicators was agreed and developed. These new indicators reflect activity from all areas of Adoption Services including Information and Tracing services and domestic adoption including step parent adoptions. These new performance indicators will be reported on quarterly from January 2014.

6.8 National Review Panel

The National Review Panel (NRP) reviews cases where children who are in the care of the State, are in aftercare or have been known to the child protection services, die or experience serious incidents. Its main function is to determine the quality of service provision to the child or young person prior to their death or experience of a serious incident. It focuses primarily on the quality and effectiveness of frontline and management activity as well as the compliance with guidance and procedures. It also examines inter-agency collaboration and identifies obstacles to good practice.

The NRP is independently chaired by Dr. Helen Buckley, Associate Professor in the School of Social Work and Social Policy, Trinity College Dublin. The panel is supported by a fulltime service manager who has responsibility for the comprehensive administration of all aspects of the work of the NRP including the collection and compilation of records, organising and planning interviews, transcript management, resource and financial matters including staff contracts, liaison with staff and families and the finalisation of reports prior to submission. The Panel also retains an independent legal team. The Panel was established in late 2010 and by the end of 2013, 77 deaths had been notified to it.

During 2013, seven reports were published making a total of twenty published reviews to that point. During the year, 51 professionals and 12 family members attended for interview with the National Review Panel in respect of 10 cases. Eight review reports were submitted to the National Director for Children and Family Services and seven of these were published in November 2013. In addition 11 reviews were commenced. As in previous years it was not possible to commence some reviews until inquests and post mortem reports were available.

A total of seventeen deaths and three serious incidents were reported during 2013. The following table describes the care status of the children whose deaths/serious incidents were notified:

Table 41: Care Status of children and young people whose deaths / serious incidents were notified in 2013

Care Status 2013	Deaths	Serious Incidents	Total
In care at the time of the incident	3	0	3
In Aftercare at the time of the incident	1	0	1
Living at home and known to child protection services	13	3	16
Total	17	3	20

Three of the 17 children and young people who died were in the care of the HSE at the time of their deaths and one young person was in aftercare. Thirteen young people who died were known to child protection services, and three of the children about whom serious incidents were reported were also known to child protection services.

The age profile of the children and young people who died was as follows:

Table 42: Ages of children whose deaths were notified in 2013

Age Profiles of notified deaths: 2013	Total	Male	Female
Infants < 12 months	7	2	5
1 - 5 years old	1	0	1
6 - 10 years old	0	0	0
11 - 16 years old	5	3	2
17 - 20 years old	2	1	1
> 20 Years Old	2	0	2
Total	17	6	11

It is of note that more than half (8) of the children who died were under five years of age and of that number, seven were under one year. The second most represented age cohort was between 11 and 16 years old. Five young people in this age bracket died.

The causes of notified deaths were as follows:

Table 43: Causes of deaths notified in 2013

Cause of Death 2013	Total	Male	Female
Natural Causes	7	1	6
Drug Overdose	1	0	1
Suicide	4	2	2
Other Accidental	1	1	0
Unknown	4	2	2
Overall Total	17	6	11

Natural causes were responsible for the highest number of deaths. However, it should be noted that due to delays in the availability of post mortems and coroners' reports, the causes of a further 4 deaths have not yet been verified.

Table 44: Overview of causes of death 2010 – 2013

Cause of death	2010	2011	2012	2013
Natural Causes	6	8	7	7
Suicide	4	3	9	4
Road Traffic Accident	4	1	2	0
Other Accidental	2	1	4	1
Drug Overdose	4	2	0	1
Homicide	2	0	1	0
Cause of death to be verified	0	0	0	4
Total	22	15	23	17

Table 45: Care status of children whose deaths were notified between 2010 and 2013

Care Status	2010	2011	2012	2013	Total
In Care of the HSE	2	2	3	3	10
In receipt of aftercare services	4	2	2	1	9
Living at home and known to child protection services	16	11	18	13	58
Total	22	15	23	17	77

The number of deaths of young people in aftercare, while a small percentage of the total, is significant as it refers to a narrow age cohort. This further illustrates that the period after leaving care is one where a young person can be at their most vulnerable.

One of the primary objectives of the review process is to highlight learning for practitioners and managers. Each of the reports include a section entitled ‘Key Learning Points’ which referenced research where relevant. The issues highlighted in reports published in 2013 included the need for greater child centeredness, early intervention with child neglect and thorough and consistent assessment. Other points included understanding of the impact of trauma such as family violence on young children and the need to address the consequences. The importance of engaging with reluctant young people and repairing relationships with families was also raised and discussed. Qualitative aspects of child protection practice such as preventing the development of negative cultures, and opting for relative placements without fully considering their implications were highlighted.

The review reports that were published in 2013 made a total of 18 recommendations, some of which overlap between the reports. These principally concerned the implementation of one standard framework for comprehensive assessment, the need for protocols to promote inter agency cooperation, the addition of specialist therapeutic services and appropriate placement options, compliance with Child in Care regulations, attention to recurring referrals of child protection concerns in respect of individual children, attention to the fact that children in care may be unsafe at times and implementation of suicide prevention programmes and training.

7. WORKFORCE DEVELOPMENT

In January 2012 a national management structure for Workforce Development (WD) was put in place. A National Manager and four Regional Managers for Workforce Development were appointed in 2013.

The following key points form a summary of achievements for Workforce Development in 2013:

- Delivery of National Training Plan
- Recruitment of four Regional Managers for WD
- Roll-out of Staff Supervision Policy
- Development of draft Continuous Professional Development Strategy
- Exceeded Training targets
- Consultation with Area Managers on staff training needs
- Reduced travel costs by using videoconferencing for meetings where appropriate
- Completion and review of three year term for National Advisory Group for workforce development (Education, Training and Research)
- Set up internal Information Repository
- Baseline data for training delivery collated

The table below describes the key projects that were scoped or under way in 2013 and their status at year end.

Table 46: Development Work Portfolio 2013

Project title	Description	Status at year end
Practice Development for New Social Workers	<ul style="list-style-type: none"> A draft training programme was developed in 2013 for Practice Development for New Social Workers 	Training Programme to be piloted through National Training Plan in 2014
Staff Supervision	<ul style="list-style-type: none"> This project managed the revision of the Staff Supervision Policy (2009) through the issuing of a revised version Staff Supervision Policy and Operating Procedures (2013). A national standardised training modular programme was developed to support the training required by supervisors and supervisees. The implementation process for the Policy was supported by standardised briefings and a certification process in 2013. 	The implementation of the Supervision Policy will continue to be rolled out and monitored in 2014
Leadership development for senior managers	<ul style="list-style-type: none"> Senior Managers: A national leadership course was delivered to the senior service delivery managers for TUSLA between May and November 2012. In 2013 the focus for leadership development was on social work and social care managers. In line with this a proposal for a Leadership development Programme based on the CAWT model was developed. 	Roll out of Leadership development Programme based on the CAWT model planned for 2014
Children First Basic Training	<ul style="list-style-type: none"> The standardised Children First (CF) Basic Training Programme (1 day) was developed by the project team in 2011 and was delivered through National Training Plan. An evaluation of the CF Basic Training programme (1day) and the Keeping Safe programme was carried out by NUIG to support future development of a strategic approach to the development of a Children First Training Strategy. 	Evaluation report to be disseminated in 2014. Ongoing work on revising CF Basic training in association with the CF Compliance Office is planned for 2014 in preparation for the forthcoming National Legislation on CF.

Project title	Description	Status at year end
Children First Joint Training	<ul style="list-style-type: none"> The CF Joint standardised training course was developed by the project team that support this project in 2011 and is being delivered through the National Training Plan. The training involves the standardised training of Social workers and Gardai 	WD is represented on the Strategic Liaison Garda Group in 2014 with a view to addressing joint training needs.
Induction	<ul style="list-style-type: none"> The Standardised Policy and Guidelines for Induction for Social Workers was developed under this project in 2010. An evaluation of the implementation of the Policy and Guidelines was completed by NUIG in 2013. 	Evaluation report to be disseminated in 2014. Future development of project work to be agreed with Director of Policy and Strategy and Director of HR.
CPD Strategy	<ul style="list-style-type: none"> A Workforce Development strategy needs to be developed as part of strategic development of TUSLA and the workforce development function. The priority area at this point for Workforce Development Education, Training and Research (ETR) was the drafting of a Continuous Professional Development (CPD) Strategy 	CPD Strategy be finalised in 2014 in line with other TUSLA Corporate developments.
Social Work Practice Placements Project	<ul style="list-style-type: none"> A Project Initiation Form was developed proposing that a project is brought forward to ensure that there is a nationally co-ordinated, quality assured approach to the management of social work placements. 	Project on hold until there is further clarity on the fit of this project with other relevant developments for TUSLA
Caseloads for the NQSW Project	<ul style="list-style-type: none"> WD was represented on the National Caseloads Management Project Following the completion of the National Project, a Caseload Management Tool formula for the Newly Qualified Social Worker (NQSW) will be agreed. 	Caseloads tool and training to be rolled out in 2014
Alternative Care Training	<ul style="list-style-type: none"> A Project Initiation Form was developed proposing that a project is brought forward to 	A National Service Director for Residential

Project title	Description	Status at year end
Project	support the training needs of staff working in alternative care as per national policy developments in the following areas: Residential Care, Foster Care, and After Care.	Care is to be appointed in 2014. It is planned that this project will be commenced in 2014.
Research Strategy Project	<ul style="list-style-type: none"> A Project Initiation Form was developed by the national Advisory Group (NAG) Research Strategies Sub Group proposing that a project be brought forward to develop a Research Strategy for TUSLA. 	Future Project development to be agreed by Director of Policy and Strategy
Child Protection Conference (Chairs and Admin)	<ul style="list-style-type: none"> This project was aligned to the National Child Protection Notification System (CPNS) Project. Training was developed in response to the regularisation and standardisation of Child Protection Conferencing within the CPNS framework. 	Training to be rolled out in 2014 as part of National Training Plan.

The following table summarises the number of attendees by region during 2013:

Table 47: Courses and number of attendees

	Courses	Child & Family Staff	Other HSE Staff	Ext Staff	Attendees
Dublin Mid Leinster	86	485	566	452	1,503
Dublin North East	132	772	551	1,236	2,559
South	121	1,004	724	325	2,053
West	279	772	2,451	742	3,965
TOTAL	618	3,033	4,292	2,755	10,080

Research:

Workforce Development managed the research programme delivered by the Child and Family Research Centre in NUI Galway on a number of projects. Work carried out included:

- An evaluation of the Induction Programme
- A review of the Children First and Keeping Safe programmes
- An evaluation of the DRM project
- A literature review on child protection and welfare for the revised Child Protection Handbook.

APPENDICES

Appendix I – HSE Areas and Regions

<http://www.hse.ie/eng/services/list/1/LHO/>



Appendix II – Statutory and Regulatory Standards

- Child Care Act, 1991;
- Children Act, 2001;
- The Child Care Amendment Act, 2007
- Foster Care Regulations, 1995
- Residential Care Regulations, 1995
- National Standards in Foster Care, 2003
- Children First, 2011
- Child Abduction and Enforcement of Custody Orders Act, 1991;
- Family Law Act ,1995;
- Domestic Violence Act, 1996;
- The Refugee Act, 1996;
- Freedom of Information Act, 1997 & Amendment Act 2003;
- The Non-Fatal Offences Against the Person Act, 1997;
- The Education Act, 1998;
- The Protection for Persons Reporting Child Abuse Act, 1998;
- Protection of Children (Hague Convention) Act, 2000;
- Mental Health Act, 2001;
- Ombudsman for Children Act, 2002.
- Disability Act, 2006.

Appendix III – Child Protection Data and Children in Care Data

Admissions to Care 2013

	Admissions by Age 2013	% of Admissions by Age 2013
< 1 Year	224	11.8%
1 Year	149	7.9%
2 Year	112	5.9%
3 Year	103	5.4%
4 Year	99	5.2%
5 Year	82	4.3%
6 Year	82	4.3%
7 Year	79	4.2%
8 Year	90	4.7%
9 Year	70	3.7%
10 Year	66	3.5%
11 Year	65	3.4%
12 Year	80	4.2%
13 Year	91	4.8%
14 Year	112	5.9%
15 Year	134	7.1%
16 Year	158	8.3%
17 Year	100	5.3%
Total	1,896	100.0%

Children in Care 2008-2013

Trends in children in care 2008-2013 by local area (reported on Dec 31st each year)

Area	2008	2009	2010	2011	2012	2013
Dublin South City	141	176	165	170	170	185
Dublin South East	102	98	100	93	102	102
Dublin South West	183	204	229	211	240	266
Dublin West	214	209	220	214	213	218
Dun Laoghaire	141	133	127	131	123	123
Kildare West Wicklow	209	224	217	219	212	212
Laois/Offaly	202	209	210	225	228	209
Longford/Westmeath	116	110	135	124	133	142
Wicklow	148	163	154	144	121	108
Total Dublin Mid Leinster	1,456	1,526	1,557	1,531	1,542	1,565
Cavan/Monaghan	152	119	125	155	180	183
Dublin North	137	146	144	149	167	188
Dublin North Central	356	374	389	374	356	354
Dublin North West	430	423	437	445	413	392
Louth	178	190	199	223	217	237
Meath	143	145	146	138	141	142
Total Dublin North East	1,396	1,397	1,440	1,484	1,474	1,496
Carlow/Kilkenny	148	155	180	199	196	209
Kerry	130	144	155	151	153	132
North Cork	78	103	97	117	116	107
North Lee	363	414	442	485	507	503
South Lee	190	184	216	233	246	245
Tipperary South	134	160	158	173	184	167
Waterford	187	199	226	236	269	278
West Cork	61	65	68	65	66	67
Wexford	180	212	216	218	208	221
Total South	1,471	1,636	1,758	1,877	1,945	1,929
Clare	126	141	156	163	171	169
Donegal	124	123	138	161	175	185
Galway	170	206	229	235	265	319
Limerick	225	236	257	264	289	305
Mayo	111	108	112	110	132	139
Roscommon	121	128	122	130	134	136
Sligo/Leitrim/W Cavan	76	73	73	70	68	84
Tipperary North	81	100	123	135	137	142
Total West	1,034	1,115	1,210	1,268	1,371	1,479
National	5,357	5,674	5,965	6,160	6,332	6,469

Child Protection and Welfare Referrals

Number of child protection referrals by Local Health Office

LHA	Number Child Protection Referrals
Carlow Kilkenny	595
Cavan Monaghan	1,043
Clare	486
Donegal	323
Dublin North Central	426
Dublin North West	841
Dublin South City	360
Dublin South East	211
Dublin South West	471
Dublin West	346
Dun Laoghaire	213
Galway	1,250
Kerry	344
Kildare West Wicklow	641
Laois Offaly	787
Limerick	696
Longford Westmeath	1,158
Louth	930
Mayo	361
Meath	1,100
North Cork	615
North Dublin	898

North Lee	773
Roscommon	297
Sligo Leitrim West Cavan	328
South Lee	496
Tipperary North East Limerick	367
Tipperary South	655
Waterford	891
West Cork	228
Wexford	622
Wicklow	655
National	19,407

No. of Child Welfare referrals by Local Health Office

LHA	Number Welfare Referrals
Carlow Kilkenny	515
Cavan Monaghan	1,123
Clare	684
Donegal	701
Dublin North Central	525
Dublin North West	823
Dublin South City	380
Dublin South East	93
Dublin South West	649
Dublin West	431
Dun Laoghaire	305
Galway	1,477
Kerry	383
Kildare West Wicklow	1,046
Laois Offaly	1,281
Limerick	947
Longford Westmeath	852
Louth	353
Mayo	369
Meath	978
North Cork	320
North Dublin	1,112
North Lee	1,428

Roscommon	220
Sligo Leitrim West Cavan	659
South Lee	559
Tipperary North East Limerick	651
Tipperary South	639
Waterford	630
West Cork	229
Wexford	1,472
Wicklow	358
National	22,192

Children in care (December 2013) x LHO

Local Health Office	0-17 popn 2011	Children in Care 2013	% of Children in Care
Carlow Kilkenny	33,790	209	3.2%
Cavan Monaghan	35,955	183	2.8%
Clare	30,666	169	2.6%
Donegal	43,732	185	2.9%
Dublin North Central	23,524	354	5.5%
Dublin North West	49,142	392	6.1%
Dublin South City	22,850	185	2.9%
Dublin South East	22,672	102	1.6%
Dublin South West	38,227	266	4.1%
Dublin West	39,029	218	3.4%
Dun Laoghaire	28,558	123	1.9%
Galway	61,194	319	4.9%
Kerry	34,940	132	2.0%
Kildare West Wicklow	64,573	212	3.3%
Laois Offaly	44,081	209	3.2%
Limerick	36,813	305	4.7%
Longford Westmeath	33,645	142	2.2%
Louth	33,292	237	3.7%
Mayo	32,514	139	2.1%
Meath	53,400	142	2.2%
North Cork	22,887	107	1.7%
North Dublin	63,256	188	2.9%
North Lee	46,453	503	7.8%
Roscommon	16,076	136	2.1%
Sligo Leitrim West Cavan	23,862	84	1.3%
South Lee	44,904	245	3.8%
Tipperary North /East Limerick	27,510	142	2.2%
Tipperary South	24,010	167	2.6%
Waterford	32,766	278	4.3%
West Cork	14,204	67	1.0%
Wexford	38,842	221	3.4%
Wicklow	31,320	108	1.7%
National	1,148,687	6,469	100%

Care Type	Number in Care	Percentage
Foster Care General	4,147	64.1%
Foster Care with Relative	1,862	28.8%
Residential Care Overall	357	5.5%
Other Care Placements	103	1.6%
Total in Care	6,469	100%

Appendix IV: Alternative Care

Set out below are the key legislative provisions for Alternative Care Services (noting that other related provisions are covered under the Child Protection and Family Support Sections).

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

National policies and guidelines include:

- *Child Care (Standards in Children's Residential Centres) Regulations 1996 and Guide to Good Practice in Children's Residential Centres* (DoHC 1997);
- *Standards and Criteria for the Inspection of Children's Residential Centre* (Fox and McTeigue 1999);
- *Children First, National Guidelines for the Protection and Welfare of Children* (DoHC 1999a);
- *National Standards for Special Care Units* (DoHC 1999b);
- *Towards a Standardised Framework for Inter-Country Adoption Assessment Procedures* (DoHC 1999c);

- *National Children's Strategy: Our Children – Their Lives* (DoHC 2000a);
- *National Standards for Children's Residential Centres* (DoHC 2000b);
- *Foster Care - A Child Centred Partnership* (DoHC 2001a);
- *Youth Homelessness Strategy* (DoHC 2001c);
- *Our Duty to Care: The principles of good practice for the protection of children and young people* (DoHC 2002);
- *National Standards for Foster Care* (DoHC 2003a);
- *Statement of Good Practice: Separated Children in Europe Programme* (Separated Children in Europe Programme 2009, 4th edition);
- *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People* (HIQA 2010a);
- *Guidance for the HSE for the Review of Serious Incidents including Deaths of Children In Care* (HIQA 2010b);
- *Children First: National Guidance for the Protection and Welfare of Children* (DCYA 2011a).

Appendix V - Child Death Information

Care status of children whose deaths were notified

Care Status	2010	M	F	2011	M	F	2012	M	F	2013	M	F	Total
In Care of the HSE	2	2	0	2	1	1	3	0	3	3	2	1	10
In receipt of aftercare services	4	3	1	2	2	0	2	1	1	1	0	1	9
Living at home and known to child protection services	16	10	6	11	8	3	18	10	8	13	4	9	58
Total	22	15	7	15	11	4	23	11	12	17	6	11	77

Overview of causes of death 2010 – 2013

Cause of death	2010	M	F	2011	M	F	2012	M	F	2013	M	F	Total
Natural Causes	6	4	2	8	5	3	7	1	6	7	1	6	28
Suicide	4	2	2	3	2	1	9	5	4	4	2	2	20
Road Traffic Accident	4	3	1	1	1	0	2	2	0	0	0	0	7
Other Accidental	2	2	0	1	1	0	4	2	2	1	1	0	8
Drug Overdose	4	3	1	2	2	0	0	0	0	1	0	1	7
Homicide	2	1	1	0	0	0	1	1	0	0	0	0	3
Cause of death to be verified	0	0	0	0	0	0	0	0	0	4	2	2	4
Total	22	15	7	15	11	4	23	11	12	17	6	11	77

References

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Adoptions, Outcomes and Placements for Children Looked After by Local Authorities, Wales, 2012-13

<http://gov.wales/docs/statistics/2014/140327-adoptions-outcomes-placements-children-looked-after-local-authorities-2012-13a-en.pdf>