



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

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

2014



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ACRONYMS USED

ACTS	Assessment Consultation Therapy Service
CAMHS	Child and Adolescent Mental Health Services
CFSN	Child and Family Support Networks
CIS	Crisis Intervention Service
CPC	Child Protection Conference
CPNS	Child Protection Notification System
CPW	Child Protection and Welfare
CRS	Children's Residential Services
CSO	Central Statistics Office
CYPSC	Children and Young People's Services Committees
DCYA	Department of Children and Youth Affairs
DLP	Designated Liaison Person
DML	Dublin Mid Leinster
D&MP	Development and Mainstreaming Programme
DNE	Dublin North East
DoHC	Department of Health and Children
DSGBVS	Domestic, Sexual and Gender Based Violence Services
ECO	Emergency Care Order
EPSS	Emergency Place of Safety Service
EYS	Early Years Service
FCO	Full Care Order
FRC	Family Resource Centres
FSA	Family Support Agency
FSS	Family Support Services
FWC	Family Welfare Conference
GNIB	Garda National Immigration Bureau
Hiqa	Health Information Quality Authority
HSE	Health Service Executive
ICO	Interim Care Order
IFCA	Irish Foster Carers Association
LAPs	Local Area Pathways
MOU	Memorandum of Understanding
NGO	Non Governmental Organisation
NSDF	National Service Delivery Framework
NCCIS	National Child Care Information System
NRP	National Review Panel
ORAC	Office of the Refugee Applications Commissioner
PPFS	Prevention, Partnership and Family Support
SCO	Special Care Order
SCSA	Separated Children Seeking Asylum
TACTIC	Teenagers and Children Talking in care
TCFS	Tusla Children First Service

ABBREVIATIONS USED FOR AREAS

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

TECHNICAL NOTES

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

EXECUTIVE SUMMARY

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

The annual “review of adequacy” provides us with the opportunity to assess and reflect on the quality and quantum of services being provided to children and families. It affords us an opportunity to identify what we are doing well and to name the difficulties and challenges being experienced. Most importantly, it provides us with the opportunity to think about the means by which we can address these challenges and difficulties.

This report is the first review of adequacy of services for Tusla - Child and Family Agency. Prior to the establishment of the Agency in January 2014, this report was published by HSE Children and Family Services. In 2014, the Agency embarked on the most comprehensive and needed programme of reform ever undertaken across Ireland’s child protection and welfare system. Following from a period where the State’s record in child protection and welfare was found wanting, the establishment of the Agency offers a real opportunity to ensure that services for children are coordinated, effective, efficient and child-centred. Throughout 2014 considerable effort was made and continues to ensure the success of this ambitious reform programme, due in large part to a renewed commitment by all staff providing services to children and families, both directly and indirectly.

In 2014, demand for child care and family support services continued. In terms of numbers there were some:

- 43,630 referrals to child protection and welfare services (up 5% on 2013);
- 27,967 cases open to social work (December 2014);
- 1,632 admissions to care;
- 6,454 children in care (December 2014);
- 4,652 foster carers (December 2014);
- 1,707 young adults in receipt of aftercare services (up 15% on 2013);
- 20,141 children and 15,192 families in receipt of family support services (i.e. services formerly provided by HSE Children and Family Service) (December 2014).

This is in addition to other services provided by the Agency (e.g. Educational Welfare Services, Early Years Inspectorate) and in the context of financial constraints and staffing deficits across the Agency. In terms of statutory obligations, 93% (n=6,002) of children in care had an allocated

¹ Child care in the context of child protection and welfare

social worker and 89% (n=5,778) had a written care plan. Ninety per cent (n=4,210) of foster carers (all types) were approved and 75% (n=3,020) of approved foster carers (general and relative) had an allocated link (social) worker. Other positives include improvements in placement stability (fewer children in their third or more placement within the previous 12 months); fewer children in a placement outside of the State; high number of young people 18 years and older in receipt of aftercare services in full-time education and remaining with their carers. Ninety-four per cent (n=445) of children in care who turned 18 years during 2014 and assessed as needing an aftercare service were offered a service. Inspection reports published by Hiqa were broadly positive and reflected the fact that once services engaged with children and families they received high quality services. Reports referred to services being effective and producing good outcomes for children; immediate action being taken for children at highest risk; children's rights being promoted and children being consulted about decisions that affected them. This is in addition to significant service developments, many of which address inadequacies identified in child protection enquiries and inspection reports published in previous years.

Notwithstanding, the data and information presented in this report highlight a number of weaknesses and shortcomings across child care and family support services delivered, many of which are compounded by financial constraint and staffing deficits. It is within this context that some areas were found to be struggling with timely assessments and allocation of social workers to all cases. At the end of December 2014, 8,542 (30.5%) open cases were awaiting allocation of a social worker of which one-third (n=2,836) were categorised as 'high priority'. Some 7% (n=461) of children in care were awaiting allocation of a social worker and some 11% (n=685) did not have a written care plan. Some areas were also challenged in terms of recruitment, assessment and reviews of foster carers along with the allocation of link workers (social workers) to foster carers.

Other shortcomings identified include children having to wait significant lengths of time for access to external services such as child and adolescent mental health services (CAMHS); social workers carrying caseloads that were too high; deficiencies in the management of reports of retrospective abuse and the lack of robust risk management systems. Concern was also expressed by Hiqa about the capacity of some services to meet the complexity of need of some children requiring placement and also in terms of managing behaviour that challenged. The provision of aftercare services to children leaving care was not equitable across areas inspected by Hiqa. Some, but not all, children had access to this service.

The determination of adequacy presented in this report is, in the main, based on the performance and activity data that is routinely collated and published by the Agency and findings from inspection and investigation reports published by Hiqa and the National Review Panel (NRP) along with other internal reports and reviews. The availability of data on outcomes and better integrated activity and input data (financial and HR data), along with more feedback from children

and families engaging with our services would make for a more comprehensive assessment of adequacy, in particular for Family Support Services. Currently, the Agency does not have the systems to collate the data and information required for a comprehensive assessment of the adequacy of Family Support Services and to determine how resources are meeting identified need. It is anticipated that the work underway in terms of commissioning services and in terms of the implementation of the Partnership, Prevention and Family Support (PPFS) programme will assist in addressing this deficit. Over time commissioned research and the roll-out of the National Child Care Information System (NCCIS) will also improve the data and information required for a comprehensive assessment of adequacy of all services provided by Tusla.

Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities whilst recognising the wider cross-agency responsibility. This will be achieved through the continued implementation of the National Service Delivery Framework (NSDF) and the PPFS programme, the process for commissioning of services being developed by the Agency and by working towards the development of a participation strategy for children and young people. In respect of the issues and shortcomings identified, the Agency will continue to build on work already commenced along with a number of other key actions. Key among these actions will be:

- continued implementation and embedding of the NSDF;
- an examination of resourcing deficits and retention of staff;
- increased focus on reducing the number of cases awaiting allocation of a social worker;
- continued implementation of recommendations identified in internal and external reports;
- increased diversion of cases to child and family support services as they become further developed and embedded in the areas i.e. cases deemed suitable for closure either after assessment or after a period of intervention but with outstanding unmet need that can be met by child and family support services;
- operationalise the National Out of Hours Social Work Service;
- improving supports and preparedness of children leaving care;
- staff development.

This will be in addition to the strengthening of risk management, quality assurance and oversight mechanisms across all services.

CHAPTER 1

INTRODUCTION

1.1 CONTEXT OF THE REPORT

The Child and Family Agency (the “Agency”) is the dedicated State agency responsible for improving wellbeing and outcomes for children. It holds statutory responsibility under the Child Care Act 1991 and other legislation to promote the welfare of children who are not receiving adequate care and protection.

Section 8 of the Child Care Act 1991 (as amended by the Child and Family Agency Act 2013) requires the Agency to prepare an annual report *on the adequacy of the child care² and family support services available*. The Agency is required to submit this report to the Minister for Children and Youth Affairs and make it available to other stakeholders.

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

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

The word ‘adequacy’ although not defined by the Act derives from the Latin *adaequatus*, meaning ‘made equal to’ and is generally defined as “satisfactory or acceptable in quality or quantity”, or “lawfully and reasonably sufficient”.

1.2 OBJECTIVES AND SCOPE

The objectives of this review are five-fold as follows:

- (1) Outline the *child care and family support services available*, having regard to (a) to (f) above;
- (2) Outline recent legislative and policy developments applicable to these services;
- (3) Outline service specific developments for 2014;
- (4) Present data and information (where available) on the quantum and quality of the services available (i.e. adequacy of the services);
- (5) Highlight challenges and opportunities for improvement including priorities and developments planned for each service.

² Child care in the context of child protection and welfare

The services addressed in the review include those formerly provided by HSE Children and Family Services; those formerly provided by the Family Support Agency as well as those responding to domestic, sexual and gender-based violence (DSGBV). Other services provided by Tusla are not included, mainly Educational Welfare Services and Early Years Inspectorate.

1.3 METHODOLOGY

The review adopted a mixed methods approach. The data and information included in the report are drawn from the following main sources:

- Activity and performance data routinely collated by the Agency for the services under review. These data are also used to identify temporal trends and make comparisons across administrative areas.
- A review of internal and external inspection reports along with reports from other internal and external reviews and enquiries published in 2014. The findings from these reports in particular, provide evidence of the quality of services provided.
- A review of legislation and policies related to the services under review including any recent changes.
- Feedback from national managers and service directors with responsibility for the services under review.
- Feedback from service users and stakeholders, where available.
- Benchmarking with international comparators, where appropriate.

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

- the lack of measurable and verifiable data on outcomes;
- the lack of integration of activity data with input data e.g. cost of services, numbers and types of staff;
- concerns regarding the quality and consistency of the data collated across some aspects of the service;
- the need for more feedback from children and families.

1.4 STRUCTURE OF THE REPORT

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

Chapter 2 provides an overview of Tusla, its organisational structure, remit, services provided, staffing and budget allocation, along with detail on relevant legislative, policy and service developments for 2014.

Chapter 3 presents data on key demographic factors impacting services provided by the Agency including: population; births; poverty; migration and homelessness.

Chapter 4 deals with Family Support Services provided by the Agency. It provides an overview of the types of services provided, performance and activity data (where available) along with key developments planned for 2015 and beyond.

Chapter 5 deals with Child Protection and Welfare Services provided by the Agency. It provides an overview of the service including: recent legislative and policy developments impacting the service; service developments for 2014; performance and activity data along with main findings and themes highlighted in external inspection and investigation reports. Areas requiring further examination or improvement are also highlighted as well as key developments and priorities planned for 2015.

Chapter 6 deals with Alternative Care Services provided by the Agency. Similar to the previous chapter, it provides an overview of the service including; recent legislative and policy developments impacting the service; service developments for 2014; performance and activity data along with main findings and themes highlighted in external inspection and investigation reports. Areas requiring further examination or improvement are also highlighted as well as key developments and priorities planned for 2015.

Chapter 7 deals with other services provided by the Agency. These services include Emergency Services for Children; Services for Children “Out of Home”; Service for Separated Children Seeking Asylum (SCSA); Adoption Services; Domestic, Sexual and Gender Based Violence (DSGBV) Services; Inspection and Monitoring Service; Assessment Consultation Therapy Service (ACTS).

Chapter 8 provides information on two key functions underpinning services delivered, namely Workforce Development and Research.

Chapter 9 provides a summary of the adequacy of child care and family support services provided by Tusla, drawing on the data and information presented in the report.

Chapter 2

ORGANISATIONAL CONTEXT

2.1 INTRODUCTION

This chapter of the report provides an overview of Tusla, its organisational structure, remit, services provided, staffing and budget allocation for 2014 along with detail on legislative, policy and service developments for 2014.

2.2 BACKGROUND

Tusla - Child and Family Agency (“the Agency”) was formally established on the 1st January 2014 to provide an integrated service for children and families. It brings together key services for children and families from the former HSE Children and Family Services; the National Educational Welfare Board; the Family Support Agency; some psychological services and a range of other services responding to domestic, sexual and gender based violence.

Tusla operates under the Child and Family Agency Act 2013, a progressive piece of legislation with children at its heart, and families viewed as the foundation of a strong healthy community. Partnership and co-operation in the delivery of seamless services to children and families are also central to the Act. The specific functions of the Agency, as outlined in the legislation can be summarised as follows:

- Support and promote the development, welfare and protection of children and the effective functioning of families;
- Offer care and protection for children in circumstances where their parents have not been able to, or are unlikely to be able to provide the protection that a child needs;
- Ensure that every child attends school or otherwise receives an education;
- Ensure that the best interests of children guide all decisions relating to those children;
- Other functions, including consulting with children, strengthening interagency cooperation, undertaking research and commissioning services.

In accordance with its remit, Tusla has set out its vision, defined and articulated its core purpose and reason for being (mission statement) and developed a set of values and behaviours that demonstrate a firm commitment to service users and stakeholders about how the Agency will act and interact with children, families, and other stakeholders (Figure 1).

The establishment of Tusla represents the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland.

It brings together some 4,000 staff (head count) and had an operational budget of €608 million in 2014.

VISION

All children are
safe and
achieving their
full potential

MISSION

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

**Courage
and Trust**

BEHAVIOURS AND VALUES

**Empathy
and
Inclusion**

**Respect and
Compassion**

Figure 1: Vision, Mission, Behaviours and Values of Tusla

2.3 TUSLA'S SERVICES AND ORGANISATIONAL STRUCTURE

Tusla's remit includes a range of broad-based and targeted services, as follows:

- Child Welfare and Protection Services, including Family Support Services;
- Family Resource Centres and associated national programmes;
- Alternative Care Services, including foster care, residential care, special care and aftercare;
- Adoption Services, including domestic and inter-country adoptions, and information and tracing;
- Early Years Inspectorate;
- Educational welfare responsibilities, including statutory Educational Welfare Services, the School Completion Programme and the Home School Liaison Scheme;
- Domestic, Sexual and Gender Based Violence Services (DSGBVS);
- Services related to psychological welfare of children;
- Assessment, Consultation, Therapy and Treatment Services (ACTS).

The Agency also relies on key external agencies for the delivery of specific services. These include key State agencies and Government departments as well as certain services in the community, voluntary and private sectors.

The Agency continues to work closely with the HSE in terms of access to primary care services, child and adolescent mental health services (CAMHS), disability and other services. Both organisations have in place a memorandum of understanding (MOU) and a joint protocol for inter-agency collaboration which underpins the provision of these services for children. The purpose of the MOU is to set out the partnership agreement between the HSE and the Agency to continue pre-establishment levels of service across both organisations. The objective of the joint protocol is to specify a pathway and associated responsibilities for children and families whose needs cross between health service divisions and the Agency. Both the MOU and the joint protocol are subject to regular monitoring and review to ensure that they are working effectively in the best interests of children and families.

A key partnership also exists between the Agency and the Department of Children and Youth Affairs (DCYA) in relation to policy development, research and evaluation.

Under the Child and Family Agency legislation, a Board is the governing body with authority to oversee the development of corporate strategy, risk policy, annual budgets and business plans. The Chief Executive is responsible to the Board for the

performance of the Agency's functions. The Chair of the Board must inform the Minister of measures taken to achieve determined priorities and performance targets.

To support the proper functioning of the Agency and in terms of working towards a 'stand alone' agency a number of key supporting functions and directorates including finance, human resources, ICT, legal services, communications, quality assurance and policy and strategy have been established. Significant development is expected across these functions and directorates in the coming years bringing with it enhanced systems for governance oversight and accountability, risk management, performance management, financial control and recruitment.

A broad outline of the organisational structure of the Agency at the end of December 2014 is presented in Figure 2.

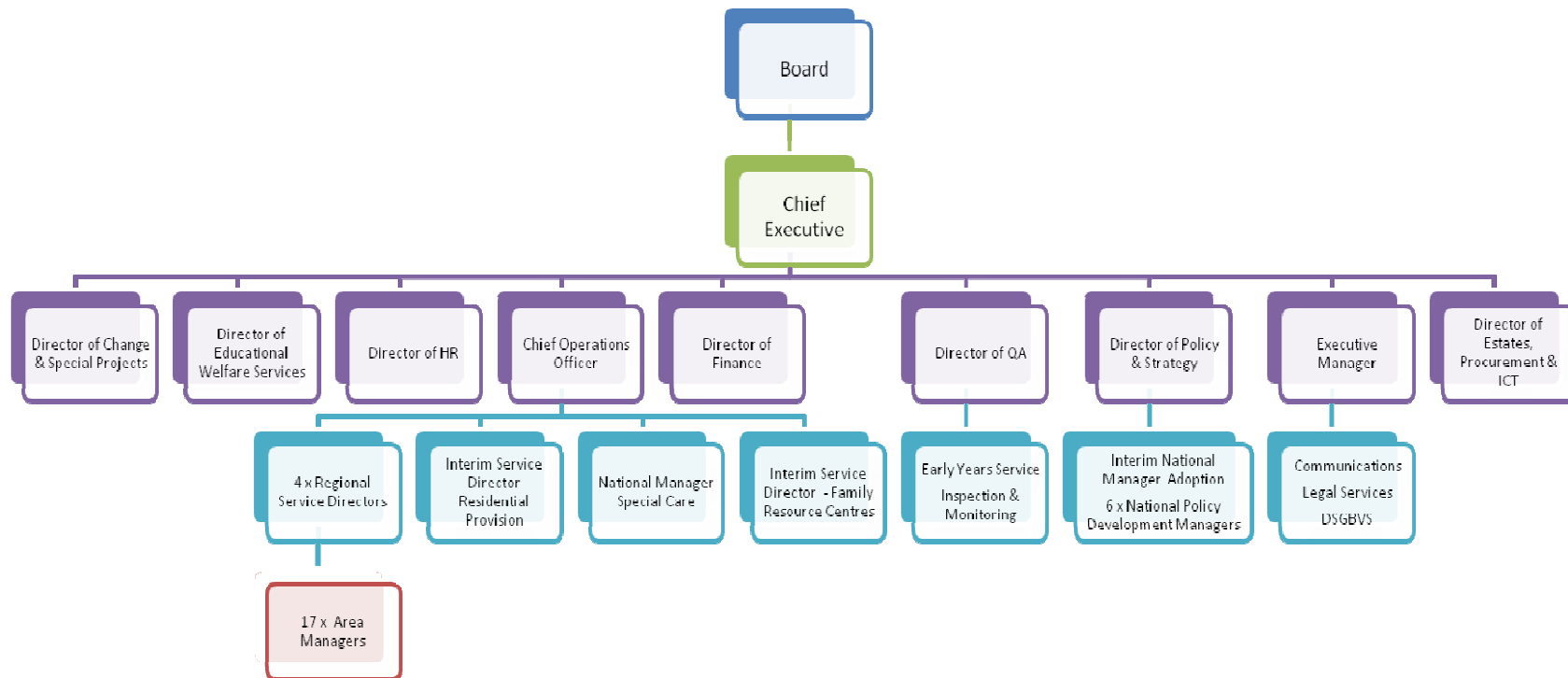


Figure 2: Child and Family Agency, Organisational Structure, December 2014

Due to the complex merger of three distinct organisations the management structure and geographical configuration of services under Tusla's remit vary from one service to another. Services provided by, what was formerly known, as HSE Children and Family Services are delivered by staff in 17 administrative areas (refer to Figure 3 below), led an area manager and supported by a service director based in each of the four geographical regions i.e., Dublin Mid Leinster (DML), Dublin North East (DNE), South and West, who in turn report to the Chief Operating Officer.

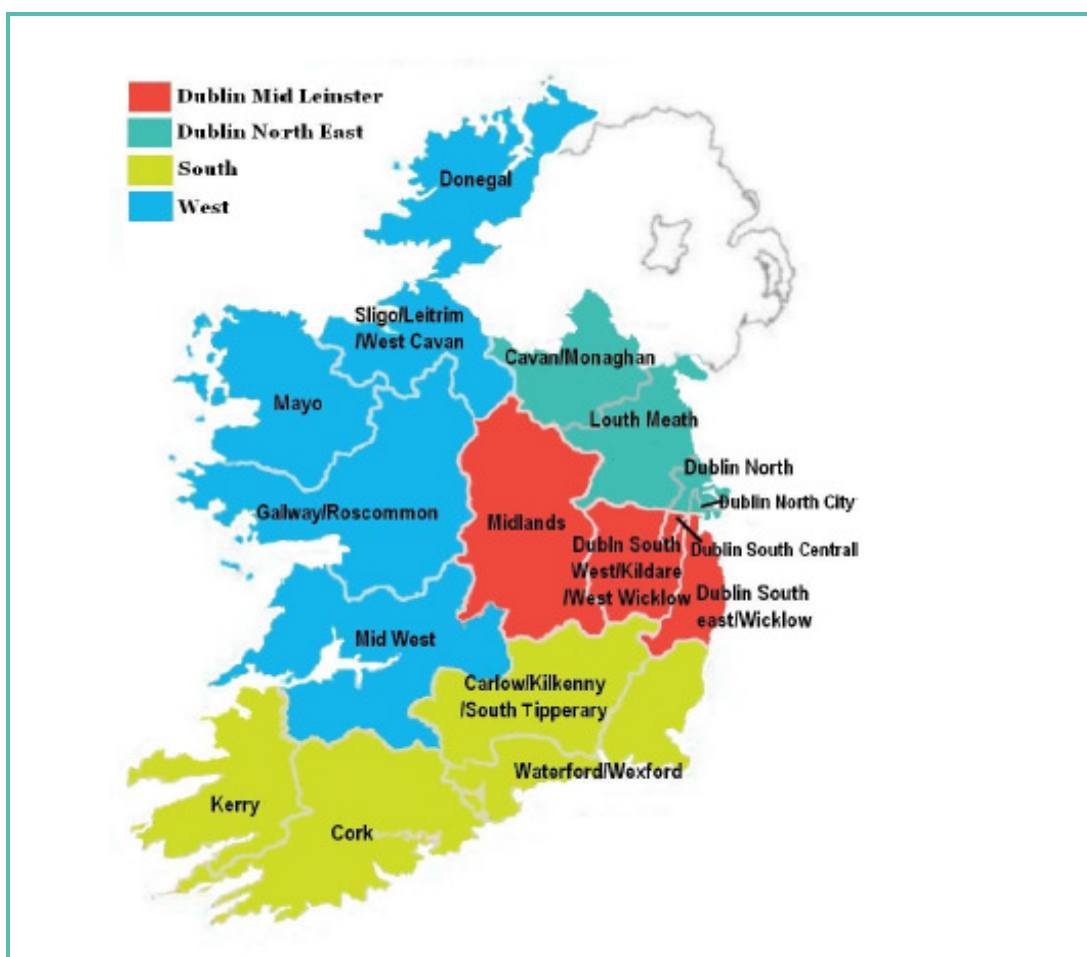


Figure 3: Area management structure for services that transferred from HSE Children and Family Services

The boundaries of the 17 areas are not co-terminous with the boundaries of other services e.g. educational welfare services. While a lot of work has been done in terms of integrating and aligning management and organisational structures into a cohesive agency a significant body of work is planned for 2015 and beyond. This is essential to ensuring an integrated approach to service delivery at central and local level and to enable multi-disciplinary engagement at the service user interface. In this respect, Tusla is committed to collaborating and coordinating with Government departments, statutory agencies and non-statutory agencies in the provision of universal or targeted services for children and families.

2.4 WORKFORCE

- At the end of December 2014, there was 3,453 whole time equivalent (WTE) staff employed by the Agency (Table 1). Social workers accounted for the highest proportion of staff at 40.44% of total WTEs, followed by social care staff accounting for a further one-third of total WTEs (Table 1). Management (Grade VIII and above) accounted for 2% of total WTEs employed.
- An additional 299 posts (all grades) were being processed by HSE National Recruitment Service at year end. The majority (73%; n=219) of posts being processed were social work posts.
- A total of 128 staff left the Agency during 2014 while a further 50 retired. There was also a total 170 staff on maternity leave at the end of December 2014.
- Staffing deficits across the services and in particular social work services were flagged throughout the year.

Table 1: Staff by WTE, December 2014

Grade Group	No. of WTE	% of Total WTE
Social Work	1,396.38	40.44
Social Care	1,161.91	33.65
Psychology and Counselling	20.77	0.60
Other Support Staff including catering	64.52	1.87
Other Health Professionals	8.8	0.25
Nursing	45.53	1.32
Management VIII+	78.93	2.29
Family Support	176.79	5.12
Education and Welfare Officer	72	2.09
Administration Grade III-VII	426.91	12.36
Total WTE	3,453	100.00

Source: Tusla HR Directorate

2.5 BUDGET ALLOCATION

The financial allocation for the Agency in 2014, its first year of operation, was set at €608 million. This comprised €601 million in current funding and €7 million in capital funding. In Budget 2014, an additional sum of €9 million was made available to support the Agency's reform of the child welfare and protection services. A breakdown of allocated budget by service is presented in Table 2. It was acknowledged widely during 2014, that delivery of the range of service required of the Agency, within this budget, was challenging and exacerbated not least by increasing social and demographic pressures during a period of prevailing austerity.

Table 2: Approved budget allocation by service, 2014

Service	Budget 2014 €'000s
Children and Family Services (transferred from HSE)	537,172
Family Support Services (transferred from Family Support Agency)	21,564
Educational Welfare Services	8,318
School Completion Programme	24, 756
New Developments 2014	9,000
Total	600,810

Source: Tusla Finance Directorate

2.6 LEGISLATIVE AND POLICY DEVELOPMENTS 2014

There were a number of legislative and policy developments in 2014 impacting Tusla and its services, as follows:

Legislative developments

There are a number of pieces of legislation currently being progressed through the Houses of the Oireachtas, by the Minister for Children and Youth Affairs, that will have significant implications for Tusla in terms of service delivery and resources (refer to Appendix II for full list). The Children First Bill 2014, in particular, will require Tusla to support external agencies in respect of their child protection obligations (refer to Section 5.2.1 of this report for further details). Other Bills, such as the Adoption (Information and Tracing) Bill will require the establishment of a comprehensive records management system. The General Scheme and Heads of the Aftercare Bill published in February 2014 proposes to strengthen the legislative provisions for aftercare. It is anticipated that the Child Care (Amendment) Bill 2014 will address current difficulties within the legal system particularly in relation to oversight of the Guardian ad Litem system, as well as providing a legislative basis for aftercare services.

Tusla's Statement of Purpose

In January 2014, Tusla published its initial Statement of Purpose, entitled *Ireland's Child and Family Agency: Towards a Shared Purpose*. The aim of this document was to enable a wide ranging consultation regarding the priorities and key objectives for the Agency in the preparation for development of its first corporate plan. Stakeholders and other partners were invited to critique the document in order to ensure that the priorities outlined are the top priorities for Ireland's children. It was part of the wider development agenda to set out the strategic direction, operational plan and performance measures by which the Agency will be judged.

Tusla's Business Plan 2014

Also in January 2014, Tusla published its first annual business plan. The plan identified 16 priority areas with 59 individual output measures to be monitored throughout the year. Full details of the business plan are available on the website www.tusla.ie.

***Better Outcomes, Brighter Futures* – Policy Framework**

In March 2014, the DCYA published *Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People* (2014-2020). It sets out the Government's agenda and priorities in relation to children and young people over the next seven years. It is a whole-of-Government policy that will operate across all government departments and agencies as well as statutory and non-statutory organisations that work with, and for, children and young people. It has adopted an outcomes based approach based on five national outcomes and six transformational goals for children and young people. The five national outcomes span key policy domains that impact on the lives of children and young people (e.g. active and healthy; safe and protected from harm), while the six transformational goals are identified as enablers required to realise these outcomes (e.g. support parents; listen to and involve children and young people). Tusla will play a key role in contributing to the achievement of these outcomes.

Tusla's Corporate Plan (2015- 2017)

Following extensive consultation with staff and key stakeholders, Tusla published its first corporate plan in late 2014. The plan covers the period 2015-2017 and sets out the pathway to achieving better outcomes for children and families in terms of short-term outputs (1-3 years), medium-term outputs (4-6 years) and long-term outputs (7-10 years). It outlines the Agency's vision and mission as well as the key strategic objectives it needs to realise over the plan's lifetime. The strategic objectives (eight in total) are underpinned by a series of actions, key performance indicators and targets in order to track and measure progress.

Given that Tusla is a new organisation, it is envisaged that the first three years will be broadly focused on laying the foundation to enable the Agency's medium and longer term outputs to be achieved. Notwithstanding, the plan also includes a number of initiatives currently underway that will deliver tangible improvements for targeted groups within the first three years. These include a targeted range of family and parenting supports, evidence-informed processes and systems, and embedding education in service delivery for all children. The overall aim is to shift the focus and resources away from crisis intervention – as it has been in the past, to more early intervention and prevention measures, including family support. Full details of the corporate plan are available on the website www.tusla.ie.

2.7 SERVICE DEVELOPMENTS 2014

There were a number of service developments in 2014 as follows:

2.7.1 Service Delivery Framework

In 2014, work continued on the development and implementation of a National Service Delivery Framework (NSDF) – a single, transparent, consistent and accountable framework for the delivery of services to children and families with a focus on improving outcomes for children. An overview of the framework is presented in Figure 4.

Under the framework, providing support to a child or young person and their family is not the exclusive responsibility of Tusla; all services have a contribution to make in the protection and welfare of all children – whether they are statutory services such as health, education, An Garda Síochána and local authorities, or services from the community/voluntary sector.

The NSDF seeks to deliver services within a co-ordinated, multi-disciplinary and multi-agency framework, from universal and community services through to secondary and tertiary level services. All the services provided to children and families in an area must act as one cohesive support system. This will be achieved through the development of the area-based approach to prevention, partnership and family support (PPFS) and the implementation of Meitheal – a Tusla-led national practice model for all agencies working with children, young people and their families (refer to Section 2.7.2 for details).

The intention is to have an integrated system of children's services that will have the following elements:-

- formal linkages with external (to the Agency) services and establish processes and procedures with children's well-being as their focus;
- clear and consistent referral pathways for children and families, which are based on assessed need and with responses appropriate to meeting those needs;
- systems for ensuring that each referral is dealt with efficiently, effectively and proportionately and that families are directed to appropriate services in a timely and competent manner;
- a framework for information sharing between core agency services and other services.

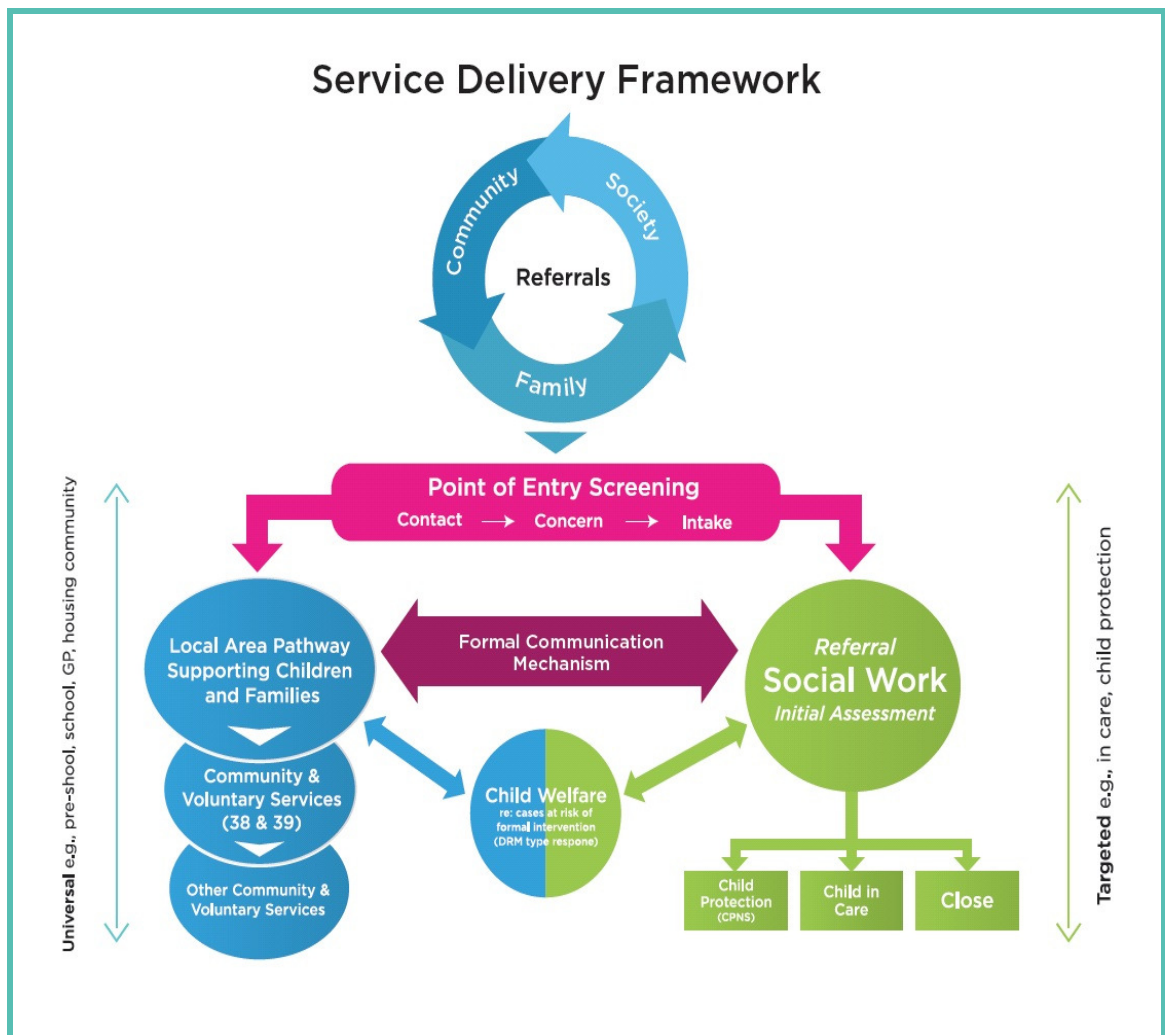


Figure 4: Overview of National Service Delivery Framework

During 2014, significant progress was made in terms of restructuring and establishing the building blocks and linkages required for implementation of the framework across all administrative areas. A number of key components of the framework are now in place in the majority of administrative areas (Table 3). Plans are afoot to build on this work and embed key components in 2015.

Table 3: Implementation of key components of the NDSF, by area December 2014

Regions/Areas	Social work led intake teams for referrals	Phase 2 Standard Business Processes*	Child Protection Conference Chairs	Local Registers for Grant-Aided Services	PPFS Managers**
Dublin North	Y	Y	Y	Y	Y
DNC	Y	Y	Y	Y	Y
LH/MH	Y	Y	Y	Y	Y
CN/MN	Y	Y	Y	Y	N
DSE/WW	Y	N	N	Y	Y
DSC	Y	Y	Y	Y	Y
DSW/K/WW	Y	Y	Y	N	Y
Midlands	N	Y	Y	N	Y
Mayo	Y	Y	Y	Y	Y
GY/RN	Y	Y	N	N	Y
SO/LM/WC	N	N	Y	N	Y
Donegal	N	N	Y	Y	Y
MidWest	Y	Y	Y	Y	Y
WD/WX	Y	Y	Y	Y	Y
CW/KK/ST	Y	Y	Y	Y	Y
Cork	Y	Y	Y	Y	N
Kerry	Y	Y	Y	Y	Y
Overall	14/17 (82%)	14/17 (82%)	15/17 (88%)	13/17 (76%)	14/17 (82%)

*Standard Business Processes for Child Protection and Welfare Services – Phase II Family Support Services

** Prevention, Partnership and Family Support Senior Services Managers (Some full-time and some part-time).

2.7.2 Prevention, Partnership and Family Support (PPFS) Programme

The Agency is undertaking a comprehensive programme of work to define, design and implement a framework for early intervention and preventative work as part of its National Service Delivery Framework (NSDF) and in line with its policy objective of moving towards a stronger focus on prevention and early intervention rather than crisis management. The aim of this work is to prevent risks to children and young people arising, or escalating through the delivery of services proportionate to identified need in a co-ordinated, multi-disciplinary and multi-agency fashion. In 2013, the then HSE Children and Family Service published a detailed strategy and guidance on Family Support, Supporting Parenting and the area based approach to Prevention, Partnership and Family Support (PPFS), Commissioning and Participation.

A central plank of the PPFS programme of work is the roll-out of **Meitheal** - a national practice model (common approach to practice) for all agencies working with children, young people and their families (Crawley *et al.* 2013). The Meitheal Model will be led and coordinated by Tusla and will ensure families who do not require social work intervention receive preventative support. Meitheal is Tusla's national practice model to ensure that the needs and strengths of children and their families are effectively identified and understood and responded to in a timely way so that children and families

get the help and support needed to improve children's outcomes and realise their rights. It is an early intervention, multi-agency (when necessary) response tailored to the needs of an individual child or young person.

In this model, a lead practitioner identifies a child's and their families' needs and strengths and, if the identified needs require it, brings together a team around the child to deliver preventative support that is outcomes-focused, planned, documented and reviewed over time. The support offered is planned in a highly participatory manner and is directed by the child or young person and their family. Meitheal is both the overall name for the practice model and specifically the Irish name that equates to the 'team-around-the-child' concept.

Other key structural, process, people and practice changes required to implement the standardised framework for PPFS as part of the NDSF include the following:

- Establishment of inter-agency steering committees (structural and process change) as sub-committees of the Children and Young People's Services Committees (CYPSC) in Ireland. These will be the inter-agency mechanism to support children's services planning at county level. The function of the steering committees is to support the set-up of Child and Family Support Networks (CFSNs) at locality level and to garner the support of key children's service delivery partners at local level in new practice approaches e.g. education, justice, HSE, voluntary/community sector.
- Establishment of Child and Family Support Networks (CFSNs) (structural, process and practice change). These networks are the building blocks of delivery at local level, as they are the frontline operational structure to ensure integrated service delivery to children and families. CFSNs will consist of local statutory providers, local voluntary/community providers, and Tusla staff. A number of CFSNs could be established in each of the 17 areas. The CFSNs will have three key functions: to improve access to services for children and families, to identify unmet need and to implement Meitheal. CFSNs will be supported by co-ordinators at local level.
- A senior manager appointed in each of these 17 areas, reporting to the Area Manager, will lead out on PPFS in the Area.

There were a number of key developments in this area in 2014 and include the following:

- In May 2014 Tusla, in conjunction with the UNESCO Child and Family Research Centre in NUI Galway, applied to Atlantic Philanthropies for a grant to support Tusla with intensive implementation of the Prevention, Partnership and Family Support programme (PPFS). This programme has been titled the Development and Mainstreaming Programme (D&MP).

- In June 2014, Atlantic Philanthropies committed to providing €10,185,202 over the period July 2014 to December 2017 as follows: €8.3m to Tusla to support the nationwide implementation of the D&MP for PPFS over three and a half years (2015–2018), that will embed early intervention and prevention within Tusla; €2.1m to UNESCO Child and Family Research Centre NUI Galway to support its research and evaluation of the D&MP and €0.5m to fund a Programme Executive. Throughout the programme of work, emphasis will be placed on training and building of capacity within Tusla and external partners. This will include the development of a strategic approach to commissioning services from the community and voluntary sector. This approach will ensure that resources available for children, young people and families, are used in the most efficient, equitable, proportionate and sustainable way.
- A detailed project plan was drafted in 2014 to enable full implementation of the PPFS programme over six main work packages: Public Awareness; Parenting; Participation; the Area-based Approach to PPFS and the Meitheal Model; Commissioning and Information.
- The post of Senior Manager for PPFS was established in the majority of the 17 areas.
- A national training plan for PPFS was developed in conjunction with Workforce Development. In addition, national briefing materials were developed and disseminated to staff and partners in relation to new practice approaches in PPFS; national training for trainers in Meitheal was provided to 103 PPFS staff and Workforce Development staff; a national Meitheal toolkit was produced and made available in draft format at the end of 2014 and a national workshop on new practice models was held in October 2014.
- Front-runner areas adopted the new practice model and began early implementation. Details on implementation from one area are provided at the end of this chapter.

A significant priority for the Agency in 2015 and beyond will be the implementation of the PPFS programme over three and a half years (2015–2018). This work will involve building on the work that has already commenced in terms of the structural, process, people and practice changes required to implement the programme including, the establishment of steering committees and CFSNs; embedding Meitheal, recruitment of staff and provision of training to support staff learning and development in relation to commissioning, participatory practice, supporting parenting and Meitheal. Evaluation of the programme and the development of a suite of outcome metrics on service performance will also be key pieces of work going forward.

2.7.3 Commissioning

In the context of Tusla, commissioning is defined as the process of deciding how to use the total resources available for children and families in order to improve outcomes in the most efficient, effective, equitable, proportionate and sustainable way. This is a move away from the current system where the Agency does not have the infrastructure it requires to give it an agency-wide view of how resources are meeting identified need.

In 2014, work commenced on the development of a detailed three year commissioning plan based on the commissioning approach outlined in the Commissioning Strategy published in 2013 (Gillen *et al.* 2013). The approach outlined is designed to ensure that all commissioning activities in the Agency are based on one coherent strategy; support the implementation of the NSDF and are informed by a standardised approach to responding to assessed needs, based on evidence.

The priority for 2015 is to build the foundation for Tusla's new commissioning approach and to work with Tusla's partners to achieve commissioning priorities including:

- completion of the three year commissioning plan;
- the set-up of a central commissioning unit;
- the development of the infrastructure and tools required to support commissioning;
- baseline analysis of service spend and activities funded;
- training needs analysis and development of a capability development plan;
- further workshops, briefing sessions and engagement with managers and service providers.

2.7.4 Children and Young People's Services Committees

Children and Young People's Services Committees (CYPSC), formerly known as Children's Services Committees, are a key structure identified by Government to plan and co-ordinate services for children and young people in every county in Ireland. At a local level, the CYPSCs are county level committees that bring together the main statutory, community and voluntary providers of services to children and young people. The overall purpose is to improve outcomes for children and young people, aged 0–24 years, through local and national inter-agency working. They provide a forum for joint planning and co-ordination of activity to ensure that children, young people and their families receive improved and accessible services. Their role is to enhance inter-agency co-operation and to realise the five national outcomes set out in *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020*.

Over the years, Children's Services Committees engaged in a number of successful inter-agency initiatives including:

- implementation of family literacy projects;
- providing the local inter-agency foundation for community-based youth mental health supports;
- the delivery of evidence-based parenting programmes;
- the establishment of critical incident protocols to enable co-ordinated responses to serious incidents affecting children and young people.

While a number of Children's Services Committees have been in place since 2007, DCYA established a Task Group in September 2014 with a view to prioritising key issues to be addressed in the strategic and operational development of CYPSCs within the broader context of *Better Outcomes, Brighter Futures*. The work of the Task Group was also to be informed by recent organisational and policy developments including the establishment of the Agency. A document providing a blueprint for the development of CYPSCs operationally and strategically is expected in early 2015.

2.7.5 Participation

The participation of children and young people is fundamental to a child-centred, rights-based approach to working with children and young people. It is a requirement of the forthcoming *National Strategy on Children and Young People's Participation in Decision-Making*, to be published by the DCYA, and the *National Children's Charter for Young People in Social Care Settings*, forthcoming from Tusla. In addition, it is a key recommendation in the recent reports documenting Ireland's failure to protect children experiencing abuse and neglect and is one of the *National Standards for the Protection and Welfare of Children* (HIQA 2012). To this end, the Agency is committed to the development of a Participation Strategy for Children and Young People.

In 2014, work commenced on a strategy development document entitled *Towards the Development of a Participation Strategy for Children and Young People* – one component within a suite of work being undertaken by the Agency. As part of this work, workshops were conducted with four groups of children and young people, in late 2014. The groups consisted of third level students in their final year of health promotion and public health; young people from An Gaisce and Comhairle na nÓg in a youth project and health café; a group of Junior Certificate students; and a group of sixth class pupils. The strategy is due for publication in 2015. Its recommendations include:

- That Tusla would provide clear communication, using a variety of mechanisms, on who Tusla is, what it does and how to make contact. This information should be targeted at specific audiences (those who work with children, parents and the general public) and also be age-appropriate for children and young people;

- That Tusla would provide clear text and communication, using a variety of mechanisms, on simple messages about the right to be heard and involved in decision-making and who to contact;
- That all communications should have clear details on a point of contact for information about Tusla and about participation in decision-making. It is essential that this point of contact has been trained in children and young people's rights and participation;
- That Tusla should communicate the strategy in a variety of formats and in a variety of media. The full document should also be easily accessible.

In late 2014 Tusla also drafted a leaflet for children and young people entitled *Participation of Children and Young People – Our Approach*. Children and young people were consulted on its content and design. The leaflet is due for publication in 2015.

2.7.6 Implementation of the area-based approach to PPFS in Waterford

In 2013, the Area Manager and colleagues in one of the front-runner areas, Waterford began to implement the area-based approach to PPFS. They started by establishing an inter-agency steering committee for PPFS, under the auspices of the Children's Services Committee in Waterford (now the Children and Young People's Service Committee). This Committee oversaw and garnered support for the establishment of Child and Family Support Networks (CFSN) across Waterford, as clusters of multi-disciplinary and inter-agency support for children and families, serving geographical areas smaller than the management Area or the Children's Services Committee area. Multi-agency involvement of key partners was achieved, with significant engagement from Family Resource Centres, Barnardos, ISPCC, Respond Housing, Foroige, Youth Service, An Garda Síochána, Waterford City Council, Health Service Executive, Educational Welfare Services, and Early Years Services. A co-ordinator was appointed to support the set-up of CFSNs in the Waterford Area. The structure for implementation of the area-based approach in Waterford is illustrated in Figure 5.

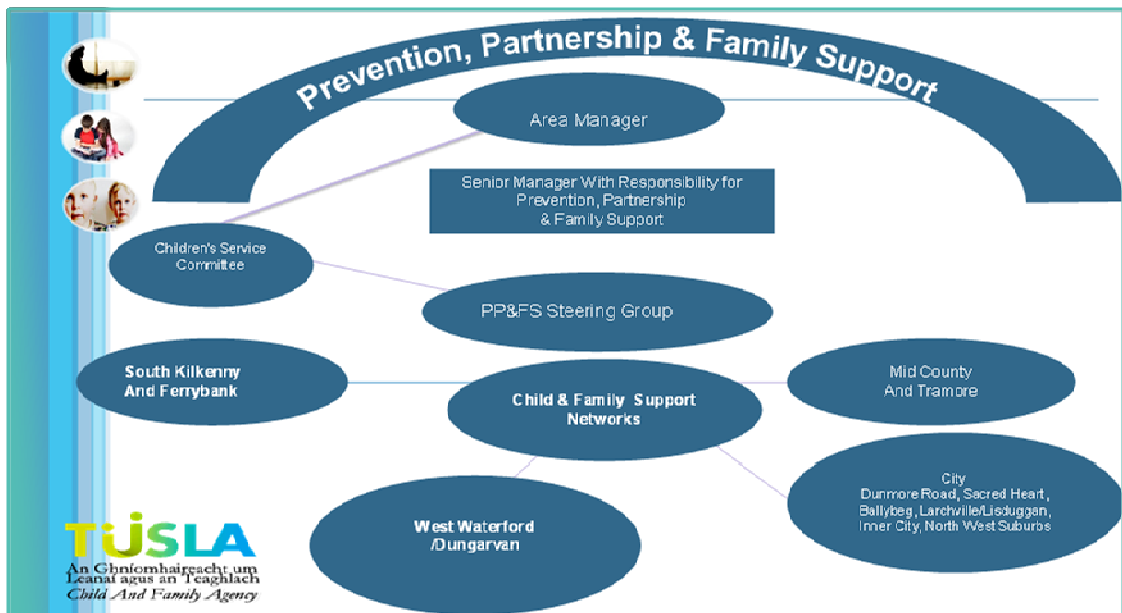
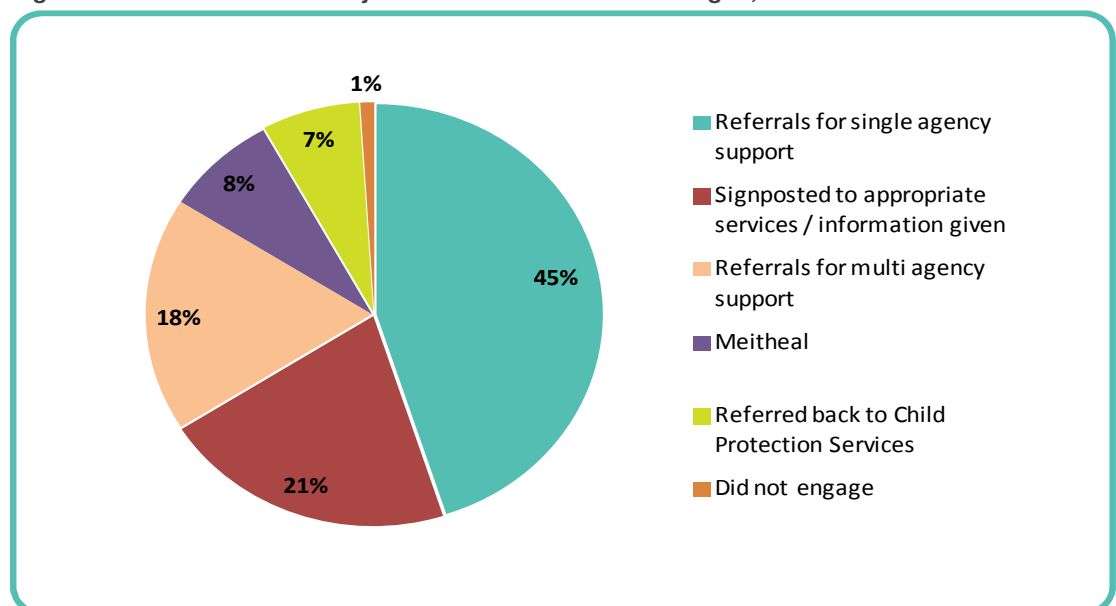


Figure 5: Structure for Implementation of the area-based approach in Waterford

In the set-up phase of the area-based approach to PPFS from June 2013 to June 2014, 141 referrals were received by the CFSN co-ordinator. A breakdown of the way they were managed is presented in Figure 6.

Figure 6: Breakdown of the way referrals to CFSN were managed, June 2013 – June 2014



The findings from the pilot study highlighted the following:

- There is clear development in Waterford of referral pathways for families based on their needs;
- Evidence of children and young people being signposted to appropriate services as their needs have been identified;

- Multi-agency referrals are leading to co-ordination of supports to families through integrated working among agencies;
- The partnership approach with parents is key to the high level of engagement/uptake of services;
- The use of the Meitheal model to identify strengths as well as needs for all referrals is leading to improved outcomes for children and families.

The learning points from this pilot phase will inform the final implementation programme to commence in 2015.

Chapter 3

DEMOGRAPHIC CONTEXT

3.1 INTRODUCTION

This chapter of the report provides data on key demographic factors impacting services provided by the Agency including: population, births, poverty, migration and homelessness.

3.2 POPULATION

- The Central Statistics Office (CSO) estimates that there were 1,194,462 children 0-17 years living in Ireland in 2014; 12,963 (1%) more than the estimated figure for 2013 and 173,931 (17%) more than 2004. Over the ten year period 2004-2014, there has been year on year increase in the number 0-17 year olds living in Ireland (Figure 7). The 0-17 years population accounted for 26% of the total estimated population for 2014 (n=4,609,627).

Figure 7: Number of children 0-17 years, 2004 -2014



Source: CSO Annual Population Estimates
Data for 2012, 2013 and 2014 are preliminary

- The younger age groups (0-4 years and 5-9 years) experienced the highest percentage increase in numbers between 2004 and 2014, with the number in each group increasing by 25% and 24% respectively. A breakdown of the population 0-17 years by age group for the years 2004–2014 is presented in Table 4.

Table 4: 0-17 years population by age group, 2004-2014

Year	0-4 years	5-9 years	10-14 years	15-17 years	Total
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
2014	362,568	341,850	311,359	178,685	1,194,462
% Change in population from 2004	25%	24%	12%	1%	17%

Source: CSO Annual Population Estimates

Data for 2012, 2013 and 2014 are preliminary

- A breakdown of the population 0-17 years (Census 2011) by administrative area (refer to Figure 3 page 23) is presented in Table 5. The population 0-17 years ranges from 23,060 (2%) in Sligo/Leitrim/West Cavan to 128,448 (11.2%) in Cork.

Table 5: Breakdown of population 0-17 years (CSO Census 2011) by area

Area	Population 0-17 years	% of Total Population 0-17 years
Cork	128,448	11.2%
Dublin South West/Kildare West Wicklow	102,800	8.9%
Mid West	94,989	8.3%
Louth/Meath	87,562	7.6%
Dublin South East/Wicklow	81,991	7.1%
Midlands	77,726	6.8%
Galway/Roscommon	77,270	6.7%
Dublin North City	72,666	6.3%
Waterford/Wexford	71,608	6.2%
Dublin North	63,256	5.5%
Dublin South Central	62,438	5.4%
Carlow Kilkenny/South Tipperary	57,800	5.0%
Donegal	44,534	3.9%
Cavan/Monaghan	35,085	3.1%
Kerry	34,940	3.0%
Mayo	32,514	2.8%
Sligo/Leitrim/West Cavan	23,060	2.0%
Total	1,148,687	100.0%

3.3 BIRTHS

- There were 67,462 births registered in 2014; 1,492 fewer than 2013 and the fewest number since 2009 when the highest number for the period 2004–2014 was registered. Since 2009 there has been a year on year decrease in the number of births registered. The 67,462 births represent an annual birth rate of 14.6 per thousand population. This rate is 0.4 per thousand population lower than in 2013 (Table 6).

Table 6: Births and birth rate per 1,000 population, 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Births (Number)	61,972	61,372	65,425	71,389	75,173	75,554	75,174	74,033	72,225	68,954	67,462
Rate / 1,000 Pop	15.3	14.8	15.4	16.3	16.8	16.7	16.5	16.2	15.8	15.0	14.6

Source: CSO Births, Deaths and Marriages

Data from 1985 to 2013 is final. 2014 data is provisional

- In 2014, there were 1,253 births to teenage mothers; the fewest number for the period 2008-2014 (Table 7). Eight per cent (n=103/1,253) of these births were to mothers 16 years and under.

Table 7: Births (number) to mothers under 20 years, 2008-2014

	2008	2009	2010	2011	2012	2013	2014
< 20 years	2,402	2,249	2,043	1,690	1,616	1,380	1,253

Source: CSO Births, Deaths and Marriages

2008 to 2013 data are final and based on the number of births occurring in the year

2014 data is provisional and is based on the number of births registered within the year.

- In 2014, there were 42,972 (63.7%) births registered as within marriage/civil partnership. There were 24,490 births registered as outside marriage/civil partnership accounting for 36.3% of all births, an increase of 0.9 percentage points from 2013. The highest percentage of births outside marriage/civil partnership was in Limerick City at 56.7% and the lowest percentage was in Dun Laoghaire/Rathdown at 24.6%. Almost 55% (n=13,440) of births outside marriage/civil partnership were to mothers under 30 years.
- Of the 67,462 births in 2014, there were 52,425 babies (77.7%) born to mothers of Irish nationality compared to 52,825 (76.6%) in 2013. There were 11.8% of births to mothers of EU 15 to EU 28 nationality, 2.2% of mothers were of UK nationality, and 1.7% were of EU 15 nationality (excluding Ireland and the UK). Mothers of nationalities other than Ireland, UK and the EU accounted for 6.4% of total births registered. There were 0.2% of mothers where the nationality was not stated.

3.4 POVERTY

The data presented in this section are taken from the *Survey on Income and Living Conditions (CSO, 2014)*

- In 2014, 11.2% of children (aged 0-17) lived in consistent poverty; down slightly from 11.7% in 2013, but significantly higher than the 6% that was reported in 2008. Based on CSO population estimates for 2014 this equates to approximately 134,000 children 0-17 years. Consistent poverty means that these children are living in households with incomes below 60% of the national median income and experiencing deprivation based on the agreed 11 deprivation indicators. This can mean going 24 hours without a substantial meal or being cold because parents are unable to afford to heat the home.
- 18.6% of children (aged 0-17 years) were reported at risk of poverty in 2014; up from 17.9% in 2013.
- 36.1% of children (0-17 years) experienced two or more types of enforced deprivation; down slightly on the 37.3% reported in 2013.
- Nearly three in five (58.7%) of lone parent households with one or more children experienced deprivation; down from 63.2% in 2013. This group was at slightly greater risk of poverty than they had been in 2013.

3.5 MIGRATION

- In the year to April 2014, more people left the country than arrived for the fifth consecutive year (i.e.net migration was negative). Net outward migration for this period was estimated to be 21,400, a decrease of 11,700 on the previous year's figure of 33,100 (Table 8).
- Emigration from Ireland in the 12 months to April 2014 is estimated to have fallen to 81,900 (from 89,000 in the year to April 2013), while the number of immigrants is estimated to have increased from 55,900 to 60,600 over the same period.

Table 8: Estimated migration (Persons in April) (Thousand)

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Net migration	32.0	55.1	71.8	104.8	64.3	1.6	-27.5	-27.4	-34.4	-33.1	-21.4
Emigrants	26.5	29.4	36.0	46.3	49.2	72.0	69.2	80.6	87.1	89.0	81.9
Immigrants	58.5	84.6	107.8	151.1	113.5	73.7	41.8	53.3	52.7	55.9	60.6

*Source: CSO Population and Migration Estimates
Preliminary figures used for 2012, 2013 and 2014*

- Irish nationals continue to experience net outward migration, although at a lower level than in the previous year, falling from 35,200 to 29,200, while net inward migration among non-Irish nationals grew for the second year in a row, from 2,100 to 7,900.

3.6 HOMELESSNESS

- Figures published by the Department of the Environment, Community and Local Government estimate that there were 2,858 adults without a home in the week 22-28 December 2014. The highest number were in Dublin (1,868; 65%) followed by Limerick (n=230; 8%) and Cork City (n=194; 7%). A breakdown by county is presented in Table 9.

Table 9: Number of homeless adults for period 22-28 Dec 2014, by county

County Breakdown Week 22-28 Dec 2014	Number of homeless adults
Dublin	1,868
Kildare	57
Wicklow	42
Meath	22
Laois	4
Longford	15
Offaly	6
Westmeath	16
Limerick	230
Clare	16
North Tipperary	32
Louth	31
Monaghan	1
Cavan	1
Sligo	11
Leitrim	0
Donegal	20
Wexford	40
Waterford City and County	75
Tipperary	4
Carlow	12
Kilkenny	43
Cork City	194
Cork County	0
Kerry	27
Galway City	67
Galway County	23
Mayo County	1
Roscommon	0
TOTAL	2,858

Source: Department of the Environment, Community and Local Government

- Of the 2,858 adults, 19% (n=548) had dependents of which there were 880. There were 407 family units without a home; of which 331 were in Dublin and 76 were outside Dublin.

- 199 families were residing in commercial hotels in the Dublin region (these figures are taken from a day in the month). Nineteen new families presented as homeless in the Dublin region during the month of December 2014.
- It is expected that these figures will continue to rise over the coming year.

Chapter 4

FAMILY SUPPORT SERVICES

FAMILY SUPPORT SERVICES

Key Messages

- Tusla is committed to reforming its model of service delivery to strengthen and grow family support services as an effective prevention and early intervention measure to promote best possible outcomes for children. On the back of work already commenced, Tusla has secured a once off non-discretionary grant of €8.3 million over three and half years from Atlantic Philanthropies to support intensive implementation of its Partnership, Prevention and Family Support Programme (PPFS), a core element of the Agency's National Service Delivery Framework, that will embed early intervention and prevention within Tusla.
- In 2014, demand for family support services continued with at least 20,141 children and 15,192 families in receipt of family support services (i.e. services provided by and on behalf of the former HSE Children Family Services) at the end of the year. Family Resource Centres (FRCs) provided 143 parenting courses which were attended by 64 children and 1,480 parents. Some 627 children received counselling within an FRC in 2014 while a further 471 received other types of therapy (e.g. play, art, movement). This is in the context of an increasing number of families, changes in the types and nature of families, budgetary cuts to services and increased pressures on the coping capacity of families due to austerity measures.
- Key to the reform that is underway in this area will be the development of the infrastructure required for the Agency to assess in a comprehensive way the adequacy of family support services provided and determine how resources are meeting identified need.
- In 2015, Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities, whilst recognising the wider cross-agency responsibility that exists.

4.1 INTRODUCTION

This chapter provides an overview of parenting and family support services provided by the Agency, some facts and figures on family support services delivered in 2014 along with priorities and developments planned for 2015 and beyond.

Family support is a style of work and a wide range of activities that strengthen positive informal social networks through community-based programmes and services. The

main focus of these services is on prevention and early intervention³ aiming to promote and protect the health, well-being and rights of all children, young people and their families.

In the case of Tusla, parenting and family support is a constituent element of all aspects of its work and it provides a range of services that offer advice and support to families. In addition to services provided directly by Tusla, a wide range of private and voluntary agencies are commissioned by Tusla to provide services on its behalf on a local, regional and national basis. This is in accordance with the provisions of Section 56 of the Child and Family Agency Act 2013. In 2014, service providers and bodies delivering services (includes family support services and other services provided) on behalf of the Agency under Section 56 of the Child and Family Agency Act 2013 received funding of €93.319 million (refer to Appendix II for list of service providers and bodies funded).

The list of services provided includes:

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

The context of Family Support Services in Ireland is that there are 1,179,210 families (the number of families increased by 12% from 2006 to 2011). Of these families, 834,266 have one or more children. The nature of these families is very varied with over 550,000 having a married couple as parents; over 60,000 families are parented by a

³ Early intervention means intervening at a young age or early on in a problem. Early intervention helps those at risk to realise their potential and can support them and their families to become healthier and more resilient.

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

The Agency is committed to ensuring that family support services are an integral part of service delivery reform planned for Tusla; this will be central to ensuring that children and families receive a comprehensive range of services proportionate to their needs. The parenting and family support aspect of the service delivery framework is designed as an area-based approach to prevention, partnership and family support (PPFS) (refer to Chapter 2, Section 2.7).

As described in Chapter 2 a comprehensive programme of work is underway to define, design and implement a framework for early intervention and preventative work as part of the Agency's service delivery framework and in line with its commitment of moving towards a stronger focus on prevention. A suite of policy, strategy and guidance documents to articulate its approach in this regard have been published and are available on the Tusla website as follows:

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

4.2 FAMILY SUPPORT SERVICES

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

Referrals for family support services (i.e. service formerly provided by HSE Children and Family Services and services funded by Tusla under Section 56 of the Child and Family Agency Act 2013) are received from a wide range of agencies outside Tusla (e.g. HSE, school, probation, An Garda Síochána) and inter-departmentally (e.g. Child Protection and Welfare Services) within Tusla. Families can also self-refer directly to all community-based services. These cases are termed "not open to social work" under the Agency's framework for service delivery (Section 2.7, Figure 4).

Data collected for 2014 gives an indication of the demand on this service:

- 6,023 children were referred by social work to family support services;
- 3,634 families were referred by social work to family support services;
- 17,716 children were referred by other sources to family support services;

- 14,594 families were referred by other sources to family support services;
- 20,141 children in receipt of family support services at the end of 2014;
- 15,192 families in receipt of family support services at the end of 2014.

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

Family Welfare Conferences

A family welfare conference (FWC) is a joint family and professional decision-making model that provides for the involvement of the extended family in planning the care, protection and welfare of a child or young person in need.

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

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

- The Agency is directed to do so by order of the court;
- The Agency is of the view that a child requires a special care order or protection which he/she is unlikely to receive unless a special care order is made (see section 6.1 of this report);
- The Agency is concerned for the welfare/care/protection of a child and wishes the family to devise a safe family plan to address their concerns.

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

The FWC process comprises four stages as follows:

- (1) Referral stage to explore the basis and parameters of the FWC.
- (2) Preparation stage where the assigned FWC coordinator meets with and prepares the intended participants for the FWC.
- (3) The Conference, a meeting to devise a plan that will be agreed by all family members and referrers.
- (4) FWC review meeting where participants can come back and review the plan agreed.

The FWC is based on principles of partnership and empowerment of families, and fits with the increased emphasis on strengths based approaches for working with families. However, the development of the FWC service has been slow since its establishment; staff numbers have remained small and referrals have remained lower than anticipated. This service has not been central to many of the other developments and changes occurring in child protection and welfare service, perhaps due to the enormity and rapidity of the organisational changes that occurred at so many levels of the child protection system, particularly since 2009.

Data for 2014 indicates that at least:

- 444 children were referred to a FWC service and at least 243 conferences were convened. Data was not available from one of the 17 areas due to the post of the FWC coordinator being vacant; hence it is likely that the numbers are slightly higher. In 2013, 269 conferences were convened and in 2012 there were 284 conferences convened.
- 237 plans were agreed by the family; five plans were not agreed. The outcome of the remaining conference (i.e. plan agreed/not agreed) was not specified.

In 2014, work continued on the development of national business processes for FWCs. This work was informed by the findings from pilot studies completed in Donegal, Kerry, and Galway towards the end of 2013.

A study of referrals to the FWC service in Dublin was also commenced in January 2014. It was commissioned jointly by the Agency's Director of Policy and Strategy and the Area Manager in Dublin South West/Kildare/West Wicklow and published in 2015. It is intended that the findings from this study will inform planning for future FWC service provision.

4.2.2 Services provided by the former Family Support Agency

Family support services provided by the former Family Support Agency are described below, i.e. Family Resource Centre Programme and Counselling Services. In 2014, a significant body of work was undertaken and continues in terms of integrating these services into the National Service Delivery Framework. Consistency nationally in terms of establishing local connections between FRCs, counselling organisations and children and family services is a particular challenge.

Family Resource Centre Programme

The Family Resource Centre (FRC) programme is Ireland's largest family support programme delivering a range of universal and targeted services to families in disadvantaged areas across the country. This service was provided by the Family Support Agency until its transfer to Tusla in January 2014. It comprises 106 FRCs

operating nationwide along with two outreach centres and had an operating budget of €13.487 million in 2014. Each centre operates autonomously, working inclusively with individuals, families, communities and both statutory and non-statutory agencies. FRCs are an integral part of the Agency's area-based approach to prevention, partnership and family support and act as a first step to community participation and social inclusion. The aim of the FRCs is to combat disadvantage and improve the functioning of the family unit.

Services and development opportunities provided include:

- The provision of information, advice and support to target groups and families. FRCs act as a focal point for onward referrals to mainstream service providers;
- Delivering education courses and training opportunities;
- The establishment and maintenance of new community groups to meet local needs and the delivery of services at local level (for example, childcare facilities, after-school clubs, men's groups, etc.);
- The provision of counselling and support to individuals and groups;
- Developing capacity and leadership within communities;
- Supporting personal and group development;
- Practical assistance to individuals and community groups such as access to information technology and office facilities;
- Practical assistance to existing community groups such as help with organisational structures, assistance with accessing funding or advice on how to address specific social issues;
- Supporting networking within the community;
- Contributing to policy work.

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

Five specialist support agencies also support the FRC programme. They are contracted to provide support, advice and training for the FRCs across a range of areas, including disability awareness and staff/volunteer training in personal advocacy for people with disabilities (DESSA), staff/volunteer training and awareness in terms of encouraging Traveller participation (Pavee Point), supporting families dealing with domestic violence and promoting the Code of Practice (Women's Aid), supporting family members dealing with drug use (Family Support Network), supporting and enabling FRCs to embed arts-based community development in their work (Blue Drum).

Service demand for 2014 included:

- 143 parenting courses provided by FRCs, these were attended by 64 children ('Incredible Years' model) and 1,480 parents;
- Some 57 FRC childcare facilities were attended by 3,422 children in 2014;
- 627 children received counselling within an FRC during 2014. A further 471 children received Play Therapy, Art Therapy or Music and Movement Therapy during this period.

Additional data and analysis is required to elucidate more fully the adequacy of this service. This will be improved going forward.

Counselling Services

The Child and Family Agency provides grants to voluntary organisations offering counselling; these grants were formerly administered by the Family Support Agency before its transfer to Tusla. In 2014, Counselling Services received €6.881 million and to provide the following types of counselling and support services:

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

Approximately 220 organisations were funded to provide child counselling. Twelve of the larger funded community-based counselling organisations provided one-to-one counselling to 515 children aged 18 years or younger in 2014; 150 more than 2013 and accounting for 11.6% of the total clients (n=4,429) who attended these organisations for one to one counselling (Table 10).

Table 10: One-to-one counselling provided, by age group

Age Group (years)	Number of Clients 2014	Percentage of Total	Number of Clients 2013	Percentage of Total
< 6	59	1.3%	51	1%
7 – 12	102	2.3%	63	2%
13 – 18	354	8.0%	251	6%
All	515	11.6%	365	9%

Bereavement support funding is also awarded annually to Rainbows Ireland, who facilitates group-based supports for children who have experienced a bereavement or parental separation. Groups are held in schools or community-based settings and focus on the 6-12 year age group. This service is provided across the academic year. For the academic year 2014/2015 a total of 2,766 children were supported by the programme;

405 more than the year 2013/2014. The majority of the children supported experience parental separation (Table 11).

Table 11: Children supported by Rainbows Ireland

Academic Year	Completed Accredited Sites	*Total participants as per Accreditation	Loss by Separation	Loss by Bereavement
2013 - 2014	196	2,361	1,555 (65.86%)	806 (34.14%)
2014 -2015	262	2,766	1,855 (67.06%)	911 (32.94%)

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

4.2.3 Parenting Support Services

Parenting support is both a way of working and a set of activities that provides information, advice and assistance to parents and carers about bringing up their children, so that these children will reach their full potential. Examples of parenting supports include parent and toddler groups, home-based parenting programmes, group-based parenting programmes and school-based parenting programmes.

Tusla is working in partnership with all stakeholders, particularly parents, in the delivery and evaluation of parenting support services within the community. This is being done through the delivery of the Parenting Support Strategy (Gillen, 2013), as part of an overall mission to "... to improve outcomes for children and young people in Ireland" (Department of Children and Youth Affairs, 2012).

The Strategy is being delivered through the following:

- A 'Lifecourse'⁴ approach, to ensure that parents will have supports at all ages and stages of their children's lives from pregnancy to the teenage years and beyond.
- Levels of need – the first level is provision of services to all families - universal supports (such as information on parenting); the second level is provision of supports and services for families who may be experiencing some difficulties or who are at risk; the third level is provision of supports for families who are having difficulties at a particular phase in the lifecourse - this might include child protection issues ; at the fourth level the Agency is acting as the parent where a child has been taken into care. However, parents of children in statutory care will still be supported to participate in contact with their child and to build a good quality relationship.

⁴ Lifecourse means the different stages that people go through over a lifetime. In the Parenting Strategy Lifecourse has been divided into five different stages as follows: Preparing for and becoming a parent; Birth to five years – this stage is a priority area because of the strong evidence that supporting parents and their children in the earliest years is the most effective and efficient way to achieve family wellbeing and improve outcomes for children; 6 to 12 years; 13 to 17 years.

- *Parenting Positively* resource information and booklets (<http://www.tusla.ie/services/family-community-support/parenting-information/parenting-information-fsa/>).

4.3 KEY DEVELOPMENTS PLANNED

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

In 2015, Tusla will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities, whilst recognising the wider cross-agency responsibility that exists.

This will be achieved through the continued implementation of the PPFS programme; the process for commissioning of services being developed by the Agency and work towards the development of a participation strategy for children and young people. Evaluation of this work and the development of a suite of outcome measures will also be key pieces going forward.

Other separate but related priorities going forward include the evaluation of the two programmes (i.e. FRC and Counselling) that transferred from the Family Support Agency to establish benefits of localising some or all strands of the two programmes or retaining both as national programmes.

Tusla will also continue its leadership role in relation to operation and expansion of Children and Young People's Services Committees (refer to Chapter 2, Section 2.7.4).

Chapter 5

CHILD PROTECTION & WELFARE SERVICES

CHILD PROTECTION AND WELFARE SERVICES

Key Messages

- Child Protection and Welfare Services experienced a continued demand for services in 2014 with a 5% increase in referrals compared to 2013 and a 9% increase compared to 2012. As a consequence, and within a context of financial constraint and staffing deficits, some areas were found to be struggling with timely assessments and allocation of social workers to all cases. At the end of 2014, 8,542 cases were awaiting allocation of a social worker, albeit that this number was down 12% (1,200) on the previous year.
- Notwithstanding, there were a number of significant developments across the service in 2014, many of which addressed inadequacies identified in child protection enquiries and inspection reports published in the previous years. Included among these developments are:
 - Reorganisation of the service in line with the requirements of the National Service Delivery Framework (NSDF);
 - Development of a 'threshold of need' guidance document for social workers;
 - Development of a caseload management model for social workers;
 - Development of a policy and procedure for responding to allegations of child abuse and neglect;
 - Guidance for social workers on child protection conferences and the child protection notification system (CPNS) along the continued development of a national CPNS database;
 - Continued development and roll-out of phase I of the National Child Care Information System (NCCIS) across the pilot site (Mid West).

Tangible improvements are expected across the service as these developments become fully rolled-out and embedded.

- In addition, inspection reports published by Hiqa were broadly positive and reflected the fact that once services engaged with children and families they received high quality services. No major non-compliance was highlighted in the child protection and welfare inspection reports published by Hiqa.
- In respect of issues and shortcomings identified a number of key actions are ongoing with further actions planned for 2015 and beyond. Key amongst these will be an examination of resourcing deficits, implementation of recommendations identified in internal and external reports, development of a complaints and feedback system along with the strengthening of risk management and quality assurance mechanisms across the service.

5.1 INTRODUCTION

This chapter provides an overview of Tusla's Child Protection and Welfare (CP&W) Service including recent legislative and policy developments impacting the service, service developments for 2014, data on performance and activity along with main findings and themes highlighted in external inspection and investigation reports. Areas requiring further examination or improvement are also highlighted as well as key developments and priorities planned for 2015.

Tusla's CP&W service is aimed at children with the highest level of need (i.e. those at the higher end of Hardiker Level 3 and those at Hardiker Level 4)⁵. In practice, social workers carry the lead responsibility for responding to these cases. These cases are termed "open to social work" under the NSDF outlined in Section 2.7.1 (Figure 4) of this report. This service is delivered through local offices in the 17 administrative areas.

Referral Process

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

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

These actions include making preliminary enquiries, visiting the child and parents/carers, carrying out an initial assessment, followed, if relevant, by a full assessment. Referrals not meeting the threshold for social work intervention (i.e. those categorised as Level 1, Level, 2 or lower end Level 3) are screened out at various points during the initial engagement and diverted to other more appropriate services, e.g. Family Support Services (i.e. these cases are termed "not open to social work" under the Service Delivery Framework). Referrals requiring social work intervention are

⁵ Hardiker et al (1991) outline four levels of need from universal (Level 1 – for all children and families) to targeted support for those most in need of urgent assistance (Level 4 – a much smaller population in extreme adversity), with two incremental level points (Level 2 and 3) for those identified as needing targeted help but not to a more extreme extent. Children can and do move from one level to another. This way of classifying and aggregating need helps policymakers, service managers and practitioners to organise and orientate interventions.

assigned a social worker who works with the child and family to ensure that the child is protected and safe.

Referrals requiring social work intervention

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

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

5.2 DEVELOPMENTS 2014

There were a number of developments across Child Protection and Welfare Services in 2014 as follows:

5.2.1 Legislation

The Children First Bill was published in April 2014 by the Minister for Children and Youth Affairs. In line with recommendations from the Ryan Report Implementation Plan (DoHC 2009), the Children First Bill 2014 puts aspects of the *Children First: National Guidance for the Protection and Welfare of Children* (DCYA, 2011) on a statutory footing and will ensure that the guidance is uniformly and consistently implemented across the country.

This is a significant new piece of child protection legislation designed to strengthen the safeguarding of children and put elements of Children First (DCYA 2011), on a statutory footing. It provides for a number of key child protection measures, as follows:

- A requirement on organisations providing services to children to keep children safe and to produce a Child Safeguarding Statement;

- A requirement on defined categories of persons (mandated persons) to report child protection concerns over a defined threshold to the Child and Family Agency. Mandated persons include certain professionals and others working with children including doctors, nurses, social care and social workers, teachers, foster carers, managers of domestic violence shelters, homeless hostels and asylum seeker accommodation, child protection officers of religious, sporting, recreational, cultural, and educational organisations and specified preschool and youth workers;
- A requirement on mandated persons to assist the Agency in the assessment of a child protection risk, if so requested to do so by the Agency;
- Putting the Children First Interdepartmental Group on a statutory footing.

Provisions of the Bill will ensure that concerns about children will be brought to the attention of the Agency without delay and improve the quality of reports made to the Agency and the quality of follow up on concerns. This is a significant step in enshrining the right of protection for children and fulfils a promise made in the Programme for Government.

The Bill will operate side-by-side with the existing non-statutory obligations provided for in Children First (DCYA, 2011). Based on international experience, it is anticipated that the number of referrals will initially rise and then level off. The availability of sufficient social workers to assess referrals and respond to them in an effective and timely manner will be critical for successful implementation.

This piece of legislation will complement other key pieces of legislation introduced by Government to improve child safety, including: the Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons) Act 2012; the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (yet to be commenced); and the Criminal Law (Sexual Offences) Bill which was published in November 2014. This particular Bill proposes reforms to better protect children from sexual exploitation, child pornography and online grooming and addresses many of the recommendations made by Dr. Geoffrey Shannon, the Special Rapporteur on Child Protection in his annual reports.

5.2.2 Policy and Guidance

A number of policy and guidance documents for staff working in Child Protection and Welfare Services were developed and implemented in 2014 including:

Threshold of need guidance for practitioners in Tusla social work services (March 2014)

In March 2014, a 'threshold of need' guidance document for practitioners in social work services was introduced. The term 'threshold' refers to children's level of need and the

criteria required before social work intervention is deemed necessary. This guidance document was developed to support decision making at the screening and intake stage of the referral process and to bring clarity and consistency of response to referrals. It assists practitioners in identifying a child's level of need and the type of service or resource most suitable to meet that need e.g. social work service for children with the highest level of need or most at risk, or referral to the Meitheal programme or other family supports as appropriate for children identified with a lower level of need.

Guidance for caseload management for Child and Family Agency Social Work (June 2014)

Following extensive work in 2013, a caseload management model for social work was agreed and rolled out in June 2014. The model agreed is designed to assist managers in determining an acceptable number of cases for social workers that is practical, simple, standardised, evidence-based, and can be applied consistently and routinely. It is a dynamic tool that is integral to the supervision process and seeks to afford individual staff, teams and the service the opportunity to work to optimum effect in delivering best outcomes for children. The implementation and effectiveness of this model will be kept under review.

The development of a caseload model has been a long standing commitment of social work services, becoming increasingly pertinent with the publication of the report of the Roscommon Child Care Inquiry Team (HSE, 2010) which recommended that, *"Although it is difficult to be entirely prescriptive in relation to caseload size, it is recommended that attention is paid to caseloads so that each worker can function fully and work proactively with every case for which they have responsibility"*, and also the publication of the National Standards for the Protection and Welfare of Children in 2012 (Hiqa, 2012). Standard 2.10.2 requires that *"there are defined, manageable caseloads for all social workers, which are reviewed on an ongoing basis to ensure best outcomes are achieved for children and families"*.

Policy and procedure for responding to allegations of child abuse and neglect (September 2014)

A new policy and procedure document for social work services for responding to allegations of abuse and neglect reported by a child or an adult was introduced in September 2014. The need for this document arose from a number of court judgments and investigations from the Ombudsman where it was considered that fair procedures were not adequately followed and where cases fell, key among them the Barr judgment and the O'Neill judgment.

This policy and procedure document outlines the duties placed on social workers by the legal system for ensuring that fair procedures are followed in all investigations, resulting in successful outcomes that are not open to challenge.

Child Protection Conferences and the Child Protection Notification System National Guidelines (2014)

In 2014, the policy and guidance document “Child Protection Conferences (CPC) and the Child Protection Notification System (CPNS) – *National Guidelines for Child and Family Agency Area Managers, Conference Chairpersons, Conference Administrators, Social Work Managers and Practitioners*” was issued and implemented. These guidelines specify policy and standard practice for the management of CPCs and the management of and access to the CPNS. The implementation of these guidelines was an essential step to ensuring a national standardised and consistent approach was adopted by all areas for hosting CPCs and listing children on the CPNS. Prior to the introduction of these guidelines there were variations in the approach taken by areas to holding CPCs and listing of children on the CPNS. To support the implementation of these guidelines, briefing sessions were held in each region, specific training was provided for conference chairpersons and administrators and a professional oversight group was established to monitor and support the practical implementation of the guidelines.

In parallel, a suite of information documents was developed and produced to inform parents, children and professionals about the CPNS process. Standardised leaflets about the CPC and letters to inform parents that their child has been listed on the CPNS were also developed and produced in multiple languages. Other child friendly material to assist social workers in explaining the CPC and CPNS to children is being developed through two animation projects.

Guidance for the Child and Family Agency on the Operation of the National Review Panel (2014)

The DCYA published *Guidance for the Child and Family Agency on the Operation of the National Review Panel* in November 2014. The purpose of this guidance document is to provide direction to the Child and Family Agency and the independent National Review Panel (NRP) on how it reviews serious incidents, including the deaths of children in care. This guidance document replaces the 2010 Hiqa document, *Guidance for the HSE for the Review of Serious Incidents including Deaths of Children in Care*. Refer to section 5.4.2 of this report for further detail on the NRP.

5.2.3 Other Service Developments 2014

Other service developments for 2014 included the following:

National Service Delivery Framework

During 2014, child protection and welfare services across the 17 areas continued to restructure in line with the requirements NSDF. Plans are afoot to build on this work and continue implementation into 2015.

Children First

During 2014, the Agency, through Tusla Children First Service (TCFS) progressed and delivered on a significant programme of work focused on consistent implementation and compliance with Children First (DCYA, 2011). TCFS provides leadership in safeguarding to the service environment that is external to the Agency's direct service delivery system⁶.

The programme of work progressed and developed in 2014 involved developing and enhancing multi-disciplinary and inter-agency working; the development of a training strategy for external organisations; the development of various training modules, including a foundation and a Designated Liaison Person (DLP) training programme, in addition to the development and delivery of a foundation 'train the trainers' programme; a range of communications initiatives, including comprehensive and supportive website content and information leaflets; and strengthening governance/organisational structures for the impending enactment of the Children First Bill 2014. Particular support was provided to the Inter-departmental group in implementing Children First and advising and supporting Government Departments and service sectors to establish Children First Implementation Oversight Groups. It is expected that further work will be done in 2015 in terms of training, quality assurance, communications and preparedness for the enactment and commencement of the Children First Bill 2014.

Child Protection Notification System (CPNS)

During 2014, work continued on the development and testing of a national secure database to facilitate hosting of the CPNS. This system will replace various systems held locally and will be accessible out of hours to An Garda Síochána and specific medical personnel e.g. acute hospital emergency departments, children's hospitals, maternity hospitals and out of hours GP services. Protocols for An Garda Síochána and HSE medical personnel regarding access to the CPNS were also negotiated and drafted in 2014. This system is due to go 'live' in late 2015.

National Childcare Information System (NCCIS)

Following an intensive period of development, user acceptance testing and training, Phase 1 (includes processes pertaining to intake, initial assessment, further assessment, child protection conferences and child welfare family support) of the system was rolled out across the first implementation site, the MidWest administrative

⁶ This is achieved through providing Children First implementation support, information, advice, training and quality assurance and governance oversight to Government Departments, service sectors, organisations and groups. Information and advice is also provided to the public with specific emphasis on informing parents, young people and children on the features of Children First (DCYA 2011) that are most relevant to them.

area during 2014. Review and resolution of issues identified during the roll-out continued during the latter half of 2014. Further roll-out is anticipated for 2015.

The NCCIS is a secure operational case management system for social workers that will store operational and clinical information along with the case history of every child referred to Child Protection and Welfare Services.

5.3 KEY FACTS AND FIGURES

Data and information on referrals, the referral process, cases listed as 'active' on the CPNS, cases open to social work including allocation status as well as findings and themes highlighted from external inspection and investigation reports are presented in the following section.

5.3.1 Referrals Nationally

- CP&W services received 43,630 referrals in 2014; 5% (n=2,031) more than 2013 and 9% (n=3,443) more than 2012 (Table 12). Meaningful comparisons with previous years are not possible due to a change in counting of referrals following the introduction of standard business processes for the management of referrals in 2010–2011. Prior to the introduction of these processes referrals were counted per family and not per individual child concerned.
- Referrals for 2014 equate to 380 referrals per 10,000 population 0-17 years, up from 350 per 10,000 population in 2012 (Table 12).

Table 12: Referrals and rate per 10,000 population 0-17 years, 2012 - 2014

Referrals	2012	2013	2014	Δ from 2013	% Δ from 2013
Total Referrals	40,187	41,599	43,630	+2,031	+5%
Rate/10,000 pop 0-17 yrs*	350	362	380	+18	+5%

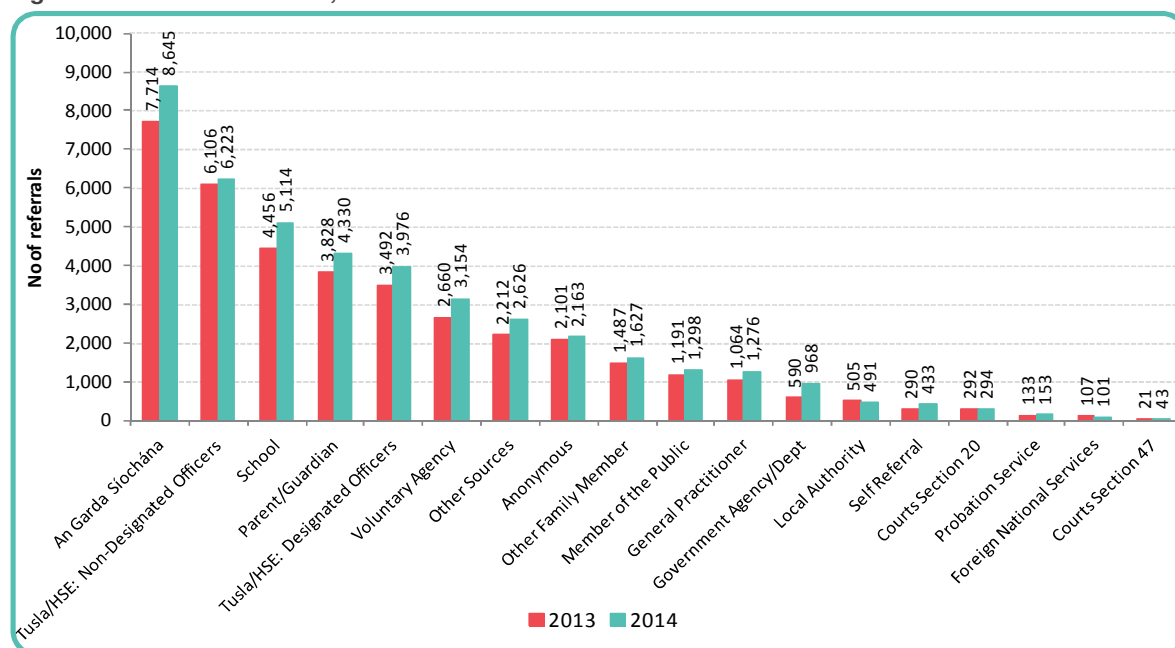
Source: Tusla Quarterly Data Returns and CSO Census 2011 (Population 0-17 years: 1,148,687)

5.3.2 Source of Referrals

- The most common source of referrals in 2014 was An Garda Síochána, accounting for approximately 20% (n=8,645) of referrals; no change from 2013. This was followed by Tusla/HSE non-designated officers⁷ (15% in 2014 and 16% in 2013) and schools (12% in both 2014 and 2013) (Figure 8). The source of referrals was provided for 92% of referrals in 2013 and 98% in 2014.

⁷Tusla/HSE non designated officers refer to all staff other than those appointed as designated officers under the Protections for Persons Reporting Child Abuse Act 1998

Figure 8: Source of referrals, 2013 – 2014

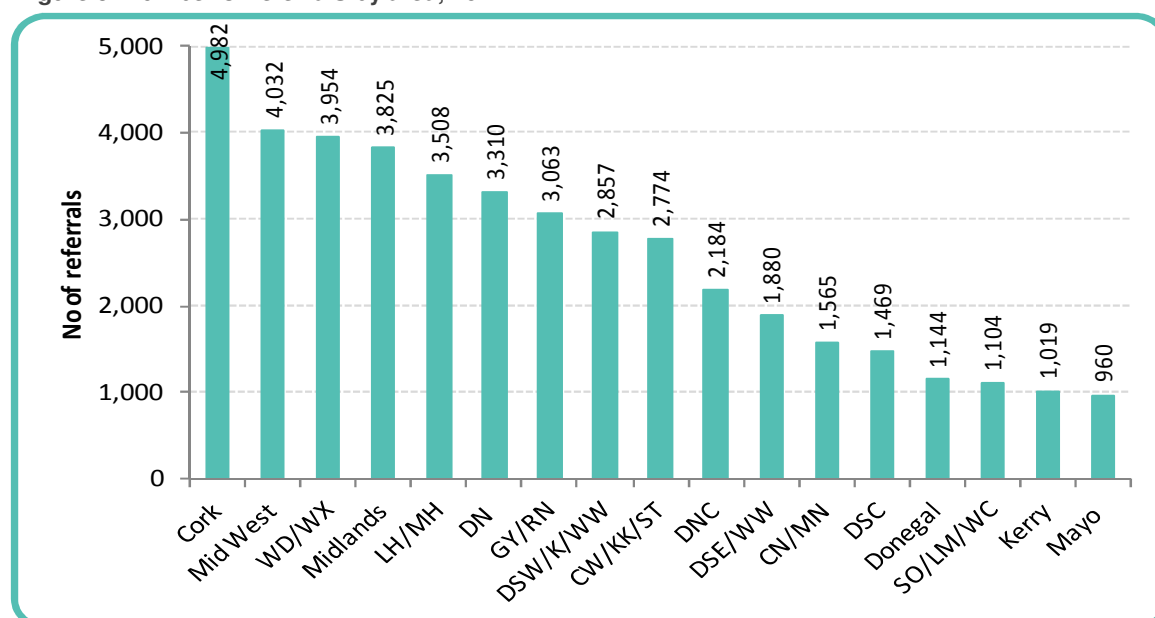


Source: Tusla Quarterly Data Returns

5.3.3 Referrals by Area

- In 2014, the number of referrals by administrative area ranged from 960 in Mayo to 4,982 in Cork (Figure 9).

Figure 9: Number of referrals by area, 2014



Source: Tusla Quarterly Data Returns

- The rate of referrals per 10,000 population 0-17 years ranged from 229 per 10,000 population in Dublin South East/Wicklow to 552 per 10,000 population in Waterford/Wexford (Table 13). Note: Rates for Dublin North and Dublin North City are based on populations prior to reconfiguration (i.e. transfer of Dublin 15 from Dublin North City to Dublin North), and should be interpreted with caution.

- Cork with the highest number of referrals ranked eighth lowest (out of 17) in terms of rate per 10,000 population while Mayo with the fewest number of referrals ranked sixth lowest (out of 17) in terms of rate per 10,000 population. Further work is required to identify the reasons behind the variations in referral rates observed across the areas.

Table 13: Rate of referrals per 10,000 population 0-17 years by area, 2014

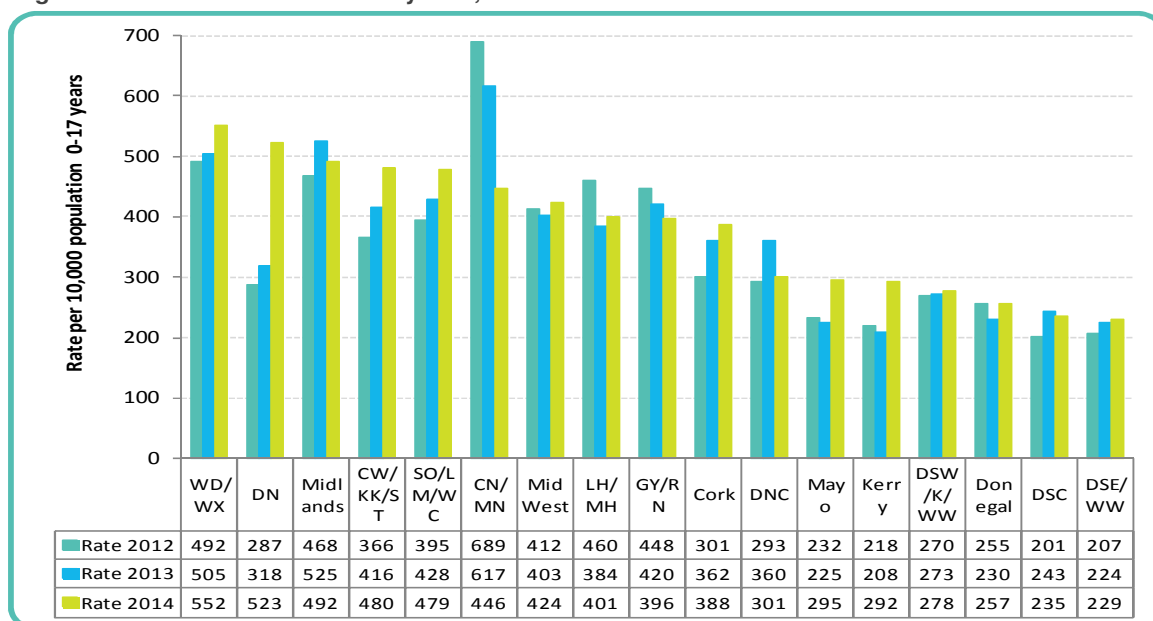
Area	0-17 population	Referrals 2014	Rate
Waterford/Wexford	71,608	3,954	552
Dublin North	63,256	3,310	523
Midlands	77,726	3,825	492
Carlow Kilkenny/South Tipperary	57,800	2,774	480
Sligo/Leitrim/West Cavan	23,060	1,104	479
Cavan/Monaghan	35,085	1,565	446
Mid West	94,989	4,032	424
Louth/Meath	87,562	3,508	401
Galway/Roscommon	77,270	3,063	396
Cork	128,448	4,982	388
Dublin City North	72,666	2,184	301
Mayo	32,514	960	295
Kerry	34,940	1,019	292
Dublin South West/Kildare/West Wicklow	102,800	2,857	278
Donegal	44,534	1,144	257
Dublin South Central	62,438	1,469	235
Dublin South East/Wicklow	81,991	1,880	229
Total	1,148,687	43,630	380

Source: Tusla Quarterly Data Returns and CSO Census 2011 (Population 0-17 years)

Rates for Dublin North and Dublin North City are based on populations prior to reconfiguration (transfer of D15 to Dublin North)

- Referrals tend to fluctuate from year to year, but over the three year period 2012 - 2014, six of 15 areas reported a year on year increase in referral rate (Figure 10). Note: year on year comparisons for Dublin North and Dublin North City are not possible due to the reconfiguration (i.e. transfer of Dublin 15 to Dublin North) of these two areas in 2014. The analysis presented below is based on pre-transfer populations.
- The highest increase was reported by Carlow/Kilkenny/South Tipperary followed by Cork, Sligo/Leitrim/West Cavan, Waterford/Wexford, Dublin South East/Wicklow and to a lesser extent Dublin South West/Kildare/West Wicklow.
- For the same period 2012-2014, two areas, Cavan/Monaghan and Galway/Roscommon, reported a year on year decrease in referral rates, with that for Cavan/Monaghan more marked than Galway (Figure 10).
- A sharp rise in referral rates from 2013 was also noted for Kerry and Mayo.

Figure 10: Trend in referral rates by area, 2012 - 2014



Source: Tusla Quarterly Data Returns and CSO Census 2011

Rates for 2014 for Dublin North and Dublin North City are based on populations prior to reconfiguration (transfer of D15 to Dublin North)

5.3.4 Referrals by Type

- 57% (n=24,954) of referrals in 2014 related to child welfare⁸ concerns, up from 53% in 2012 and 2013 (Table 14). The remaining 43% of referrals flagged child protection concerns⁹, where there were grounds to believe that there was a risk of physical, sexual, or emotional abuse or neglect (Table 14).

Table 14: Referrals by type, 2014

Referrals	2012	2013	2014	Δ+/- 2013	Δ 2013
Child Abuse Referrals	19,044 (47%)	19,407 (47%)	18,676 (43%)	-731	-4%
Child Welfare Referrals	21,143 (53%)	22,192 (53%)	24,954 (57%)	2,762	12%
Total Referrals	40,187	41,599	43,630	2,031	5%

Source: Tusla Quarterly Data Returns

- Child welfare referrals increased by 18% (3,811) between 2012 and 2014 and while there was a slight increase (2%; n=363) in abuse referrals between 2012 and 2013 fewer referrals were received in 2014 than either 2012 or 2013.

⁸ A child welfare concern is a problem experienced directly by a child, or by the family of a child, that is seen to impact negatively on the child's health, development and welfare, and that warrants assessment and support, but may not require a child protection response (Child Protection and Welfare Handbook, HSE 2011).

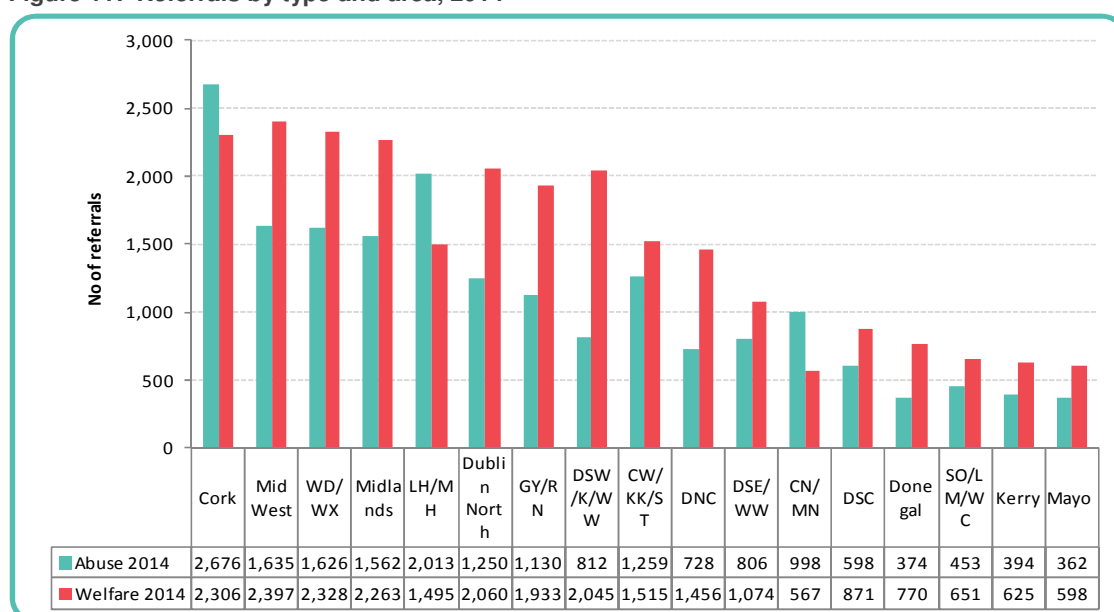
⁹ A child protection concern is where there are reasonable grounds for believing that a child may have been, is being or is at risk of being physically, sexually or emotionally abused or neglected (Child Protection and Welfare Handbook, HSE 2011).

- The reason(s) for the increasing trend in welfare referrals is not fully understood and requires further examination. It most likely reflects a combination of socio-economic and other factors including a growing awareness amongst schools and others of the need to safeguard and protect children. Issues regarding the categorisation of referrals were also highlighted in various audits and reviews conducted; in some cases referrals of neglect were being categorised as welfare instead of abuse.

5.3.5 Referrals by Type and Area

- An area breakdown of referrals by type for 2014 is presented in Figure 11. The highest number of welfare referrals was reported by Mid West (n=2,397) and the highest number of abuse referrals was reported by Cork (n=2,676). Three of the 17 areas (Cork, Louth/Meath and Cavan/Monaghan) reported more abuse referrals than welfare referrals.

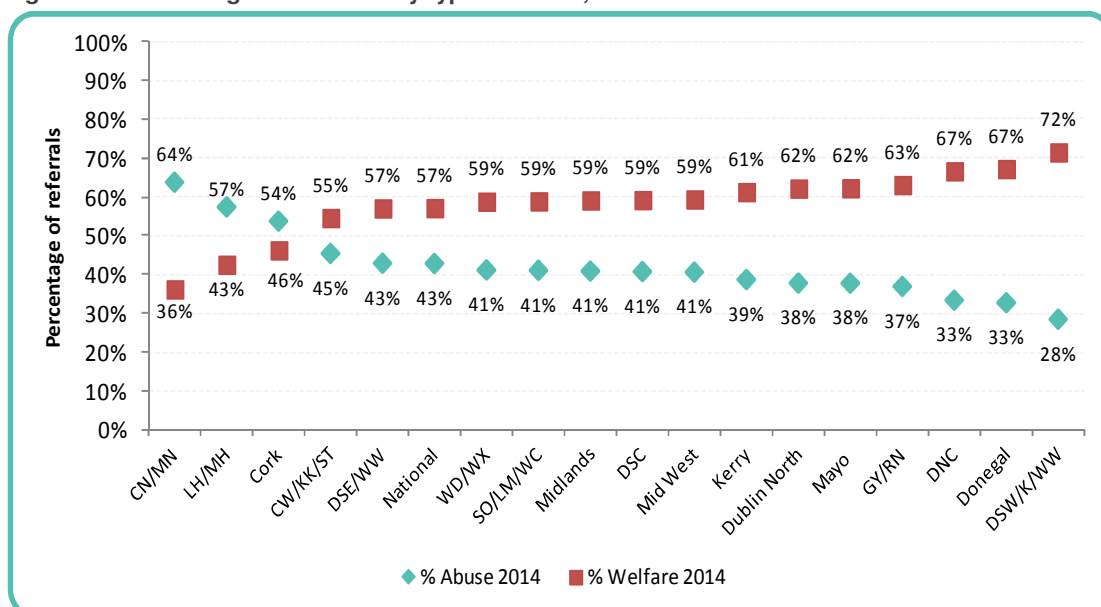
Figure 11: Referrals by type and area, 2014



Source: Tusla Quarterly Data Returns

- There is significant variation in the percentage of referrals categorised as abuse and welfare across the areas (Figure 12). Almost two out of every three (64%; n=998/1,565) referrals in Cavan/Monaghan were categorised as child abuse compared to just over one in four (28%; n=812/2,857) in Dublin South West/Kildare West Wicklow.

Figure 12: Percentage of referrals by type and area, 2014

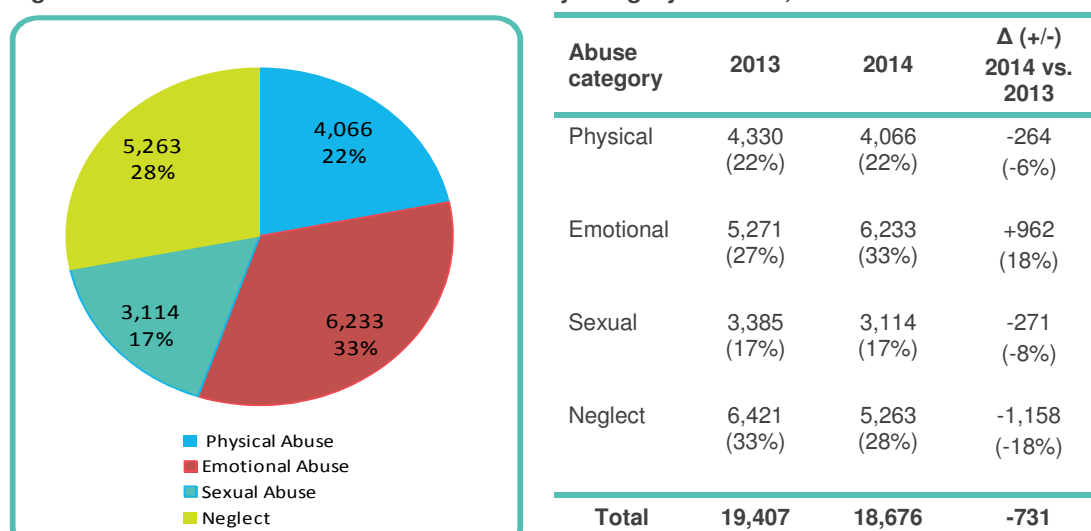


Source: Tusla Quarterly Data Returns

5.3.6 Breakdown of Child Abuse Referrals

- The most common type of child abuse reported is emotional abuse accounting for one-third (n=6,233) of all referrals of child abuse in 2014. This was followed by neglect at 28% (5,263), physical abuse at 22% (n=4,066) and sexual abuse at 17% (3,114) (Figure 13).
- Referrals categorised as emotional abuse increased by 18% (n=962) in 2014 compared to 2013 while referrals categorised as neglect were down 18% (n=1,158). Referrals categorised as physical and sexual abuse were also down on 2013 by 6% (n=264) and 8% (n=271) respectively.

Figure 13: Breakdown of child abuse referrals by category of abuse, 2014

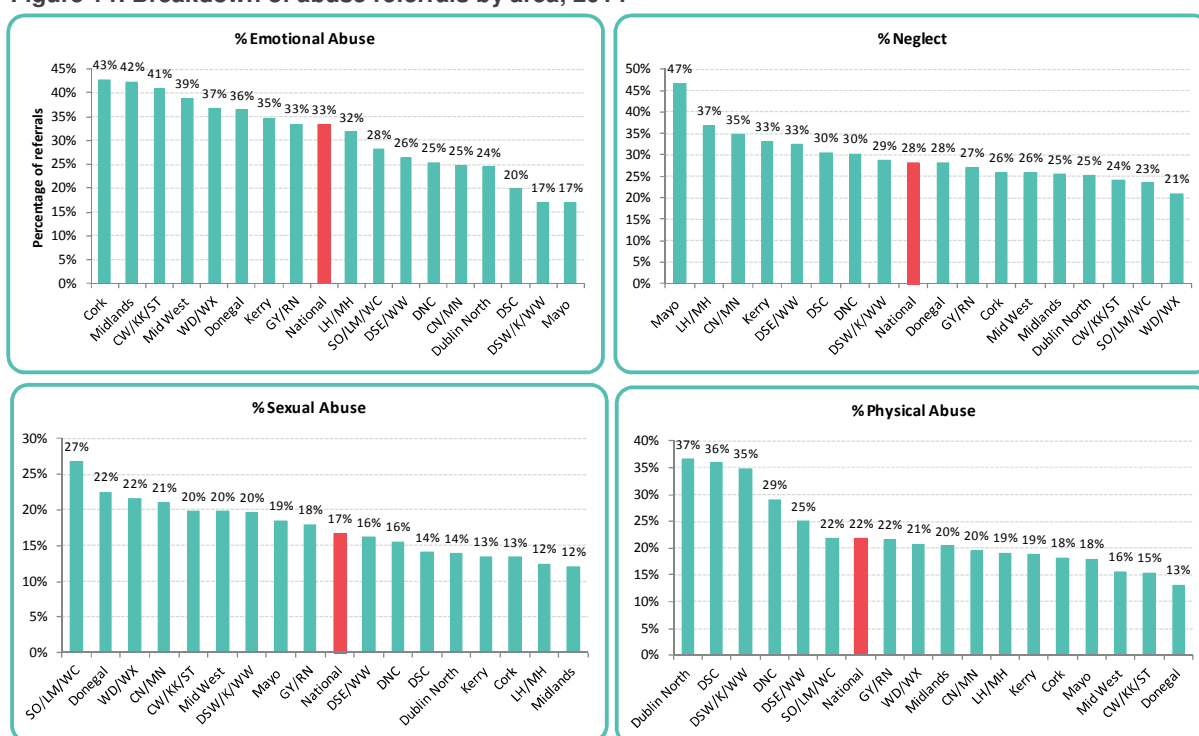


Source: Tusla Quarterly Data Returns

5.3.7 Breakdown of Child Abuse Referrals by Area

- A breakdown of abuse referrals for 2014 by category and area is presented in Figure 14.
- Emotional abuse: the percentage of referrals categorised as emotional abuse ranged from 17% (n=61/362) in Mayo and Dublin South West/Kildare/West Wicklow (n=138/812) to 43% (n=1,143/2,676) in Cork (Figure 14).
- Neglect: the percentage of referrals categorised as neglect ranged from 21% (n=341/1,626) in Waterford/Wexford to 47% (n=169/362) in Mayo (Figure 14).
- Sexual abuse: the percentage of referrals categorised as sexual abuse ranged from 12% (n=188/1,562) in Midlands and Louth/Meath (n=250/2,013) to 27% (n=121/453) in Sligo/Leitrim/West Cavan (Figure 14).
- Physical abuse: the percentage of referrals categorised as physical abuse ranged from 13% (n=49/374) in Donegal to 37% (n=457/1,250) in Dublin North (Figure 14).

Figure 14: Breakdown of abuse referrals by area, 2014



Source: Tusla Quarterly Data Returns

5.3.8 Referral Process - Preliminary Enquiries

- Preliminary enquiries¹⁰ were made in respect of 95% (n=41,382) of referrals received in 2014 and of these 63% (n=26,236) were completed within the 24 hour timeframe

¹⁰ **Preliminary Enquiry:** the second part of the referral process is to make a preliminary enquiries to confirm key information (e.g. verify reporters contact details, child address, nature of the concern, check whether child is already know to the department, checks with other agencies). A preliminary enquiry is not an assessment. The aim of this process is to support and help the social worker to make a decision on the actions to take in response to information

that is recommended in the standard business processes for the management of referrals; no change from 2013 (Table 15).

5.3.9 Referral Process - Preliminary Enquiries by Area

- The percentage of preliminary enquiries completed within the 24 hour timeframe ranged from 100% in Louth/Meath (n=3,508), Mayo (n=960) and Galway/Roscommon (n=3,057) to 13% (n=186/1,469) in Dublin South Central. In 10 out of the 17 areas no fewer than six out of ten preliminary enquiries were completed within 24 hours (Table 15).
- Factors that can impact on the completion of preliminary enquires within 24 hours include delays in “sign-off” by a Team Leader due other demands e.g. court attendance, Team Leader being based in a different geographical location and difficulty in making contact with staff in other agencies including shift schedules of Gardaí. An audit of compliance with the standard business processes for CP&W Services including an examination of the reasons for the variation in the percentage of preliminary enquires that are completed with 24 hours is planned for 2015.

Table 15: Preliminary enquiries completed with 24 hour timeframe

Area	Number of referrals	No of Preliminary Enquiries	Number completed with 24 hours of receipt of referral	% completed within 24 hours of receipt of the referral
LH/MH	3,508	3,508	3,508	100%
Mayo	960	960	960	100%
GY/RN	3,063	3,063	3,057	100%
Mid West	4,032	4,031	3,896	97%
CN/MN	1,565	1,128	1,056	94%
DNC	2,184	2,184	1,693	78%
Dublin North	3,310	3,310	2,383	72%
DSE/WW	1,880	1,880	1,195	64%
DSW/K/WW	2,857	2,857	1,759	62%
Kerry	1,019	1,019	615	60%
Midlands	3,825	3,359	1,861	55%
Cork	4,982	4,982	1,835	37%
SO/LM	1,104	1,039	364	35%
WD/WX	3,954	3,174	1,058	33%
Donegal	1,144	1,091	259	24%
CW/KK/ST	2,774	2,328	551	24%
DSC	1,469	1,469	186	13%
National	43,630	41,382	26,236	63%

Source: Tusla Quarterly Data Returns

reported to determine the best outcome for the child who is the subject of the referral. The preliminary process should take no more than 24 hours (SBP).

5.3.10 Referral Process - Initial Assessments

- 51% (n=21,010) of referrals proceeded from the preliminary enquiry stage to initial assessment¹¹ stage in 2014; 3% fewer than 2013 (Table 16). Referrals not meeting the threshold for social work intervention are screened out prior to this step (and at various stages throughout the process) and diverted to other more appropriate services e.g. family support services.
- Fewer than one in five (19%; n=4,002) of the initial assessments were completed within 21 days of receipt of the referral as per the standard business processes. The percentage for abuse and welfare referrals were broadly similar (abuse 19.7% and welfare 18.5%).

5.3.11 Referral Process - Initial Assessments by Area

- The percentage of referrals proceeding to initial assessment (following a preliminary enquiry) ranged from 75% (n=2,518/3,359) in Midlands to 15% (n=534/3,508) in Louth/Meath (Table 16).
- The percentage of initial assessments completed within 21 days of receipt of the referral ranged from 63% (n=406/643) in Mayo to 3% (n=11/400) in Cavan/Monaghan (Table 16).

Table 16: Initial assessments completed within the 21 day timeframe, 2014

Area	No of preliminary Enquiries	No proceeding to IA	% proceeding to IA	No of IA completed with 21 days	% completed with 21 days
Mayo	960	643	67%	406	63%
Mid West	4,031	1962	49%	985	50%
Midlands	3,359	2,518	75%	782	31%
GY/RN	3,063	1,563	51%	468	30%
LH/MH	3,508	534	15%	155	29%
SO/LM/WC	1,039	263	25%	73	28%
Donegal	1,091	364	33%	91	25%
CW/KK/ST	2,328	1,091	47%	262	24%
Kerry	1,019	502	49%	91	18%
DSE/WW	1,880	907	48%	137	15%
DSC	1,469	670	46%	89	13%
Cork	4,982	2,544	51%	168	7%
WD/WX	3,174	1,364	43%	74	5%
DSW/K/WW	2,857	2,082	73%	106	5%
Dublin North	3,310	2,186	66%	64	3%
DNC	2,184	1,417	65%	40	3%
CN/MN	1,128	400	35%	11	3%
Total	41,382	21,010	51%	4,002	19%

Source: Tusla Quarterly Data Returns

¹¹ **Initial assessment (IA):** is a time-limited process to allow sufficient information to be gathered on the needs and risks within a case so that informed decisions and recommendations can be made and actions that will result in better outcomes for children taken. They are expected to be carried out within a specific 21 days using standardised procedures and approved templates and forms. The IA is usually centred around interviews and home or site visits. Objectives of the initial assessment are to determine whether a future or more comprehensive assessment may be required and to enable if necessary a plan to be put in place for continued intervention or support.

- The audit of compliance with the standard business processes for CP&W planned for 2015 will examine the low rates observed above and the level of variability being observed across the areas.
- It is also anticipated that the requirement for additional data on the referral process (e.g. outcome of assessments, etc.) will be addressed with the introduction of the NCCIS. At present, data collection and collation is a particular challenge for some areas and in particular those areas with a manual data collection system.

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

- At the end of December 2014, there were 1,400 children listed as 'active' on the CPNS. Comparison with previous years is not possible due to the implementation of a new policy and guidance document for child protection conferences (CPCs) and the CPNS in 2014. A validation of cases on the system was conducted following implementation of this guidance and policy document.
- The number of children listed as 'active' per 10,000 population 0-17 years ranged from two in Dublin South East/Wicklow to 27 in Sligo/Leitrim/West Cavan (Table 17). Possible reasons(s) for this variation will be examined in 2015.

Table 17: Children listed as 'active' on the CPNS per 10,000 population 0-17 years, Dec 2014

Area	No listed as 'active'	No 'active'/10,000 0-17 yrs
SO/LM/WC	63	27
Mayo	78	24
DSC	146	23
CW/KK/ST	121	21
Mid West	153	16
Donegal	71	16
GY/RN	109	14
DNC	101	14
LH/MH	121	14
WD/WX	97	14
CN/MN	39	11
Midlands	82	11
Kerry	32	9
Cork	81	6
DSW/K/WW	64	6
Dublin North	24	4
DSE/WW	18	2
Total	1,400	12

Source: Tusla Quarterly Data Returns

5.3.13 Number of Cases Open to Social Work Services

- At the end of December 2014 there were 27,967 cases open to social work services; down 8% (n=2,461) from December 2013. This figure includes all cases open to

social work i.e. child protection and welfare cases allocated and awaiting allocation to a social worker as well as children in care.

- 69.5% (n=19,425/27,967) of open cases were allocated to a social worker, up 1.5% from December 2013.
- 30.5% (8,542) of open cases were awaiting allocation to a social worker. The number of cases awaiting allocation dropped by 12% (n=1,200) over the 12 month period 2013–2014.
- Of the 8,542 cases awaiting allocation, one-third (n=2,836) were categorised as high priority¹². A further 51% were categorised as medium priority (n=4,383) while the remaining 15% (n=1,323) were categorised as low priority (Table 18).

Table 18: Summary of open cases, December 2013 - 2014

Number / Percentage	December 2013	December 2014	Percentage 2014
Open Cases	30,428	27,967	
Cases Allocated	20,686	19,425	69.5%
Cases Awaiting Allocation	9,742	8,542	30.5%
<i>High Priority Cases Awaiting</i>	<i>3,630</i>	<i>2,836</i>	<i>33.2%</i>
<i>Medium Priority Cases Awaiting</i>	<i>4,362</i>	<i>4,383</i>	<i>51.3%</i>
<i>Low Priority Cases Awaiting</i>	<i>1,750</i>	<i>1,323</i>	<i>15.5%</i>

Source: Tusla Monthly Data Returns

- 64% (n=5,477) of cases awaiting allocation were waiting longer than 3 months of which one-third (n=1,797) were categorised as high priority.

5.3.14 Cases Open to Social Work Services by Area

- The number of cases open to social work, by area at the end of December 2014 ranged from 4,124 in Cork to 515 in Kerry, accounting for 15% and 2% respectively of all open cases (Table 19).

¹² Priority levels assigned as per the guidance outlined in 'Measuring the Pressure' Version 2 (Tusla)

Table 19: Cases open to social work, by area December 2014

Area	Open cases	
	December 2014	% of Open cases
Cork	4,124	15%
Dublin North	2,650	9%
DSW/K/WW	2,289	8%
Midlands	1,889	7%
CW/KK/ST	1,868	7%
Mid West	1,859	7%
WD/WX	1,853	7%
DNC	1,777	6%
LH/MH	1,767	6%
DSC	1,600	6%
GY/RN	1,585	6%
DSE/WW	1,342	5%
Donegal	876	3%
SO/LM/WC	801	3%
CN/MN	614	2%
Mayo	558	2%
Kerry	515	2%
National	27,967	100%

Source: Tusla Monthly Data Returns

- The percentage of open cases allocated to a social worker in each area at the end of December 2014 ranged from 100% (n=515) in Kerry to 46% (n=1,051/2,289) in Dublin South West/Kildare/West Wicklow (Table 20).

Table 20: Cases allocated / awaiting allocation to a social worker, by area December 2014

Area	Open cases	No Allocated	No Awaiting Allocation	% Allocated	% Awaiting Allocation
Kerry	515	515	0	100.0%	0.0%
Mayo	558	555	3	99.5%	0.5%
Mid West	1,859	1,641	218	88.3%	11.7%
DNC	1,777	1,552	225	87.3%	12.7%
DSE/WW	1,342	1,132	210	84.4%	15.6%
Donegal	876	722	154	82.4%	17.6%
CW/KK/ST	1,868	1,486	382	79.6%	20.4%
GY/RN	1,585	1,210	375	76.3%	23.7%
Cork	4,124	3,109	1,015	75.4%	24.6%
SO/LM/WC	801	552	249	68.9%	31.1%
WD/WX	1,853	1,267	586	68.4%	31.6%
Midlands	1,889	1,099	790	58.2%	41.8%
CN/MN	614	342	272	55.7%	44.3%
Dublin North	2,650	1,454	1,196	54.9%	45.1%
LH/MH	1,767	956	811	54.1%	45.9%
DSC	1,600	782	818	48.9%	51.1%
DSW/K/WW	2,289	1,051	1,238	45.9%	54.1%
National	27,967	19,425	8,542	69.5%	30.5%

Source: Tusla Monthly Data Returns

5.3.15 Summary of Key Facts and Figures

- 43,630 referrals in 2014; 5% (n=2,031) more than 2013 and 9% (n=3,443) more than 2012;
- An Garda Síochána was the most common source of referrals (20%; n=8,645) in 2014;
- 57% (n=24,954) of referrals related to child welfare concerns; up 4% from 53% (n=22,192) in 2013;
- 43% (n=18,676) of referrals related to child abuse/neglect concerns; down 4% from 47% (19,407) in 2013;
- Emotional abuse was the most common type of abuse/neglect concern referred (33%; n=6,233) in 2014;
- 63% (n=26,236) of preliminary enquiries were made within the 24 hour timeframe recommended in the standard business processes for the management of referrals;
- 51% (n=21,010) of referrals proceeded to the initial assessment stage;
- 19% (n=4,002) of initial assessments were completed within the 21 day timeframe recommended in the standard business processes for the management of referrals;
- 1,400 children listed as 'active' on the CPNS at the end of December 2014;
- 27,967 cases open to social work at the end of December 2014;
- 69.5% (n=19,425) of open cases had a social worker assigned;
- 8,542 (30.5%) cases awaiting allocation to a social worker; down 12% (n=1,200) from December 2013;
- 33% (n=2,836) of cases awaiting allocation were categorised as 'high priority';
- 64% (n=5,477) of cases awaiting allocation were waiting for longer than three months.

5.4 FINDINGS FROM EXTERNAL REPORTS

Inspection reports published by Hiqa and investigation reports published by the National Review Panel (NRP) provide a further insight into the adequacy of services provided by CP&W Services. A summary of the main findings and themes identified are presented in sections 5.4.1 (Hiqa) and 5.4.2 below (NRP).

5.4.1 Hiqa Inspections

Hiqa inspects Child Protection and Welfare Services against the National Standards for Child Protection and Welfare (Hiqa, 2012). In 2014, Hiqa published reports in respect of five areas (Table 21). Two of these areas were inspected in late 2013.

Table 21: Hiqa inspection reports published, 2014 (CP&W Services)

Area	Date of Inspection
Donegal	13 May 2014
Kerry	28 January 2014
Dublin North City	25 February 2014
Galway	25 November 2013
Roscommon	25 November 2013

Across the five areas inspected, inspectors assessed compliance with a total of 119 standards. There were 30 (25.2%) judgments of compliance; 67 (56.3%) judgments of moderate non-compliance and 22 (18.5%) judgments of minor non-compliance. No major non-compliance or significant risk was identified (Table 22).

Table 22: Number of standards inspected and judgment

Area	No of Stds Inspected	Judgment			
		Compliant	Minor Non Compliance	Moderate Non Compliance	Major Non Compliance
Donegal	27	5	10	12	0
Kerry	27	12	3	12	0
Dublin North City	27	2	7	18	0
Galway	19	5	2	12	0
Roscommon	19	6	0	13	0
Total	119	30	22	67	0

Overall the inspection reports were broadly positive highlighting a number of areas of good practice including:

- processes in line with Children First 2011 including effective screening of child protection and welfare concerns;
- immediate action being taken for children deemed to be at highest risk;
- children being listened to and their opinion and views sought;
- the rights of and diversity of children being respected and promoted;
- inter-agency and inter-professional co-operation;
- timely notification and review of serious incidents;
- committed, experienced and well qualified staff led by competent managers.

Notwithstanding, a number of shortcomings and areas for improvement were also identified in some of the reports. Reports referred to:

- extensive delays for assessments and allocation of social workers in some areas due to staffing deficits but broadly reflected the fact that once services engaged with children and families they received high quality services;

- children having to wait significant lengths of time for access to external services such as child and adolescent mental health services (CAMHS);
- initial assessments of high quality but referred to difficulties with further assessments including absence of frameworks for assessing children with complex needs;
- social workers carrying caseloads that were too high;
- deficiencies in the management and processes for the investigation of reports of retrospective abuse;
- the lack of robust risk management systems;
- CPNS system not being available to An Garda Síochána and hospital staff on a 24 hour basis.

In addition, reports repeatedly stated that insufficient resources were impacting on service provision and quality.

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

5.4.2 National Review Panel (NRP)

The NRP for the investigation of serious incidents including the deaths of children in care and known to the child protection system was set up by the HSE in 2010 as part of the implementation plan associated with the *Report of the Commission to Inquire into Child Abuse* (2009) [Ryan Report] to review deaths and serious incidents of children in care.

It is functionally independent making findings of fact and producing reports that are objective and independent of the Agency. The overarching objective of the NRP is to promote learning and best practice from its review of cases with a view to assisting the child welfare and protection system in improving its services and minimising the possibility of similar deaths and/or serious incidents to children and young people using their services.

Analysis of notifications to the NRP 2014

- The NRP was notified of 26 deaths and three serious incidents in 2014; nine more deaths than 2013 and the highest number since its establishment in late 2010 (National Review Panel Annual Report, 2014). This brings to 103 the number of deaths reported to the NRP since its establishment.

- Eighteen of the children who died were male and eight were female. A breakdown of the age of the children is presented in Table 23. The highest number of deaths (n=10) occurred in respect of children between the ages of 11 and 16 years.

Table 23: Age of children notified to the NRP, 2014

Age Band	2014
<12 months	6
1-5 years old	4
6-10 years old	1
11-16 years old	10
17-20 years old	4
>20 years old	1
Total	26

- Three of the children were in care at the time of their death, four were in receipt of aftercare services and the remaining 19 were known to child protection services.
- The most common causes of death were natural causes (some of which were congenital) and suicide accounting for 62% (n=16/26) of the deaths. A breakdown of the causes of death is presented in Table 24. The three children in care at the time of their death died by suicide.

Table 24: Breakdown down of causes of death of cases notified, 2014

CAUSE	2014
Natural Causes	8
Suicide	8
Road Traffic Accident	5
Drug Overdose	1
Homicide	1
Unknown	1
Total	26

- It is difficult to make any inferences regarding these statistics as annual fluctuations cannot be linked with any particular factor. Most of the children who died were not in care, their ages varied and they were involved with a range of different services (health, education, disability, psychology, mental health and youth justice) in addition to child protection and welfare. Added to this, the length and type of contact with child protection and welfare varied considerably, thus making comparison or identification of associated factors very difficult. Some of the circumstances and events reviewed by the NRP also spanned a number of years.
- Four NRP investigation reports were published in 2014. Themes highlighted by the NRP are listed below. Again, similar to Hiqa inspections, while much good work was highlighted, a number of shortcomings were also identified. In terms of the themes

highlighted, it should also be noted that some of the circumstances and events reviewed by the NRP spanned a number of years, going back in many instances to the 1990s to a time when services were less developed than they are at present. Services have developed significantly since the publication of the first reports.

Themes highlighted in the NRP reports published in 2014

- Some very good examples of where parents were reluctant to engage but workers persisted and were firm but warm in their dealings and managed frequent and effective contact.
- Some good examples of positive relationships between social workers and young people, particularly in some difficult aftercare situations.
- Few examples of good quality assessments in the records examined and weaknesses in the way information was gathered and in the analysis of findings. The rationale for risk estimation was not always clear.
- Tendency to repeat the same interventions or recommendations regardless of their previous ineffectiveness.
- Difficulties in finding suitable foster care placements, matching children with carers who did not have the capacity to meet their needs, timing of reviews and management of access and maintenance of contact between siblings.
- Difficulties in accessing appropriate psychology and mental health services for suicidal young people.
- Information held by some services not shared; interagency issues.
- Issues in relation to the application of thresholds. Designation of 'child welfare' seemed misplaced in some cases where children were at risk.
- Large degree of separation between adult and child services with adult mental health remaining very adult focused.

Notwithstanding the shortcomings identified, the NRP also highlighted that a number of the policy and practice issues that it highlighted in earlier reports have been addressed by the HSE / Tusla over the five years since the review process was established. These include policies on supervision, thresholds, caseload management, domestic violence and child protection conferences. It also acknowledged the publication and circulation of practice guidance on child protection and children in care.

5.4.3 Ombudsman for Children

The 2014 annual report from the Ombudsman for Children highlighted concerns in respect of children reported to be at risk. Reference was made to the low number of

initial assessments conducted within the target 21 day timeline and concern was expressed regarding response times and the capacity of Child Protection and Welfare Services to provide timely assessment of risk and safety issues for children.

A quarter of all complaints received by the Ombudsman in 2014 related to family support, care and protection (i.e. services provided by Tusla). Although detail on the individual complaints was not provided the report referred to a number of investigations into the handling of abuse cases. Other complaints related to children being placed in inappropriate facilities, including direct provision centres and adult psychiatric wards and prisons. Further details can be found here [OCO Annual Report 2014](#).

5.5 KEY PRIORITIES AND DEVELOPMENTS PLANNED

While the data and information presented above highlights good work from individuals often working in difficult and pressurised situations against a backdrop of increasing demand for services and staffing deficits, it also highlights a number of shortcomings and particularly in relation to the capacity of some administrative areas to conduct assessments within specified timelines and to allocate social workers to cases.

In respect of these issues a number of actions have taken place with further actions and improvement initiatives planned for 2015 and beyond including:

- an examination of resourcing deficits and allocation of resources in administrative areas;
- a focus on implementation of the recommendations identified in internal and external reports;
- implementation of newly developed policy and procedure documents and in particular the 'threshold of need' guidance document;
- increased diversion of cases to child and family support services as they become further developed and embedded in the areas i.e. cases deemed suitable for closure either after assessment or after a period of intervention but with outstanding unmet need that can be met by child and family support services;
- development of a complaints and feedback system for Tusla;
- engagement with the HSE and other organisations regarding timely access to appropriate psychology and mental health services for children and young people in need;
- completion of the restructuring of social work teams in line with the requirements of the National Service Delivery Framework.

Further work is also required in terms of elucidating what would appear to be excessive variation in local practice due to inconsistent application of standard business processes

and other guidance documents. In this respect, a significant body of work is underway in terms of developing and strengthening quality assurance processes and risk management across the organisation to include a targeted programme of audits. A national audit of compliance with the standard business processes has commenced and is expected to be completed in early 2015. Work has also begun on the development of a quality assessment and improvement framework for organisation. It will provide the overarching direction on the achievement of quality and consistency of services delivered across the organisation.

The Agency is committed to the development of outcome measures for social work services in addition to better integration of activity data with input data (e.g. cost of services, numbers and type of staff). This information will enable a more robust assessment and determination of 'adequacy' of social work services when available.

Chapter 6

ALTERNATIVE CARE SERVICES

ALTERNATIVE CARE SERVICES

Key Messages

- The Agency is committed to the principle that family affords the best environment for raising children and the objective of external intervention should be to support families in the community.
- In this context, admissions to care fell by 31% (n=740) between 2009 and 2014, which is contrary to other related trends like the rising child population and the increased number of referrals to Child Welfare and Protection Services. There were also fewer children in care (n=15) at the end of December 2014 than the previous year; the first decrease after seven consecutive increases. Other positives include:
 - improvements in placement stability (fewer children in their third or more placement within the previous 12 months);
 - fewer children in a placement outside of the State;
 - high number of young people 18 years or older in full time education and remaining with their carers;
 - Hiqa inspections found that, in the main, children in care were safe and well cared for by competent and experienced staff.
- Notwithstanding, there were 461 (7%) children in care at the end of December 2014 without an allocated social worker. A number of areas were also challenged in terms of recruitment and assessment of foster carers, along with the allocation of link workers (social workers) to these carers. Other issues of concern include the lack of timely access to specialist services such as disability and mental health; the capacity of some services to meet the complexity of need of some children requiring placement, and inequity in terms of the provision of aftercare services to children leaving care across the system.
- In respect of these shortcomings the Agency will continue to build on work already commenced along with further actions planned for 2015 and beyond. Key among these will be the development of an Alternative Care Strategy; the transition to a nationally managed children's residential service; examination of resourcing deficits; staff development in terms of the management of behaviour that challenges, development of a complaints and feedback system as well as strengthening quality assurance and risk management mechanisms across the system.

6.1 INTRODUCTION

This chapter provides an overview of Alternative Care Services including, recent legislative and policy developments impacting the service, service developments for 2014, data on performance and activity along with main findings and themes highlighted in external inspection and investigation reports. Areas requiring further examination or improvement are also highlighted as well as key developments and priorities planned for 2015.

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

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

- Emergency Care Order: is granted, sometimes without notice, when there is an 'immediate and serious' risk to the child. An emergency care order can last for up to eight days.
- Interim Care Order: is made when "there is reason to believe" that the safety or welfare of the child is at serious risk. It is envisaged as a precursor to a care order, providing for the safety of the child while the case for a "full" care order is prepared, which usually involves a number of assessments of the child and the parents. Interim care orders must be reviewed every 29 days.
- Full Care Order: (until the child is 18 or "for such shorter period as the court may determine") is made when the court is "satisfied" (as distinct from "has reason to believe") that abuse or neglect of a child has existed, exists at the time of the proceedings, or is likely to occur in future and that only a full care order will avert this risk. Thus the threshold for a full care order is higher than that for an interim care order.
- Supervision Order: is made when the risks outlined above exist, but not to a sufficient degree to justify removing the child from its home. This order enables the Agency's

social workers to visit the child at home on a regular basis to ensure the child's welfare and to give advice on the general care of the child.

- Special Care Order: is an order of the High Court in respect of a child (between 11 and 17 years) where:
 - (a) the behaviour of the child is such that it poses a real and substantial risk to his or her health, safety, development or welfare; and
 - (b) the child requires special care or protection which he or she is unlikely to receive unless the court makes such an order.

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

6.1.1 Types of Alternative Care Services

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

Foster Care: is defined as full time or part time substitute care (respite care) of children outside their own home by people other than their biological or adoptive parents or legal guardians. Foster care is the preferred option for children who cannot live with their parents as a result of abuse and/or neglect or their parents' inability to care for them due to a combination of difficulties in their own lives.

Foster care can be provided directly by the Child and Family Agency or through commissioned voluntary or private sector agencies on Tusla's behalf. All foster carers, excluding those under Section 36(1)(d) of the Child Care Act 1991 (emergency placements) must be approved by the Agency prior to any child being placed with them. There are two main forms of foster care available: relative and general (non-relative) care.

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

A general foster carer is a person approved by the Agency who having completed a process of assessment, has been placed on the panel of approved foster carers to care

for children in State care in accordance with the Child Care Act 1991 and the Child Care (Placement of Children in Foster Care) Regulations 1995.

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

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

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

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

There are two types of residential care currently in Ireland; these include general residential care and special care. In the past, a small number of children were placed in high support units, of which there were two units in the country (Rath na nÓg and Crannóg Nua). These units provided residential care to young people with particular emotional and behavioural needs that could not be adequately met in general residential care. In 2013, as part of a wider reform programme, HSE Children and Family Services took the decision to phase out the provision of high support services at these units. Crannóg Nua is being redeveloped to provide additional special care provision. Rath na

nÓg has been re-designated 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.

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

At the end of 2014, there were 329 children in general residential care and there were approximately 171 general residential centres in the country as follows:

- 49 Tusla operated centres;
- 90 Privately operated centres;
- 32 Voluntary operated centres.

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

In 2014 there were 17 special care beds in the State as follows:

- Ballydowd, Dublin – 10 beds (mixed gender);
- Coovagh House, Limerick – 3 beds (mixed gender);
- Gleann Alainn, Cork – 4 beds (female only).

The ACTS (Assessment, Consultation and Therapeutic Service) team provides an onsite therapeutic service to children in special care. More detailed information on ACTS can be found in Section 7.8 of this report.

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

Other Services: also coming under the umbrella of Alternative Care Services include services in respect of adoption, separated children seeking asylum and children who are in need of accommodation. Information on these services is provided in Chapter 7 of this report.

6.2 DEVELOPMENTS 2014

There were a number of legislative and service developments in respect of Alternative Care Services in 2014 as follows:

Alternative Care Practice Handbook

An Alternative Care Practice Handbook for practitioners was launched by the Minister for Children and Youth Affairs in December 2014. It was developed by a group of child and family practitioners, foster care representatives, young people, residential workers, frontline managers and senior staff. The aim of the handbook is to support skilled and consistent practice, both within Tusla and between the Agency and partner agencies. It was developed with the intention of ensuring that the views and voices of children and young people are central to the work of practitioners.

Storybook and a set of guidebooks for children going into care

A new resource, designed to help children and young people going into care was also launched by the Minister for Children and Youth Affairs in December 2014. The material, a storybook and a set of guidebooks, was designed by children and young people who were themselves in care. Tusla and the DCYA worked closely with the children and young people to ensure that the information provided would be of value to children entering care for the first time. Eight children from TACTIC (Teenagers and Children Talking in Care), aged 12-17 years, made a presentation at the launch and said: *"We are in care and we should be listened to – we know what it's like to live in care. Some of the good things about living in care are being in a safe place, having a proper routine and getting regular meals. Some of the things we find hard about being in care are not being able to see other family members growing up and social workers knowing stuff about us that we cannot know ourselves."* Speaking at the launch Norah Gibbons, Chairperson, Tusla said: *"Tusla is committed to ensuring that the views of children and young people are central to its work. Both of today's resources demonstrate the value of listening to young people and incorporating their views."*

Draft National Standards for Special Care Units

National Standards for Special Care were agreed and circulated by Hiqa in late 2014. The standards were developed in preparation for changes to the legislation which governs Hiqa. When the relevant changes to law are made, all special care units – run by Tusla or run by a private organisation or a voluntary body – will have to be registered with Hiqa. These national standards will apply to special care provided to children under the Health Act 2007 and the Child Care (Amendment) Act 2011 and will supersede the National Standards for Special Care Units (2001) developed by the Department of Health and Children.

Special Care Revised Referrals Process

Other work undertaken by the Agency in 2014 in respect of Special Care Services includes implementation of a revised referrals process and the restructuring of the Referrals Committee to include the appointment of an independent chairperson and representation of senior social work management on the Committee. Essential information in relation to Special Care Services including referral to special care was updated by the Agency in August 2014 with new booklets being made available on the Agency's website. This is in addition to the strengthening of oversight and governance processes across Special Care Services.

Establishment of a National Children's Residential Service (CRS)

During 2014 significant progress was made towards the establishment of a National Children's Residential Service (CRS) to include Special Care Services. The decision to establish a national CRS was taken in early 2013 by the Strategic Management Team of the then HSE Children and Family Service to address the fragmented development, management and governance of CRS. When established CRS will be managed and commissioned on a national basis. Under the new structure, centres will retain their current purpose and function unless a need for change is identified. Centres with high levels of presenting risk, low occupancy and/or other performance issues will receive immediate attention to ensure they are safe and remain viable moving forward. Appropriate levels of throughput, a positive experience for children and young people and quality outcomes will also be expected as a matter of course. Work undertaken in late 2013/2014 included:

- A national consultation with key stakeholders in children residential centres aimed at establishing what they hoped from the new national service.
- Development of an information system for CRS. When complete this system will provide near real-time visibility of demand, activity, performance, risk and service management response to risk within all centres. It will also house the following registers and indicator mechanisms:
 - A National Register of Children's Residential Services;
 - A National Register of Children in Residential Care;
 - A National Register of Referrals to Children's Residential Services;
 - A National Register of Significant Event Notifications;
 - A Missing Child from Care Flag System;
 - A Placement Stability Flag System.
- Design and development of a National Referrals System that would prioritise local placement while facilitating seamless access to and from national services as required.

- Development of protocols: National Private Placement Protocols (September 2014) and Draft Regional Placement Protocols (November 2014). The aims of both protocol documents are to clarify the differing roles existing sectors and centres will play within a national continuum of CRS and to introduce a National Referrals System, which prioritises local placement but facilitates speedy access to national services as required.

Targeted Recruitment Campaign for Foster Carers

An ongoing shortage of foster carers sparked a targeted recruitment campaign in some areas in 2014. Other areas had a sufficiently positive response to the national campaign conducted in 2013. The particular campaign in Dublin North City was launched by Aodhán Ó'Ríordáin, Minister for State for New Communities, Culture and Equality. At the launch Linda Creamer, Area Manager for Dublin North City, said there had been a "steady" lack of foster places for children in the area which covers the north inner city, Finglas and Ballymun and as a result very often children are separated from siblings, taken out of their own communities and away from friends, sports clubs, school and extended families. Additionally, the increase in children from non-Irish backgrounds has meant there is a greater need for foster families from a more diverse background so children can remain in communities familiar to their lifestyle.

General Scheme and Heads of the Aftercare Bill 2014

The General Scheme and Heads of the Aftercare Bill 2014 was published by the Minister for Children and Youth Affairs in February 2014. The Bill as currently drafted proposes to strengthen the legislative provisions for aftercare, by amending the Child Care Act 1991, to place a statutory duty on the Agency to prepare an aftercare plan for each eligible child. This proposed enhancement of the Child and Family Agency's responsibilities within the heads of Bill is welcomed by the Agency. It aims to create an explicit, as opposed to implicit, statement of the Agency's duty to satisfy itself as to the child's or young person's need for assistance by preparing a plan that identifies those needs for aftercare supports. It also aims to provide clarity around eligibility and the arrangements for preparing, reviewing and updating the aftercare plan. The publication of this piece of legislation is in response to past concerns that there was insufficient focus in this area and that such planning was not taking place on a properly structured and consistent basis.

Joint Protocol on Young People Leaving State Care

In October 2014, the Department for the Environment, Community and Local Government finalised a Joint Protocol on Young People Leaving State Care, which aims to ensure that the necessary measures are in place to prevent homelessness for young people leaving State care. The protocol clarifies the roles of Tusla and housing

authorities and outlines the practical steps involved in assessing a young person leaving State care and managing that person's accommodation and support needs. It commits housing authorities to consider the needs of care leavers when developing homelessness action plans. It was developed in consultation with the County and City Management Association, the DCYA and Tusla.

Aftercare – Other Service Developments

In terms of aftercare a number of specific areas of action were also prioritised by the Agency in 2014. These included the development of a dedicated aftercare service in each of the 17 areas; the standardisation of the aftercare allowance; the introduction of aftercare steering committees at local level; and the development of a website for young people leaving care and young people who have left care. The purpose of the website is to provide these young people with information to support their transition to adulthood.

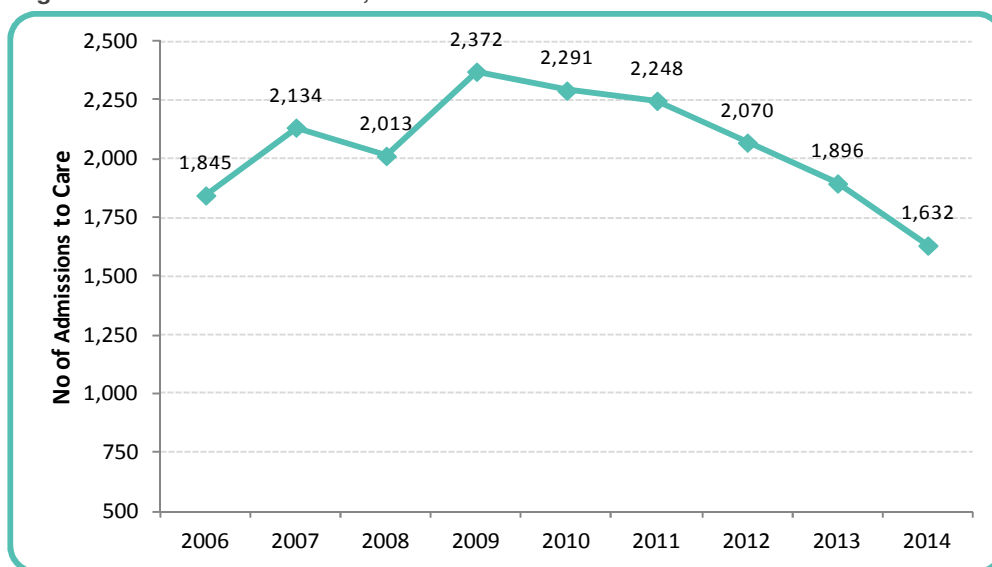
6.3 KEY FACTS AND FIGURES

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

6.3.1 Admissions to Care

- There were **1,632 admissions to care** in 2014; 264 (14%) fewer than 2013 and the fewest number for the nine year period 2006–2014 (Figure 15). It should be noted that these data refer to incidences of admission that occurred during the year and not individual children admitted – a child can have more than one admission in the year. Data on the number of readmissions to care during the year is required to correlate these data with the number of discharges from care (section 6.3.7) and the number of children in care (section 6.3.12).
- While data on readmissions is also required to examine the reason(s) underlying the decrease observed, anecdotal evidence suggests a combination of factors including: improved assessment leading to more community based alternatives; increased availability and better developed community based services; greater stability in placements; and improved matching of children with placements along with a cultural shift away from placing children in care except as a last resort.

Figure 15: Admissions to Care, 2006-2014



Source: Tusla Annual dataset

6.3.2 Age and Gender of Admissions to Care

- There were 104 more admissions for males (n=868; 53%) than females (n=764; 47%) in 2014.
- 14% (n=231) of admissions were under one year of age, the highest percentage of all ages 0-17 years (Table 25). The next most common age for admission was eight years (n=118; 7.2%) followed by one year (n=110; 6.7%) and 14 years (n=109; 6.7%).
- Comparison with 2013 shows a decrease in admissions across all ages with the exception of those under a year old, eight years, 10 years and 12 years (Table 25).
- In terms of decreases, there were 66 fewer admissions aged 16 years, the largest decrease of all ages. Admissions across the 15-17 year age group were down 32% (n=125) on 2013.

Table 25: Admissions to care by age, 2013-2014

Age	Total 2013	Total 2014	% of Total 2014	Δ +/- 2014 vs. 2013	% Δ 2014 vs. 2013
< 1 year	224	231	14%	7	3%
1 year	149	110	7%	-39	-26%
2 years	112	97	6%	-15	-13%
3 years	103	65	4%	-38	-37%
4 years	99	82	5%	-17	-17%
5 years	82	74	5%	-8	-10%
6 years	82	57	3%	-25	-30%
7 years	79	74	5%	-5	-6%
8 years	90	118	7%	28	31%
9 years	70	50	3%	-20	-29%
10 years	66	89	5%	23	35%
11 years	65	52	3%	-13	-20%
12 years	80	81	5%	1	1%
13 years	91	76	5%	-15	-16%
14 years	112	109	7%	-3	-3%
15 years	134	98	6%	-36	-27%
16 years	158	92	6%	-66	-42%
17 years	100	77	5%	-23	-23%
Total	1,896	1,632	100%	-264	-14%

Source: Tusla Annual dataset

6.3.3 Primary Reasons for Admission to Care

- In 2014, the most common primary reason for admission to care was welfare concern accounting for 58% (n=953) of total admissions; up from 54% in 2013 (Table 26). The percentage of total admissions due to neglect and sexual abuse were both down two percentage points on 2013 while there was no change in the percentage of total admissions due to physical or emotional abuse.
- In terms of numbers, there were 125 (21%) fewer admissions due to neglect in 2014, the highest decrease of all primary reasons. This was followed by child welfare concerns, down 66 (6%). The number of admissions due to sexual abuse was down 50% (n=24) on 2013 (Table 26).

Table 26: Breakdown of primary reasons for admission to care, 2013-2014

Reason	Total 2013	% 2013	Total 2014	% 2014	+/- Δ 2014 vs. 2013	% Δ 2014 vs. 2013
Physical Abuse	121	6%	90	6%	-31	-26%
Emotional Abuse	100	5%	82	5%	-18	-22%
Sexual Abuse	48	3%	24	1%	-24	-50%
Neglect	608	32%	483	30%	-125	-21%
Child Welfare	1,019	54%	953	58%	-66	-6%
Total	1,896	100%	1,632	100%	-264	-14%

6.3.4 Legal Reasons for Admission to Care

- The majority (70%; n=1,140) of admissions to care in 2014 were voluntary admissions (Table 27). The remainder of admissions were on foot of an application to the court of which the highest number (n=198; 12%) were admitted under an interim care order. One in 10 (n=163) was admitted under an emergency care order.
- Admissions under an emergency care order were down 36% (n=92) on 2013 while admissions under a care order and an interim care order were down 31% (n=30) and 29% (n=82) respectively. Voluntary admissions were also down (6%; n=79) on 2013.

Table 27: Legal reasons for admission to care, 2013-2014

Legal Reasons	Total 2013	% 2013	Total 2014	(%) 2014	+/- Δ 2014 vs. 2013	% Δ 2014 vs. 2013
Emergency Care Order	255	13%	163	10%	-92	-36%
Interim Care Order	280	15%	198	12%	-82	-29%
Care Order	98	5%	68	4%	-30	-31%
Other Court Order	44	2%	63	4%	+19	+43%
Voluntary Admission	1,219	64%	1,140	70%	-79	-6%
Total	1,896	100%	1,632	100%	-264	-14%

Source: Tusla Annual dataset

6.3.5 Placement Types for Admissions to Care

- 91% (n=1,477) of admissions in 2014 were to foster care and of these 18% (n=264) were to foster care with relatives (Table 28). There were 29 (25%) fewer admissions to residential care in 2014 than in 2013. Admissions to foster care (general and relative) were also down 14% (n = 231) on 2013.

Table 28: Admissions by placement type, 2014

Care Type	Total 2013	% 2013	Total 2014	% 2014	+/- Δ 2014 vs. 2013	% Δ 2014 vs. 2013
Residential Care	117	6.2%	88	5.4%	-29	-25%
Foster Care General	1,385	73%	1,213	74.3%	-172	-12%
Foster Care With Relatives	323	17%	264	16.2%	-59	-18%
Other Care Placements ¹³	71	3.7%	67	4.1%	-4	-6%
Total	1,896	100%	1,632	100%	-264	-14%

Source: Tusla Annual dataset

¹³ Other Care Placements include: supported lodgings; at home under a care order; detention centre/prison; youth homeless facilities; other residential centres e.g. therapeutic, disability, residential assessment, designated mother and baby units

6.3.6 Admissions to Care by Area

- Admissions to care ranged from 320 (20%) in Cork to 21 (1.3%) in Sligo/Leitrim/West Cavan (Table 29).

Table 29: Admissions to care by Area, 2014

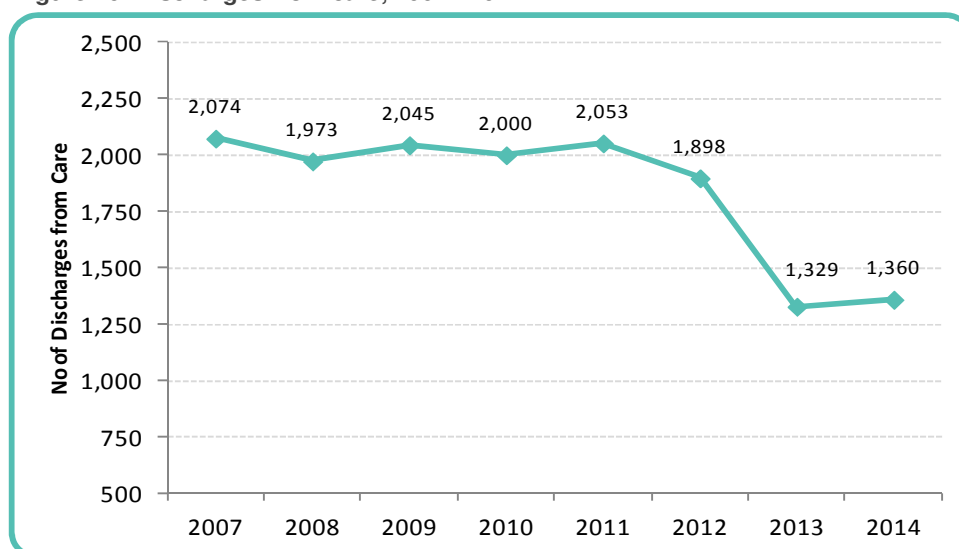
Area	Admissions 2014	% of Admissions
Cork	320	19.6%
DNC	173	10.6%
MidWest	148	9.1%
Dublin North	147	9.0%
WD/WX	128	7.8%
GY/RN	113	6.9%
Kerry	87	5.3%
DSC	87	5.3%
DSW/K/WW	87	5.3%
CW/KK/ST	79	4.8%
Midlands	57	3.5%
CN/MN	48	2.9%
LH/MH	43	2.6%
DSE/WW	35	2.1%
Donegal	31	1.9%
Mayo	28	1.7%
SO/LM/WC	21	1.3%
National	1,632	100.0%

Source: Tusla Annual dataset

6.3.7 Discharges from Care

- There were **1,360 discharges** (0-17 years) from care in 2014; 31 more than 2013 (Figure 16). Similar to the admission data, it should be noted these data refer to incidences of discharge that occurred during the year and not the number of individual children discharged from care – a child can have more than one discharge from care in the year. Data on the number of readmissions to care during the year is required to correlate these data with data on the number admissions to care (section 6.3.1) and the number of children in care (section 6.3.12).

Figure 16: Discharges from care, 2007 - 2014



Source: Tusla Annual dataset

6.3.8 Discharges from Care by Care Type

- 88% (n=1,192) of discharges were from foster care (Table 30).

Table 30: Discharges from care by care type, 2014

Care Type	Number	%
Residential Care	79	5.8%
Foster Care General	1,010	74.3%
Foster Care with Relatives	182	13.4%
Other	89	6.5%
Total	1,360	100%

Source: Tusla Annual dataset

6.3.9 Discharges from Care by Age

- The most common age at discharge was 17 years accounting for 18% (n=241) of all discharges (Table 31). This was followed by eight years (7%; n=99) and under 1 year olds (7%; n =91).

Table 31: Discharges from care by age, 2014

Age	Total	% Discharged
< 1 Year	91	7%
1 year old	78	6%
2 years	67	5%
3 years	48	4%
4 years	58	4%
5 years	56	4%
6 years	51	4%
7 years	63	5%
8 years	99	7%
9 years	41	3%
10 years	75	6%
11 years	41	3%
12 years	63	5%
13 years	61	4%
14 years	68	5%
15 years	81	6%
16 years	78	6%
17 years	241	18%
Total	1,360	100%

Source: Tusla Annual dataset

6.3.10 Discharges from Care by Location of Discharge

- Nine out of 10 discharges from care (92%; n=1,255) were to home/family or remaining with carers (Table 32).

Table 32: Discharges by location of discharge, 2014

Care Type	Number	%
Returned Home/Family	1,140	83.8%
Remained with Carers	115	8.5%
Independent Living	22	1.6%
Supported Lodgings	7	0.5%
Other	76	5.6%
Total	1,360	100%

Source: Tusla Annual dataset

6.3.11 Discharges from Care by Area

- Discharges from care ranged from 327 (24%) in Cork to 18 (1%) in Sligo/Leitrim/West Cavan (Table 33).

Table 33: Discharges by Area, 2014

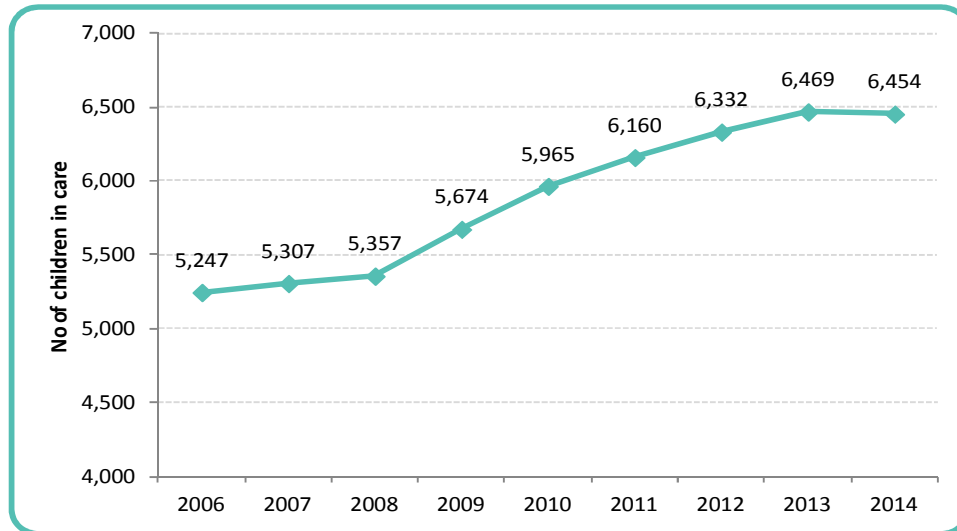
Area	Discharges	% of Discharges
Cork	327	24%
DNC	119	9%
Dublin North	117	9%
MidWest	122	9%
WD/WX	106	8%
Kerry	75	6%
CW/KK/ST	80	6%
GY/RN	65	5%
DSW/K/WW	60	4%
Midlands	53	4%
LH/MH	51	4%
DSC	37	3%
CN/MN	39	3%
DSE/WW	43	3%
Mayo	21	2%
Donegal	27	2%
SO/LM/WC	18	1%
National	1,360	100%

Source: Tusla Annual dataset

6.3.12 Children in Care

- At the end of December 2014, there were **6,454¹⁴ children in care** (all types); 15 fewer than at the end of December 2013 and the first decrease after seven consecutive increases (Figure 17). It is too early to predict if this is the start of a downward trend in the number of children in the care of the State.

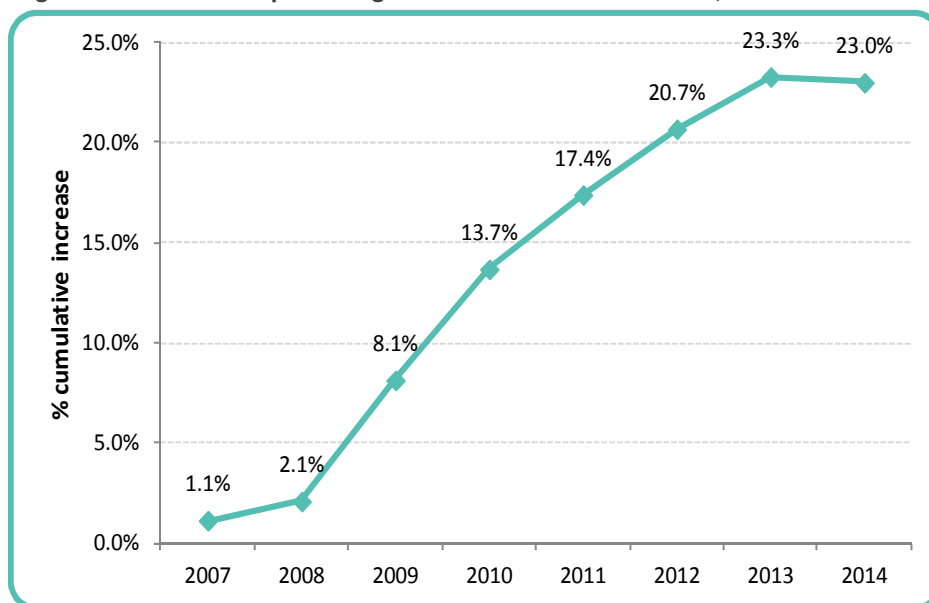
Figure 17 : Children in care, 2006 – 2014



Source: Tusla Annual dataset

- Between 2006 and 2014, the number of children in care increased by 23% (n=1,207) (Figure 18). The highest annual increases were noted between the years 2008 and 2009 (n=371; 6%) and 2009 and 2010 (n=291; 5%).

Figure 18: Cumulative percentage increase in children in care, 2006-2014



¹⁴ Note this figure differs slightly from the figure (6,463) previously published by the Agency. This is due to retrospective validation of the number of children in care at year end. This is annual exercise that is conducted by the Agency.

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

- At the end of December 2014, there were 56 children in care per 10,000 population 0-17 years (CSO Census 2011). Table 34 shows the rate of children in care per 10,000 population 0-17 years in other jurisdictions. While the rate for Ireland appears to be lower than that of other countries these data need to be interpreted with caution due to possible variation in definitions between other jurisdictions.

Table 34: Children in care in other jurisdictions, rate per 10,000 population 0-17 years

Jurisdiction	Rate per 10,000 population
Ireland (December 2014)	56
Northern Ireland (March 2014)*	66
England (March 2014)**	60
Wales (March 2014)***	91
Scotland (March 2014)#	150 (total); 110 (away from home)
Australia (30 June 2014)##	81

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

Department of Education UK *StatWales

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

Children's Social Work Statistics Scotland, 2013-2014

6.3.14 Number and Rate of Children in Care by Area

- The number of children in care at the end of December 2014, ranged from 928 (14.4%) in Cork to 90 (1.4%) in Sligo/Leitrim/West Cavan (Table 35). Dublin North City reported the highest rate of children in care per 10,000 population at 145.7 per 10,000 population, while Dublin North reported the lowest rate at 32.9 per 10,000 population.

Table 35: Number and rate of children in care per 10,000 population 0-17 years, December 2014

Area	Number CIC Dec 2014	% of CIC Dec 2014	Pop 0-17 years 2011	% of 0-17 population	Rate / 10,000 pop
DNC*	626	9.7%	42,971	3.7%	145.7
Cork	928	14.4%	128,448	11.18%	72.2
WD/WX	497	7.7%	71,608	6.23%	69.4
CW/KK/ST	379	5.9%	57,800	5.03%	65.6
DSC	407	6.3%	62,438	5.44%	65.2
GY/RN	484	7.5%	77,270	6.73%	62.6
MidWest	592	9.2%	94,989	8.27%	62.3
CN/MN	181	2.8%	35,085	3.05%	51.6
DSW/K/WW	487	7.5%	102,800	8.95%	47.4
Midlands	340	5.3%	77,726	6.77%	43.7
LH/MH	383	5.9%	87,562	7.62%	43.7
Donegal	190	2.9%	44,534	3.88%	42.7
Kerry	146	2.3%	34,940	3.04%	41.8
SO/LM/WC	90	1.4%	23,060	2.01%	39.0
Mayo	122	1.9%	32,514	2.83%	37.5
DSE/WW	296	4.6%	81,991	7.14%	36.1
Dublin North*	306	4.7%	92,951	8.1%	32.9
National	6,454	100.0%	1,148,687	100.00%	56.2

Source: Tusla Annual dataset and CSO Census data 2011

*Population for Dublin North City and Dublin North takes account of the transfer of Dublin 15 from Dublin North City to Dublin North in 2014

- The number of children in care in each area for the years 2010 to 2014 is presented in Table 36. Twelve of 15 areas had more children in care in 2014 than they had in 2010. The areas reporting the highest increases were Cork (n=105); Galway/Roscommon (n=133) and to a lesser extent Cavan/Monaghan (n=56); MidWest (n=56); Waterford/Wexford (n=55) and Donegal (n=52). Two areas (Galway/Roscommon and Donegal) reported a year on year increase, while in the case of Cavan/Monaghan and Cork the highest proportion of the increase was noted in the years 2010 and 2011. *Note: year on year comparisons for Dublin North and Dublin North City are not possible due to the reconfiguration (i.e. transfer of Dublin 15 to Dublin North) of these two areas in 2014.*
- Of the three areas that reported a decrease between 2014 and 2010, Dublin South East/Wicklow reported the highest decrease with 85 fewer children in care; followed to a lesser extent by Kerry (n=9) and Midlands (n=5).

Table 36: Number of children in care by area, 2010-2014

Area	2010	2011	2012	2013	2014	Δ 2014 vs. 2010	% Δ 2014 vs. 2010
DSC	385	384	383	403	407	22	5.7%
DSE/WW	381	368	346	333	296	-85	-22.3%
DSW/K/WW	446	430	452	478	487	41	9.2%
Midlands	345	349	361	351	340	-5	-1.4%
DNC	826	819	769	746	626	-200	-24.2%
Dublin North	144	149	167	188	306	162	112.5%
LH/MH	345	361	358	379	383	38	11.0%
CN/MN	125	155	180	183	181	56	44.8%
Cork	823	900	935	922	928	105	12.8%
Kerry	155	151	153	132	146	-9	-5.8%
CW/KK/ST	338	372	380	376	379	41	12.1%
WD/WX	442	454	477	499	497	55	12.4%
MidWest	536	562	597	616	592	56	10.4%
GY/RN	351	365	399	455	484	133	37.9%
Mayo	112	110	132	139	122	10	8.9%
Donegal	138	161	175	185	190	52	37.7%
SO/LM/WC	73	70	68	84	90	17	23.3%
National	5,965	6,160	6,332	6,469	6,454	489	8.2%

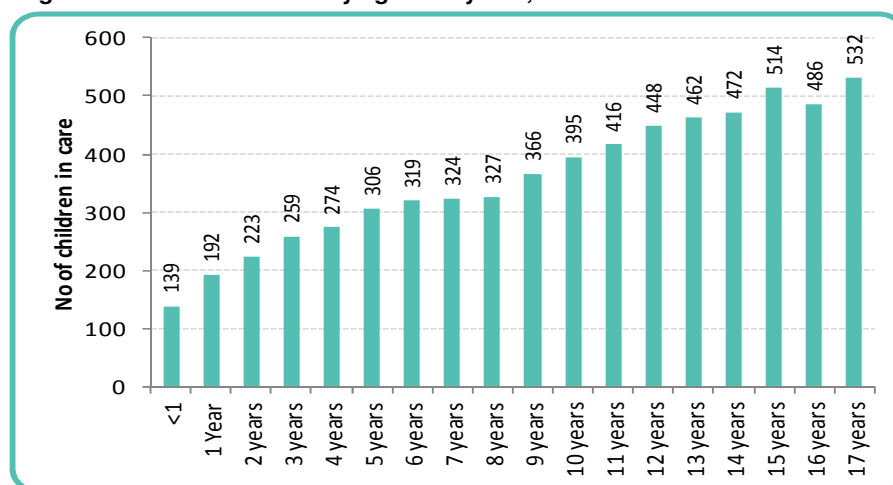
Source: Tusla Annual dataset

6.3.15 Age and Gender of Children in Care

- At the end of December 2014, 8% (n=532) of children in care were 17 years of age; the highest percentage of all ages 0–17 years (Figure 19). Two per cent (n=139)

were under one year old, the lowest percentage of all ages. With the exception of 16 year olds, the number of children in care increased with increasing age.

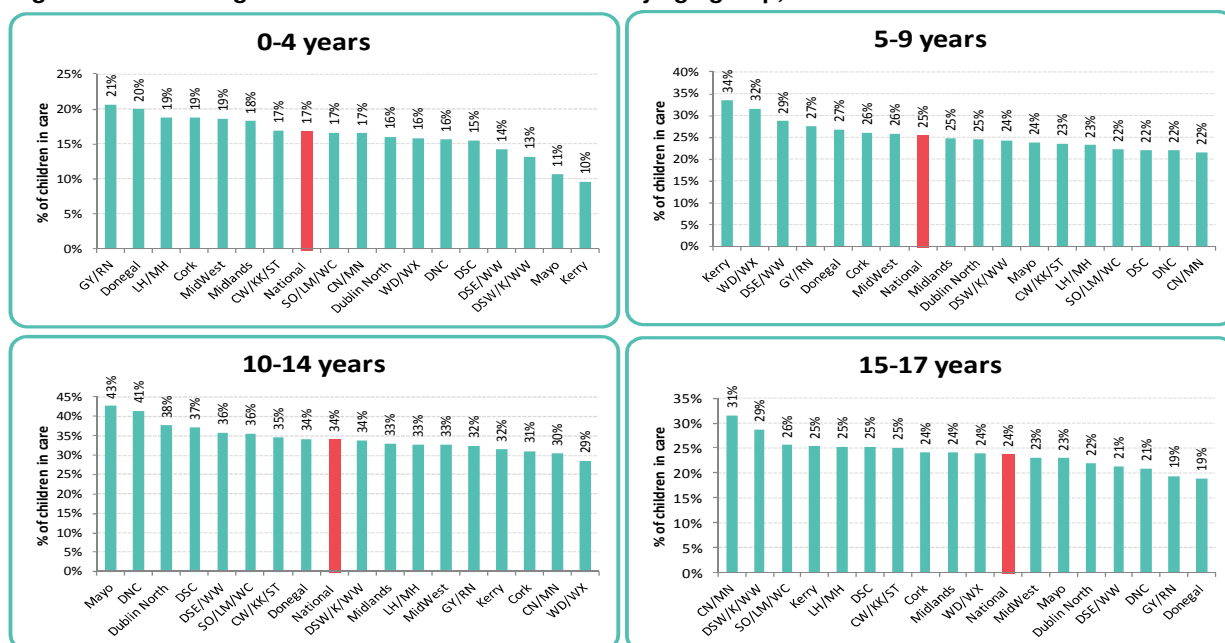
Figure 19: Children in care by age 0-17 years, December 2014



Source: Tusla Annual dataset

- A breakdown of the percentage of children in care in each area by age group is presented in Figure 20. The percentage of younger children (0-4 years) in care in each area ranged from 21% (n=100/484) in Galway/Roscommon to 10% (n=14/146) in Kerry. While the percentage of older children (15-17 year olds) in care in each area ranged from 31% (n=57/181) in Cavan/Monaghan to 19% (n=36/190) in Donegal. Seventeen per cent (n=32/181) of all children in care in Cavan/Monaghan were 17 years, the highest of all areas. The next highest area was Dublin South West/Kildare/Wicklow with 10% (n=47/487) of the children in care in this area aged 17 years.

Figure 20: Percentage of children in care in each area by age group, December 2014



Source: Tusla Annual dataset

- Slightly more males (n=3,324; 52%) than females (n=3,130; 48%) were in care at the end of December 2014.

6.3.16 Placement Type for Children in Care

- 93% (n=6,003) of children in care at the end of December 2014 were in a foster care arrangement and of these 31% (n=1,869) were in a relative foster care arrangement (Table 37). There were 13 fewer children in general foster care and 12 fewer children in residential care in December 2014 than December 2013. The proportions of children in each care type varied little over the course of the year.

Table 37: Number and percentage of children in care by placement type, Dec 2013-2014

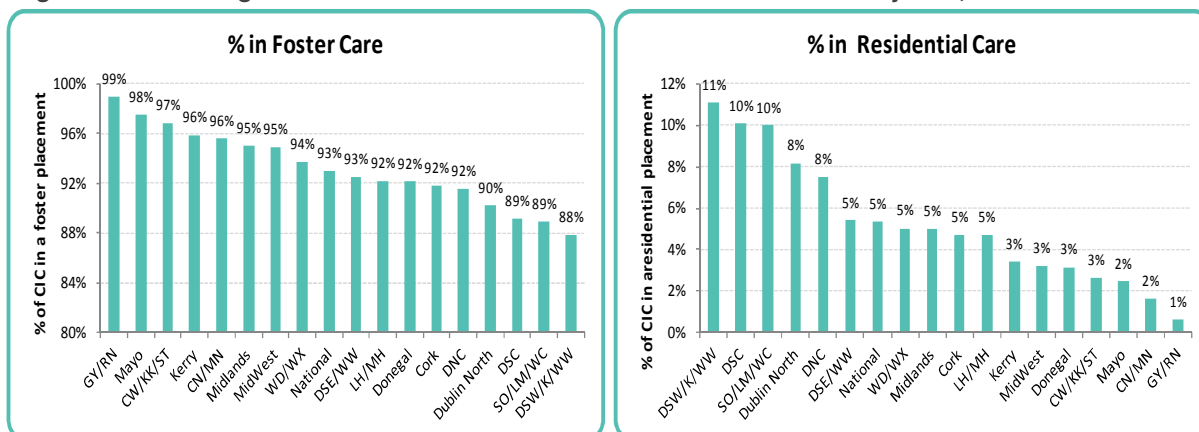
Care Type	2013 Number	2013 %	2014 Number	2014 (%)	Δ 2014 vs. 2013
Foster Care General	4,147	64.1%	4,134	64.1%	-13
Relative Foster Care	1,862	28.8%	1,869	29%	+7
Residential Care	357	5.5%	345	5.3%	-12
Other Care Placements ¹⁵	103	1.6%	106	1.6%	+3
Total	6,469	100%	6,454	100%	-15

Source: Tusla Annual dataset

- A breakdown of the percentage of children in care at the end of December 2014 in each area in foster care (general and relative) and residential care (all types) is presented in Figure 21.
- The percentage of children in foster care ranged from 99% (n=479/484) in Galway/Roscommon to 88% (n=428/487) in Dublin South West/Kildare/West Wicklow. Areas with the lowest percentage of children in residential care tended to be on the West coast (i.e. Galway/Roscommon (1%; n=3/484); Mayo (2%; 3/122); Donegal (3%; 6/190); MidWest (3%; 19/592) and Kerry (3%; 5/146). Other areas with a small percentage of children in residential care included Cavan/Monaghan (2%; n=3/181) and Carlow/Kilkenny/South Tipperary (3%; 10/379).

¹⁵ 'Other' includes children in supported lodgings, at home under a care order/supervision order, in a detention centre /prison, other residential centre, disability unit, hospital

Figure 21: Percentage of children in care in foster care and residential care by area, Dec 2014



Source: Tusla Annual dataset

6.3.17 Reasons for Children Being in Care

- The most common reason for children being in care in 2014 was a child welfare concern, accounting for 50% (n=3,242) of children in care; no change from the percentage reported in 2013. This was followed by neglect at 36% (n=2,342) (Table 38).
- In terms of numbers, there were 72 (30% increase) more children in care due to emotional abuse at the end of 2014 than there were at the end of 2013. With the exception of sexual abuse which was up two, decreases were observed across the other reasons with that for neglect being the highest at 52 fewer children.

Table 38: Breakdown of primary reasons for children in care, 2013-2014

Reason	Total 2013	% 2013	Total 2014	% 2014	+/- Δ 2014 vs. 2013	% Δ 2014 vs. 2013
Physical Abuse	386	6%	368	6%	-18	-5%
Emotional Abuse	244	4%	316	5%	+72	+30%
Sexual Abuse	184	3%	186	3%	+2	+1%
Neglect	2,394	37%	2,342	36%	-52	-2%
Child Welfare	3,261	50%	3,242	50%	-19	<-1%
Total	6,469	100%	6,454	100%	-15	<-1%

Source: Tusla Annual dataset

6.3.18 Care Status for Children in Care

- 40% (n=2,552) of children in care at the end of December 2014, were in care under a voluntary arrangement (Table 39). A further 48% (n=3,068) were in care under a care order; the most common type of order of the high court.

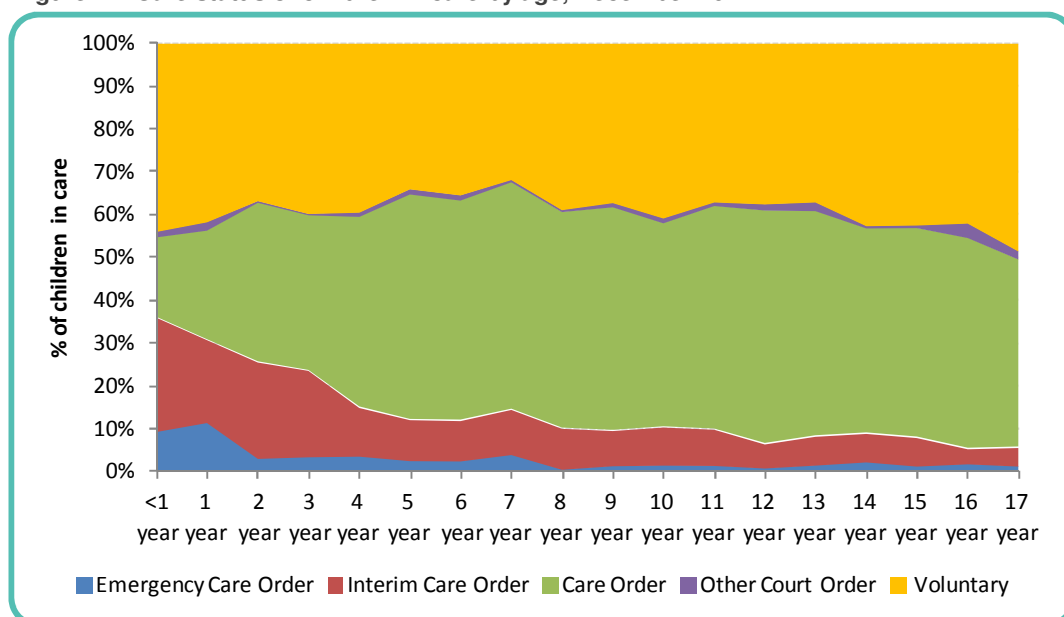
Table 39: Children in care by care status, 2014

Care Status	Number	%
Emergency Care Order	154	2%
Interim Care Order	592	9%
Care Order	3,068	48%
Other Court Order ¹⁶	88	1%
Voluntary	2,552	40%
Total	6,454	100%

Source: Tusla Annual dataset

- The percentage of children in care under an emergency care order and an interim care order tended to be highest for the younger children (Figure 22). Care orders were less common amongst the younger children with the percentage of children under a care order increasing with increasing age up to about five years where it fluctuated around 50% for the 5-13 years age group before dropping slightly for the 14-17 years age group. The percentage of children in care under a voluntary arrangement tended to be highest for the younger children (0-4 years) and older children (14-17 years).

Figure 22: Care status of children in care by age, December 2014



Source: Tusla Annual dataset

6.3.19 Length of Time in Care

- The majority of children in care (62% n=4,012/6,454) at the end of December 2014 were in care for five years or less and of these 23% (n=934) were in care for less than one year. Thirty-eight per cent (n=2,442) were in care for over five years (Table 40).

¹⁶ Other court orders include special care orders

- Compared to 2013, there were 263 (22%) fewer children in care for less than one year and 280 (10%) more children in care for one to five years. The number in care for more than five years was also down slightly on 2013 (n=32; 1%).

Table 40: Children in care by length of time in care, 2013-2014

Year	No CIC <1 year	% CIC < 1 year	No CIC 1-5 years	% CIC 1-5 years	No CIC >5 years	% CIC >5 years	Total Children in Care
2014	934	14%	3,078	48%	2,442	38%	6,454
2013	1,197	19%	2,798	43%	2,474	38%	6,469

Source: Tusla Annual dataset

- An area breakdown of children in care by length of stay is presented in Table 41. Galway/Roscommon reported the highest percentage (22%; n=105/484) of children in care for less than one year, followed by Waterford/Wexford (21%; n=102/497) and Kerry (20%; n=29/146). In contrast, Dublin South East/Wicklow reported the lowest percentage (5%; n=16/296), followed by Midwest (10%; n = 57/592) and Midlands (10%; n = 34/340).
- The percentage of children in care for over five years ranged from 51% in Dublin North City (317/626) to 29% in both Cavan/Monaghan (n=52/181) and Galway/Roscommon (n= 142/484).

Table 41: Area breakdown of children in care by length of time in care, December 2014

Area	No <1 year	% < 1 year	No 1-5 years	% 1-5 years	No >5 years	% >5 years	Total Children in Care
Cork	139	15%	468	50%	321	35%	928
DNC	66	11%	243	39%	317	51%	626
Midwest	57	10%	279	47%	256	43%	592
WD/WX	102	21%	239	48%	156	31%	497
DSW/K/WW	58	12%	231	47%	198	41%	487
GY/RN	105	22%	237	49%	142	29%	484
DSC	54	13%	204	50%	149	37%	407
LH/MH	72	19%	178	46%	133	35%	383
CW/KK/ST	64	17%	195	51%	120	32%	379
Midlands	34	10%	147	43%	159	47%	340
Dublin North	50	16%	154	50%	102	33%	306
DSE/WW	16	5%	132	45%	148	50%	296
Donegal	22	12%	103	54%	65	34%	190
CN/MN	31	17%	98	54%	52	29%	181
Kerry	29	20%	66	45%	51	35%	146
Mayo	20	16%	57	47%	45	37%	122
SO/LM/WC	15	17%	47	52%	28	31%	90
National	934	14%	3,078	48%	2,442	38%	6,454

Source: Tusla Annual dataset

6.3.20 Special Care

- During 2014, there were 83 referrals to special care, 21 fewer than 2013 (n=104) (Table 42). Sixteen (19%) of the 83 referrals were re-referrals; there were 18 re-referrals in 2013. Forty-six (55%) referrals were approved; 31 were deemed not suitable; one was considered inappropriate and 13 were withdrawn or removed. A total of 33 children were admitted to special care in 2014; one more than 2013. There were no applications for special care refused by the High Court in 2014.

Table 42: Referrals to Special Care 2013 - 2014

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

Source: Special Care Services

*Includes 8 referrals that were subsequently withdrawn or removed

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

- Almost half (n=16/33; 48%) of the children admitted to special care were admitted within one week of referral, two were admitted within two weeks of referral, seven were admitted within one month of referral and four were admitted within three months of referral. The remaining four children who were admitted during 2014 were approved at the end of 2013.
- The average length of the special care intervention in 2014 was 6-12 months. Average school attendance in 2014 was 65% and nine children in special care sat State Examinations. This is a significant achievement as at the time of referral to special care, the majority of these children had either been excluded from, or had refused to attend mainstream education.
- On the 31 December 2014, there were 16 children in special care; no change from 2013. The number of children in special care accounted for 0.2% (16/6,454) of the total number of children in care on 31 December 2014.

6.3.21 Placement of Children 12 years and under in Residential Care

- It is Tusla policy to place children 12 years and younger requiring admission to care in foster care. However, circumstances do arise where this is not possible and where it may not be in the best interests of the child, e.g. where there are identified therapeutic needs which are best met within a residential setting.
- At the end of December 2014, there were 44 children aged 12 years or under in a residential care setting; no change from 2013 (Table 43). Eighty per cent (n=35) of these children were 10 years or older.

Table 43: Children aged 12 or younger in a residential setting, Dec 2013-2014

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

Source: Tusla Annual dataset

6.3.22 Placement Stability

- The number of children in care in their third or greater placement within the previous 12 months is used as a proxy for placement stability.
- At the end of December 2014, there were 128 children in their third or greater placement within the previous 12 months; 22 fewer than 2013 and 44 fewer than 2012 (Table 44). This figure equates to 2% of all children in care. This percentage compares favourably with percentages reported by other jurisdictions including England (11%; n=7,660/68,800 31 March 2014)¹⁷; Scotland (5.9%; n=915/15,580 31 July 2014)¹⁸ and Wales (8%; n = 485/5,745 31 March 2014)¹⁹. However, these data should be interpreted with caution due to potential variations in definitions.

Table 44: Children in care in their 3rd or greater placement within the previous 12 months

	2012	2013	2014	Δ 2014 vs. 2013
No. in 3rd placement within previous 12 mths	172	150	128	-22 (15%)

Source: Tusla Annual dataset

- 48% (n=62/128) of children in their third or greater placement within the previous 12 months were in foster care on the last day of the year. Forty-four percent (n=56/128) were in residential care of which eight (14%) were in special care and three (5%) were in an out of State secure placement. The remaining ten were in an 'other' care placement.
- The number of children in foster care in their third or greater placement within the year equates to 1% (n=62/6,003) of the total number of children in foster care and compares to 16% (n=56/345) for residential care (incl. special care and out of state secure care).

¹⁷ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2014-to-2015>

¹⁸ <http://www.gov.scot/Topics/Statistics/Browse/Children/PubChildrenSocialWork/AdditionalTables2013-14>

¹⁹ <https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/children-looked-after-childrenlookedafterat31march-by-localauthority-numberofplacementsduringyear-measure>

6.3.23 Placement Abroad

- Tusla seeks to place all children requiring care in a placement within Ireland, albeit that this does not always happen in a small number of cases. Children placed abroad are generally those requiring placement with relatives who happen to live abroad and those requiring highly specialised care currently not available in Ireland, e.g. specialist secure forensic mental health services and therapeutic residential services addressing specific needs identified in the child's care plan. In seeking such specialist placements, the needs of children are prioritised over the location of placement. Each child is placed in a care setting appropriate to his/her needs in accordance with his/her care plan. The majority of children return to Ireland once their specific intervention has concluded. Children in foster care abroad often remain in that country if it is considered to be in their best interests.
- Where children are placed abroad they remain in the care of the State. They have an allocated social worker who visits them in their placement and a care plan that is reviewed within the statutory framework. All centres in which children are placed are subject to the regulatory and inspection framework of that jurisdiction. Tusla makes itself aware of inspection reports prior to the placing of a child.
- It is the intention of Tusla to reduce the number of children in overseas placements over the coming years.
- At the end of December 2014, there were 20 children in a placement outside of Ireland; seven fewer than at the end of December 2013 (Table 45). The majority (n=19) of these children were in a placement in the United Kingdom, including one in Northern Ireland. The remaining child was in a placement in another EU country. Children in placements abroad account for 0.3% of the total number of children in care.
- Over half (55%; n=11) of the children were in a residential placement, eight fewer than 2013. Six were in foster care, no change from 2013, and of these three were in foster care with relatives.

Table 45: Children in a placement outside of Ireland, December 2013-2014

Care Type	No of Children 2013	No of Children 2014
Residential general care (incl. General and secure)	19	11
Foster care general	2	3
Foster care with relatives	4	3
Other	2	3
Total	27	20

Source: Tusla Monthly Data Return

6.3.24 Children in Placements with Private Providers

- At the end of December 2014, there were 454 children in placements with private providers; 57 (14%) more than at the end of December 2013 (n=397) (Table 46). Children in private placements accounted for 7% (n=454/6,463) of children in care at the end of December 2014. The increase observed in private placements is attributed to the lack of availability of suitable placements in some areas; the capacity of foster care teams to recruit new foster carers to keep up with demand in some areas, and the capacity of some foster care teams to complete assessments of potential foster carers in a timely manner. *Note: these data are taken from Tusla's monthly dataset and not the annual dataset which undergoes retrospective validation, hence the slight difference between the total number of children in care here and reported in previous sections of the report.*
- The majority (60%; n=274/454) of children in private placements were in foster care; up 11% (n=28) from 2013 (Table 46). The percentage of children in private residential placements was up 17% (n=24) on 2013.

Table 46: Children in care in private placements, 2013-2014

Care Type	No of Children in Private Placement 2013	No of Children in Private Placement 2014	Δ +/- 2014 vs. 2013
Residential care (all types)	142	166	+24
Foster care	246	274	+28
Other	9	14	+5
Total	397	454	+57

Source: Tusla Monthly Data Return

- A breakdown of children in private placements by area is presented in Table 47. The area with the highest number of children in private placements at the end of December 2014 was Dublin North City with 75 children, followed by Dublin South Central and Dublin South West/Kildare/West Wicklow both reporting 72 children. Seven of the 17 areas had fewer than ten children in private placements at the end of December 2014. Almost two-thirds (64%; 289/454) of the children in private placements at the end of December 2014 were reported by the five Dublin areas.

Table 47: Children in care in private placements by area, December 2014

Area	Residential (all types)	Foster Care	Other Care	Total
DNC	9	65	1	75
DSC	18	53	1	72
DSW/K/WW	26	46	0	72
DSE/WW	11	27	2	40
Midlands	11	29	0	40
Cork	28	10	2	40
Dublin North	10	18	2	30
WD/WX	14	7	0	21
LH/MH	12	4	0	16
Mid West	5	7	4	16
SO/LM/WC	6	2	0	8
Mayo	4	3	0	7
CW/KK/ST	4	1	0	5
GY/RN	2	0	2	4
Donegal	3	1	0	4
CN/MN	3	0	0	3
Kerry	0	1	0	1
National	166	274	14	454

Source: Tusla Monthly Data Return

6.3.25 Children in Care in Full-Time Education

- At the end of December 2014, 98% (n =4,139/4,241) of children in care aged 6–16 years were in full time education and 92% (n=436/475) of children aged 17 years were in full time education (Table 48). These data are based on a complete return from 15 of the 17 areas and a partial return from one area. In 2013, 98% (n=4,400/4,498) of children aged 6-16 years were in full time education and 90% (n=453/506) of children aged 17 years were in full time education in 2013.
- For the purposes of reporting, full time education is defined as:
 - recognised educational establishment; or
 - registered home schooling; or
 - Carline, Youth Reach or any course/training that is approved by the Educational Welfare Service; or
 - If they have been assessed and it has been agreed as part of the care plan that a special educational arrangement has been put in place that meets that child's needs.
- A breakdown of the number of children in care in full time education by area is presented in Table 48. For children aged 6-16 years, four of the 17 areas reported 100%, with a further nine reporting 95% or higher. For children aged 17 years, four areas reported 100%, with a further nine reporting 90% or higher.

Table 48: Children in care in education, December 2014

Area	No. in Care 6-16 years	No. in Care 6-16 years in FT Education	% in FT Education	No. in Care 17 years	No. in Care 17 years in FT Education	% in FT Education
DSC	282	268	95%	37	37	100%
DSE/WW	219	217	99%	23	22	96%
DSW/K/WW	347	325	94%	45	36	80%
Midlands	N/A	N/A	N/A	N/A	N/A	N/A
DNC	462	454	98%	44	41	93%
Dublin North	221	216	98%	21	19	90%
LH/MH*	266	247	93%	30	27	90%
CN/MN	112	110	98%	32	29	91%
Cork	640	627	98%	74	66	89%
Kerry	109	109	100%	13	12	92%
CW/KK/ST	254	254	100%	7	7	100%
WD/WX	324	318	99%	48	46	96%
Mid West	407	401	99%	46	41	89%
GY/RN	315	315	100%	27	27	100%
Mayo	90	89	99%	11	10	91%
Donegal	128	128	100%	13	12	92%
SO/LM/WC	65	61	94%	4	4	100%
National	4,241	4,139	98%	475	436	92%

*Data are for Meath only

Source: Tusla Quarterly Data Return

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

- At the end of December 2014, 93% (6,002/6,463) of children in care had an allocated social worker against a target of 100%; 461 were awaiting allocation of a social worker. For the same period and 89% (5,778/6,463) had a written care plan against a target of 90% (Table 49). *Note: these data are taken from Tusla's monthly dataset and not the annual dataset which undergoes retrospective validation, hence the slight difference between the total number of children in care here and reported in previous sections of the report.*

Table 49: Children in care with an allocated social worker and written care plan, Dec 2014

Area	No in Care Dec 2014	No in care with an Allocated Social Worker Dec 2014	% in Care with an Allocated Social Worker	No in Care with a Written Care Plan Dec 2014	% in Care with a Written Care Plan
Foster Care	4,137	3,877	94%	3,719	90%
Relative Care	1,874	1,678	90%	1,654	88%
Residential (General)	325	322	99%	289	89%
Special Care	16	16	100%	16	100%
Out of State Secure Care	5	5	100%	5	100%
Other	106	104	98%	95	90%
National	6,463	6,002	93%	5,778	89%

Source: Tusla Monthly Data Return

- A breakdown of the number of children in care with an allocated social worker and written care plan, by area at the end of December 2014 is presented in Table 50. In five of the 17 areas all (100%) children in care had an allocated social worker, with over 90% in a further eight areas. Dublin South West/Kildare/West Wicklow reported the lowest percentage at 80%.
- In 13 out of 17 areas, more than 90% (target) of children in care had a written care plan. Of the remaining four areas, three reported a percentage in excess of 70% while the remaining area (Dublin South Central) reported a percentage of 39%. The low rate reported by Dublin South Central is partly explained by the fact that care plans overview for review are not included in the overall figure in this area.

Table 50: Children in care with an allocated social worker and written care plan by area, Dec 2014

Area	No in Care Dec 2014	No in care with an Allocated Social Worker Dec-14	% in Care with an Allocated Social Worker	No in Care with a Written Care Plan Dec-14	% in Care with a Written Care Plan
DSC	405	379	94%	158	39%
DSE/WW	296	284	96%	211	71%
DSW/K/WW	487	391	80%	379	78%
Midlands	340	308	91%	336	99%
DNC	628	600	96%	570	91%
Dublin North	308	292	95%	240	78%
LH/MH	389	336	86%	375	96%
CN/MN	181	181	100%	169	93%
Cork	928	915	99%	876	94%
Kerry	146	146	100%	136	93%
CW/KK/ST	380	370	97%	380	100%
WD/WX	497	480	97%	486	98%
Mid West	592	490	83%	586	99%
GY/RN	484	428	88%	478	99%
Mayo	122	122	100%	122	100%
Donegal	190	190	100%	188	99%
SO/LM/WC	90	90	100%	88	98%
National	6,463	6,002	93%	5,778	89%

Source: Tusla Monthly Data Return

6.3.27 Foster Carers

- At the end of December 2014, there were at least 4,652 foster carers in Ireland (Table 51). Over 90% (n=4,210) of foster carers were approved and on the Panel of Approved Foster Carers in accordance with Part III of the Child Care (Placement of Children in Foster Care) Regulations 1995. Ten percent (n=442) were awaiting approval, all of whom were relative foster carers; no change from 2013.
- Over one-third (35%; n=1,608) of all foster carers were relative carers. Sixty-two percent (n=2,880) were general foster carers while the remaining 3.5% (n=164) were private carers. Four areas were unable to return data on private carers so it likely that the actual number of private carers is higher.

Table 51: Foster carers by type, 2013-2014

Area	Number 2013	Number 2014	Δ+/- 2014 vs. 2013	% of Total 2014
General (approved)	2,882	2,880	-2	62%
Relative (approved)	1,117	1,166	+49	25%
Relative awaiting approval	442	442	0	9.5%
Private (approved)	236*	164**	-72	3.5%
National	4,677	4,652	-25	100%

*2013 Data for one area incomplete ** 2014 Based on returns from 13/17 areas

Source: Tusla Quarterly Data Return

6.3.28 Approved Foster Carers with Allocated Link Workers

- At the end of December 2014, 75% (n=3,020/4,046) of approved foster carers (general and relative) had an allocated link worker; down 11% from 86% in 2013 (Table 52).
- In respect of relative foster carers awaiting approval, 57% (n=223/388) of those who had a child placed with them for longer than 12 weeks²⁰ at the end of December 2014, had an allocated link worker; down 15% from 72% (n=288/398) in 2013. This drop in performance most likely reflects a shortage of staff in this area.

Table 52: Approved foster carers with an allocated link social worker, 2013-2014

Type	No. of Foster Carers 2013	No. with Link Worker 2013	% with Link Worker 2013	No. of Foster Carers 2014	No with Link Worker 2014	% with Link Worker 2014
General (approved)	2,882	2,520	87%	2,880	2,231	77%
Relative (approved)	1,117	912	82%	1,166	789	68%
National	3,999	3,432	86%	4,046	3,020	75%

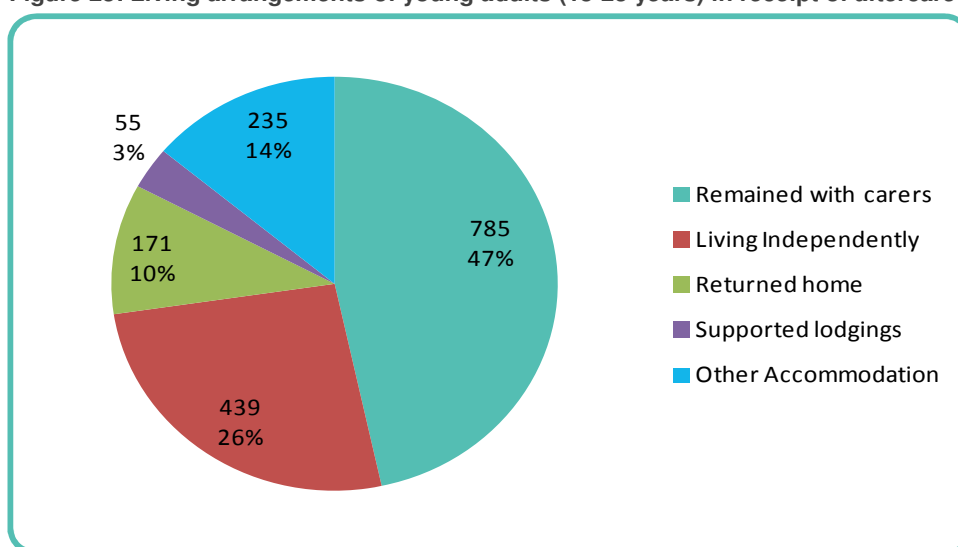
Source: Tusla Quarterly Data Return

²⁰ The timeframe for approval of relative foster carers is 12 weeks per the Child Care (Placement of Children with Relatives) Regulations 1995 and 16 weeks per the National Standards for Foster Care.

6.3.29 Aftercare

- At the end of December 2014, there were 1,707 young adults (all ages 18 years upwards) in receipt of aftercare services; 218 (15%) more than 2013 (n=1,489). It should be noted that, as this is a demand-led service through voluntary engagement, the number of young people in receipt of aftercare services can fluctuate.
- In terms of the 18-23 years old cohort in receipt of aftercare services (n=1,685) almost half (47%; n=785) remained living with their carers, implying that they continue to experience caring relationships and stable living arrangements. Over a quarter of them (26%; n=439) were living independently (Figure 23).

Figure 23: Living arrangements of young adults (18-23 years) in receipt of aftercare services



Source: Tusla Quarterly Data Return

- 79% (n=1,336) had an aftercare plan and 86% (n=1,456) had an allocated aftercare worker. 58% (n=975) of these young people were also in full time education (Table 53).
- Significant variation was observed across the areas for each of the measures, ranging from 100% to as low as 15% in one area for the percentage with an aftercare plan (Table 53). *Note: These data are new for 2014.*

Table 53: Young adults (18-23 years) in receipt of aftercare services with an aftercare plan, aftercare worker and in full time education, Dec 2014

Area	No. 18-23 years in receipt of aftercare	No. with an aftercare plan	% with an aftercare plan	No. with an aftercare worker	% with an aftercare worker	No in FT Education	% in FT Education
DSC	110	34	31%	33	30%	67	61%
DSE/WW	151	114	75%	145	96%	62	41%
DSW/K/WW	86	13	15%	27	31%	54	63%
Midlands	80	80	100%	80	100%	66	83%
DNC	220	133	60%	220	100%	103	47%
Dublin North	52	43	83%	52	100%	21	40%
LH/MH	91	91	100%	87	96%	48	53%
CN/MN	51	50	98%	51	100%	20	39%
Cork	209	194	93%	167	80%	184	88%
Kerry	26	26	100%	12	46%	20	77%
CW/KK/ST	90	89	99%	80	89%	39	43%
WD/WX	146	142	97%	146	100%	59	40%
Mid West	162	156	96%	161	99%	85	52%
GY/RN	104	65	63%	89	86%	68	65%
Mayo	43	43	100%	43	100%	32	74%
Donegal	37	36	97%	36	97%	29	78%
SO/LM/WC	27	27	100%	27	100%	18	67%
National	1,685	1,336	79%	1,456	86%	975	58%

Source: Tusla Quarterly Data Return

- A total of 484 children in care turned 18 years during 2014. Of these 472 (96%) were assessed as needing aftercare; 445 (94%) were offered a service of which 425 (96%) accepted the service.

6.3.30 Summary of Key Facts and Figures Alternative Care Services

- 1,632 admissions to care in 2014, the fewest number for the nine year period 2006-2014;
- 1,360 discharges from care, up 31 on 2013;
- 6,454 children in care at the end of 2014, 15 fewer than 2013 and the first decrease after seven consecutive increases;
- 93% (n=6,003) of children in care were in a foster care arrangement; 5.3% (n=345) were in residential care;
- 33 children admitted to special care in 2014; one fewer than 2013;
- Almost two-thirds (62%; n=4,012) of children in care in care for five years or less;
- 128 children in their third or greater placement within the previous 12 months at the end of December 2014; 44 fewer than 2014 and 22 fewer than 2013;
- 20 children in a placement outside of Ireland at the end of December 2014; seven fewer than 2013;

- 454 children in private placements at the end of December 2014; up 57 on 2013;
- 98% (n=4,139/4,241) of children (6-16 years) in care in full time education at the end of December 2014; 92% (n=436/475) of children in care aged 17 years were in full-time education;
- 93% (n=6,002) of children in care with an allocated social worker at the end of December 2014 (Target 100%);
- 89% (n=5,778) of children in care with a written care plan at the end of December 2014 (Target 90%);
- At least 4,652 foster carers in Ireland at the end of December 2014; 90% approved;
- 75% (n=3,020) of approved foster carers with an allocated link social worker;
- 1,707 young adults (all ages 18 years and upwards) in receipt of aftercare services; up 15% (n=218) on 2013;
- 94% (n=445/472) of children in care who turned 18 years during 2014 and assessed as needing an aftercare service were offered a service.

6.4 FINDINGS FROM EXTERNAL REPORTS

In addition to the data provided above, inspection reports published by Hiqa and investigation reports published by the National Review Panel (NRP) provide a further insight into the quality of services provided by Alternative Care Services. A summary of the main findings and themes identified in reports published by Hiqa in 2014 are presented in section 6.4.1 below. Themes identified by the NRP are covered in section 5.4.2 of this report.

6.4.1 Findings from Hiqa Inspections

Hiqa inspects foster care services against National Standards for Foster Care (Department of Health and Children, 2003) and residential services against National Standards for Children's Residential Centres (Department of Health and Children, 2001).

Foster Care

In 2014, Hiqa published four inspection reports relating to foster care services (Table 54). The inspections conducted were themed inspections focussing on three areas:

- Theme 1: Individualised Supports and Care
- Theme 2: Effective Services
- Theme 5: Leadership, Governance and Management

Table 54: Foster care inspection reports published by Hiqa, by area 2014

Area	Date of Inspection
Dublin South West / Kildare / West Wicklow	25 June 2014
Carlow / Kilkenny / South Tipperary	20 May 2014
Mid West	11 February 2014
Dublin South Central	28 January 2014

Across the four services inspected, inspectors assessed compliance with a total of 69 standards. The three services inspected prior to June 2014 were assessed against the judgment framework compliant/non compliant (Table 55). The remaining service was assessed against a revised judgment framework, exceeds the standard, meets the standard etc. (Table 56).

There were 23 (33%) judgments of compliant/meets the standard and 46 (67%) judgments of non-compliance / requires improvement. No major non-compliances / significant risks were identified in terms of the standards pre-selected for inspection. However, major non-compliances were identified for two standards not pre-selected for inspection in Carlow/Kilkenny/South Tipperary and one standard in Mid West. The standards concerned were Standard 11 (Health and Development) and related to children waiting for access to specialist services in both areas and Standard 17 (Reviews of Foster Carers) whereby inspectors found that 89% (n=278/314) of carers on the panel in the MidWest had not received a review in three years²¹.

Table 55: Number of standards inspected and judgments

Area	No of Stds Inspected	Judgment			
		Compliant	Minor Non Compliance	Moderate Non Compliance	Major Non Compliance
CW/KK/ST	16	7	2	7	0
Mid West	19	9	0	10	0
DSC	15	5	0	10	0
Total	50	21	2	27	0

Table 56: Number of standards inspected and judgments

Area	No of Stds Inspected	Judgment			
		Exceeds Standard	Meets Standard	Requires Improvement	Significant Risk
DSW/K/WW	19	0	2	17	0
Total	19	0	2	17	0

²¹ Review of foster carers is not covered in the Child Care (Placement of Children in Foster Care) Regulations 1995 but the National Standards for Foster Care state that the first review should be held one year after the first placement has been made and subsequent reviews take place at three yearly intervals.

The reports highlighted many positive findings and reported that children received a high level of care.

In terms of positives reports referred to:

- Services being effective and producing good outcomes for children;
- Children First (2011) being implemented;
- Children's rights being respected and promoted and children being consulted about decisions that affected them;
- Children speaking positively about their activities in the community, their progress at school and being part of carers' families;
- Services being led and managed by experienced and competent managers;
- All children and foster carers in Carlow/Kilkenny/South Tipperary had an allocated social worker;
- All children in foster care in Dublin South Central had an allocated social worker.

In terms of shortcomings reports referred to:

- Significant staffing deficits impacting on the ability of services to carry out statutory functions;
- Challenges in terms of recruitment, assessment and reviews of foster carers along with the allocation of link workers to foster carers in some areas;
- Children in foster care with no allocated social worker. This was a particular concern in Dublin South West/Kildare/West Wicklow and MidWest;
- Regular monitoring²² of statutory and non-statutory foster care services not taking place as the post of designated monitor in one area had been vacant for two years;
- Inconsistencies in practice relating to management of complaints;
- Challenges in relation to services providing diverse foster placements to children from various ethnic, cultural and religious backgrounds;
- Poor access to specialist services such as disability and mental health;
- Inequitable provision of aftercare services across the areas inspected. On a positive note, inspectors found that many young people who were 18 years of age were in full time education and remained living with their foster carers. This child-centred practice meant they continued to experience caring relationships and stable living arrangements.

²² The aim of the monitoring process is to support best practice and the provision of the highest standards of care.

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

Residential Care (excluding special care)

In 2014, Hiqa published 22 reports in respect of 23 inspections of children's residential centres (excluding special care centres). Included in the inspections were nine themed inspections that focussed on how children deemed to have challenging behaviour were managed by residential care staff. Hiqa used different judgement frameworks and reporting formats for these reports making comparison and aggregation of findings across centres difficult.

On the whole, children were found to be well cared for by experienced and knowledgeable staff committed to children's care.

In terms of positives reports referred to:

- An individualised approach to care with staff interacting warmly and respectfully with children and young people;
- Children being aware of their rights and information about their rights being readily available;
- Good practice in relation to managing, recording and resolving complaints;
- Good quality, up to date individual care plans, placement plans, absence management plans and crisis management plans for the majority of children;
- The majority of children having an allocated social worker;
- Similarly, the majority of children were in full time education and supported to achieve their educational potential. There were good systems in place in relation to monitoring except in a couple of cases.

In terms of shortcomings and areas for improvement:

- Concern was raised about the capacity of a number of services to meet the complexity of need of some children requiring placement and also in terms of managing behaviour that challenged;
- The purpose and function of some individual centres was not accurately defined in some centres. This allowed for weak admission processes that resulted in staff providing care to children who were not suited to the centre;
- Children leaving centres without permission and children missing from care were identified as areas requiring improvement. Staff and managers reported that this area of practice is challenging;

- While a number of reports referred to good management and strong leadership which provided the basis for the provision of consistent, safe and effective levels of care for children, others referred to centres where managers were unable to provide sufficient leadership and direction to guarantee a safe, good quality service;
- A small number of reports also described premises that were not fit for purpose and in breach of building and fire safety regulations. One of these centres relocated shortly after inspection;
- The provision of aftercare services to children leaving care was not equal in all cases. Some, but not all, children had access to aftercare services.

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

Special Care

Hiqa inspects special care centres annually against the *National Standards for Special Care Centres (2001)*. Across the three centres inspected in 2014, Hiqa assessed compliance with a total of 21 standards. There were six judgements of “meets the standard” and 15 judgements of “requires improvement”. There were no significant risks identified (Table 57).

Table 57: Special Care Centres - Hiqa inspections 2014

Centre	Standards Inspected	Exceeds the Standard	Meets the Standard	Requires Improvement	Significant Risk
Ballydowd	7	0	1	6	0
Coovagh	7	0	2	5	0
Gleann Alainn	7	0	3	4	0
Total	21	0	6	15	0

The inspection reports found that overall children were well cared for and that their key rights were valued and respected. They found that children were actively involved and consulted in their individual care planning processes and that contact with family/friends and significant others was encouraged and supported. All children had an allocated social worker and a Guardian *ad Litem* (court appointed independent person to inform the court of the child’s wishes and feelings and to advise the court of the child’s best interests). Children’s health needs were met and they had nutritious and varied diets. Reports also noted the involvement of the young people in their education and individual/group leisure activities. As part of the inspection process, Hiqa inspectors met with some of the children in special care. The children who were interviewed all appeared to understand the reasons why they were in special care.

In terms of areas for improvement, concern was expressed in relation to the use of specific practices regarding the restraint and single separation of children in special care. Some concern was also noted in respect of delays in the step down planning processes for children leaving special care.

It is the intention of the Director of Children's Residential Services and the National Manager for Special Care to prioritise these issues in 2015.

During 2014, Tusla's National Monitor for Special Care visited each of the centres and produced reports of their findings. Overall, findings from these visits were similar to those of Hiqa inspectors.

6.5 KEY PRIORITIES AND DEVELOPMENTS PLANNED

The data presented in this chapter demonstrates that children in the care of the Agency are, in the main, safe and well cared for by competent and experienced staff. Notwithstanding, it is acknowledged that improvements are required and particularly in terms of the following:

- Ensuring that *all* children in care have an allocated social worker and an up-to-date care plan;
- Improving foster care recruitment and the matching of placements;
- Improving supports for foster carers and ensuring that they have an allocated link worker;
- Improving staff development and the management of behaviour that challenges in residential centres;
- Meeting the increasing complexity of needs of some children requiring placements;
- Developing an understanding of the reasons behind placement moves/breakdowns;
- Improving supports and preparedness of children leaving care;
- Developments of complaints and feedback system for Tusla.

It is envisaged that much of this work will be addressed through work already underway, the realisation of specific objectives set out in the Agency's Business Plan for 2015; the development and strengthening of quality assurance systems and the development of an Alternative Care Strategy which is to be commenced in 2015. The plan to manage residential services nationally will also provide for an increased focus on residential services and a much more needs led, responsive service.

Chapter 7

OTHER SERVICES

OTHER SERVICES

Key Messages

Emergency Services for Children

- The development of a National Out of Hours Social Work Service progressed. This service is due to become operational in 2015. This service will ensure, for the first time, that cover for child protection and family support cases is provided on a 24/7 basis;
- 752 referrals to the Crisis Intervention Service (CIS) and 343 referrals to the Emergency Place of Safety Service (EPSS); numbers down on 2013.

Children “Out of Home”

- The Agency has legal responsibility under Section 5 of the Child Care Act 1991 to provide for the care and welfare who can no longer live at home;
- 33 children (16 & 17 years) were accommodated under Section 5 during 2014; the highest number in Cork (n=14). Social work departments work with these children to ensure the minimum time spent in homeless accommodation.

Separated Children Seeking Asylum (SCSA)

- The number of SCSA in Ireland has declined substantially in recent years (97 referrals in 2014, 988 fewer than 2001);
- In 2014, work continued on the development of protocols between the Agency and the Garda National Immigration Bureau.

Domestic, Sexual and Gender Based Violence Services (DSGBVS)

- Statutory responsibility for DSGBV services transferred to Tusla on its establishment;
- The focus of work nationally for DSGBV services in 2014 was to establish baseline information about service provision to inform future planning;
- Significant variability in levels of provision, service activity and resources across areas;
- Framework for national oversight for provision of services established.

Adoption Services

- Service in three of the four regions (DML, DNE and South) came under national management and governance in 2014;
- Significant programme of work on the development and standardisation of policies and procedures for the service commenced;
- Service improvement plan to reduce waiting list for information and tracing commenced (1,042 applicants on waiting list at the end of December 2014).

Inspection and Monitoring Service

- Service came under national management and governance in 2014;
- Service improvement plan for core inspection and monitoring activities was developed and implementation commenced;
- Service challenged due staff vacancies and deficits in ICT infrastructure.

Assessment Consultation Therapy Service (ACTS)

- ACTS was established in 2013 on foot of recommendations in the Ryan Report (2009) to provide clinical assessment, consultation and therapeutic services to young people in secure care and in the community at significant risk of such placements;
- Work in 2014, focused on developing consultation models, guidelines and nationally agreed templates as well as providing specialist multi disciplinary clinical supports to 252 young people, their families and the professional that work with them;
- Considerable work and developments are required and planned for this service to reach maturation.

7.1 INTRODUCTION

This chapter of the report provides data and information on a number of other services provided by Tusla. These include:

- Emergency Services for Children;
- Children 'Out of Home';
- Service for Separated Children Seeking Asylum;
- Domestic, Sexual and Gender Based Violence Services (DSGBVS);
- Adoption Services;
- Inspection and Monitoring Services;
- Assessment Consultation Therapy Service (ACTS).

7.2 EMERGENCY SERVICES FOR CHILDREN

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

These services are provided in close cooperation with An Garda Síochána, which has specific authority and responsibility under Section 12(3) the Child Care Act 1991²³ in circumstances where there is an immediate and serious risk to the health or welfare of a child, and it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by Tusla.

Crisis Intervention Service (CIS)

- The CIS provides an out of hours emergency social work service to children aged 0-17 years who are in crisis. The service operates across the greater Dublin area serving the counties Dublin, Kildare and Wicklow. It is available Monday to Sunday between 6.00pm and 7.00am and each Saturday, Sunday and Bank Holidays from 9.00am to 5.00pm, all year round.
- Referrals to the OHS are made by emergency service providers working outside of normal working hours e.g. Gardaí, hospitals and ambulance service personnel.
- Referrals are accepted in relation to:
 - Concerns regarding the immediate protection and welfare of children;
 - Children in crisis seeking emergency accommodation;
 - Children who are identified by the Garda National Immigration Bureau as separated children seeking asylum;
 - Requests for home visits that warrant close monitoring at the weekend.
- Where possible, the CIS tries to avoid placement of children in emergency accommodation: preferred options include placement of the child or young person with other family/friends or facilitating the child or young person to return home through mediating between parties where a breakdown in family relations has occurred. If placement is required, the placement options available included those outlined in Table 58.

²³ Section 12 of the Child Care Act 1991 states that

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

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

(b) it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by a health board under section 13, the member, accompanied by such other persons as may be necessary, may, without warrant, enter (if need be by force) any house or other place (including any building or part of a building, tent, caravan or other temporary or moveable structure, vehicle, vessel, aircraft or hovercraft) and remove the child to safety”.

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

Table 58: Placement options available, Crisis Intervention Service

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

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

Emergency Place of Safety Service (EPSS)

The purpose of the EPSS is to co-operate with and support An Garda Síochána in the execution of their duties and responsibilities under Section 12(3) of the Child Care Act 1991 and referrals made under Section 8.5 of the Refugee Act 1996. This service provides foster care placements for children who have been removed under Section 12 of the Act, outside of normal office hours, on an emergency basis by An Garda Síochána. Places of safety are provided on an emergency basis pending resumption of Tusla social work services in normal office hours. The EPSS provides a single, national contact point for An Garda Síochána during out of hours to make referrals and for consultation and advice regarding the circumstances of children who may be at risk. This service is provided by an external contractor acting as an agent for Tusla. Tusla retains custody of a child placed with the contractor by An Garda Síochána under Section 12(3) of the Child Care Act 1991. Day to day care is provided by the contractor. The service conforms with relevant Child Care Regulations and with the National Standards for Foster Care (DoHC 2003). As with CIS the children who are the recipients of the service will include those who present as out of home and other emergency situations, including children whose parents are unable to care for them due to an accident, illness or incapacity, where a child has been abused and the situation cannot wait until office hours resume, or a separated child seeking asylum.

Cork Out of Hours Service

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

7.2.1 Developments 2014

- National Out of Hours Social Work Service - in 2014, work continued on the development of a National Out of Hours Social Work Service. This was one of the key Actions (No.93) outlined in the Ryan Report (2009): *"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"*. When this service is up and running, An Garda Síochána will be able to contact a national emergency social work out of hours phone service for general advice or consultation. On call social workers will be able to respond directly to urgent cases requiring intervention. It is expected that this on call service will be staffed by social workers operating from the out of hours services in Dublin, supported by on call social workers in different parts of the country. The introduction of this service will strengthen inter-agency co-operation and assist in promoting the safety and welfare of children.

- CIS – in 2014 the CIS commenced preparatory work in terms of resources required, ICT infrastructure etc., for their additional role in relation to implementation of the National Out of Hours Social Work Service.
- EPSS - in 2014 this service worked on increasing placement options in areas of high demand and on supports for foster carers. This work included:
 - recruitment of additional foster carers to “stand by” in cases where the on call foster carer is at full occupancy or is on leave;
 - recruitment of new foster carers to replace retiring foster carers;
 - updating and printing of a manual for foster carers;
 - development of support groups for foster carers in six locations nationally;
 - development of training for foster carers.

7.2.2 Key Facts and Figures

- In 2014, there were 752 referrals to the CIS; 260 fewer than 2013 (Table 59). Twenty-three percent (n=174) of referrals were placed in accommodation. A total of 1,981 nights' accommodation was provided by the CIS in 2014; 723 fewer nights than 2013. This equates to approximately 11 nights per referral placed.

Table 59: Referrals to the Crisis Intervention Services, 2013 - 2014

Year	Number of referrals	Number (%) of referrals placed	Nights' accommodation provided
2014	752	174 (23%)	1,981
2013	1,012	286 (28%)	2,704

Source: Crisis Intervention Service

- In 2014, there were 343 referrals to the EPSS; 27 fewer than 2013 (Table 60). Fifty-eight percent (n=200) of referrals were placed in accommodation. A total of 470 nights' accommodation was provided by EPSS in 2014; 120 nights fewer than 2013. This equates to approximately 2.4 nights per referrals placed in accommodation.

Table 60: Referrals to the Emergency Place of Safety Service, 2013- 2014

Year	Number of referrals	Number (%) of referrals placed	Nights' accommodation provided
2014	343	200 (58%)	470
2013	370	262 (71%)	590

Source: Emergency Place of Safety Service

- All EPSS foster parents complete a report on the child placed and include any issues the child/young people brought to their attention. In 2014, no children/young people raised an issue about the service.

- All children are spoken to by the EPSS social work team before they are placed in accommodation. In 2014, all children agreed to the service. In 2014, the EPSS had one complaint from Tusla social work services in relation to the location of an EPSS placement.

7.2.3 Key Priorities and Developments Planned

- Progress the development and roll out of the National Out of Hours Social Work Service. This service will ensure, for the first time, that cover for child protection and family support cases is provided on a 24/7 basis. This service will become operational in November 2015.
- Other issues requiring attention include:
 - Responding to the current influx of referrals from families where homelessness is the primary cause of referral. There is a current gap in services with regard to the accommodation of such families;
 - Gap in provision of 24 hour placement care for children placed in Lefroy House. Lefroy House provides emergency hostel-type accommodation for children in need of accommodation/care at night time/weekends. Lefroy House does not remain open during the day time, so children have to vacate the premises and are not able to return until 5pm. This is concerning for the welfare of vulnerable children left in a city centre location, especially at weekends;
 - Issues arising in terms of releasing social workers who have been approved to transfer to CIS from Area social work departments due to staffing shortages.
 - Difficulties in the recruitment of foster carers in the Longford area - a recruitment drive was conducted in the area but no foster carers were recruited.

7.3 CHILDREN “OUT OF HOME”

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

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

“Where it appears to a health board that a child in its area is homeless, the board shall enquire into the child’s circumstances, and if the board is satisfied that there is no accommodation available to him which he can reasonably occupy, then, unless the child is received into the care of the board under the provisions of this Act, the board shall take such steps as are reasonable to make available suitable accommodation for him.”

7.3.1 Key Facts and Figures

- During 2014, at least 33 children (16 and 17 years) were accommodated under Section 5 of the Child Care Act 1991 (Table 61). These data are based on an incomplete return of data (data for Q4 2014 not available for Louth) and hence the number could be slightly higher. The highest number (n=14/33; 42%) of children accommodated was reported by Cork. During 2013, at least 31 children were accommodated under Section 5; 20 (65%) of whom were in Cork.

Table 61: Number of children (16 & 17 years) accommodated under Section 5 during 2014, by area

Regions/Areas	16 & 17 years under Section 5 (2013)	16 & 17 years under Section 5 (2014)
Dublin North	0	4
Dublin North City	1	1
Louth/Meath*	0	0
Cavan/Monaghan	0	0
Dublin South East/Wicklow	0	0
Dublin South Central	0	0
Dublin South West/Kildare/West Wicklow	0	0
Midlands**	0	1
Mayo	0	2
Galway/Roscommon	0	0
Sligo/Leitrim/West Cavan	0	0
Donegal	1	0
MidWest	6	8
Waterford/Wexford	0	1
Carlow/Kilkenny/South Tipperary	0	0
Cork	20	14
Kerry	3	2
Total	31	33

Source: Tusla Quarterly Dataset

*Partial return – data for Louth not available for Q4 2014;

**Partial return from Midlands Q1 2013

- At the end of December 2014, there were at least 16 children (16 and 17 years) accommodated under Section 5 of the Child Care Act 1991. These children were reported by three areas (Cork n =9), Kerry (n=2) and MidWest (n=5). At the end of December 2013, there were at least 17 children (16 and 17 years) accommodated under Section 5 and at the end of December 2012 there were 23 children accommodated under Section 5.
- Of the 16 children who were accommodated at the end of December 2014, 13 (81%) were in supported lodgings²⁴; two were in designated homeless beds and one was in a placement setting specified as 'other'.
- Social work departments work with these children to ensure the minimum time spent in homeless accommodation. At the end of December 2014, the majority of children (75%; n=12/16) accommodated were the subject of a Section 5 for six months or less (Table 62).

Table 62: Children 16 and 17 years accommodated under Section 5 by length of time, Dec 2014

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

Source: Tusla Quarterly Dataset

*Data partial – data for Louth not available for Q4 2014

- The Agency also collects data on the number of children placed in a youth homeless centre/unit for more than four consecutive nights OR more than ten separate nights over the year. In 2014, a total of 42 children were placed in a youth homeless centre/unit for more than four consecutive nights OR more than ten separate nights; one more than 2013 (n=41) and 58 fewer than 2012 (n=99). The majority (n=36) of these children were reported by Cork; the remaining six were reported by the MidWest. These data most likely reflect the fact that Cork has a dedicated service (Liberty Street House) for children out of home or at risk of being out of home, and for older separated children seeking asylum. It provides social work and child care leader support to children who are out-of-home or in conflict situations in their family homes and at risk of leaving or being put out of home. The priority at all times is to

²⁴ Supported lodgings is the term used for the provision of accommodation, support and in a domestic setting to young people who cannot live at home, but are not ready to live independently. The provider of supported lodgings will work in partnership with the young person and the young person's social worker in preparing them for independent living at a future date.

return a child home. Where a child is unable to return home, there are a number of accommodation options available. Emergency accommodation is provided for boys in Pathways and girls in Riverview, both in Cork City. Children move on from the emergency accommodation to other accommodation options managed by Liberty Street House. The approach adopted by this service has been found to facilitate enhanced working relationships with the families of the children.

7.4 SERVICE FOR SEPARATED CHILDREN SEEKING ASYLUM

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

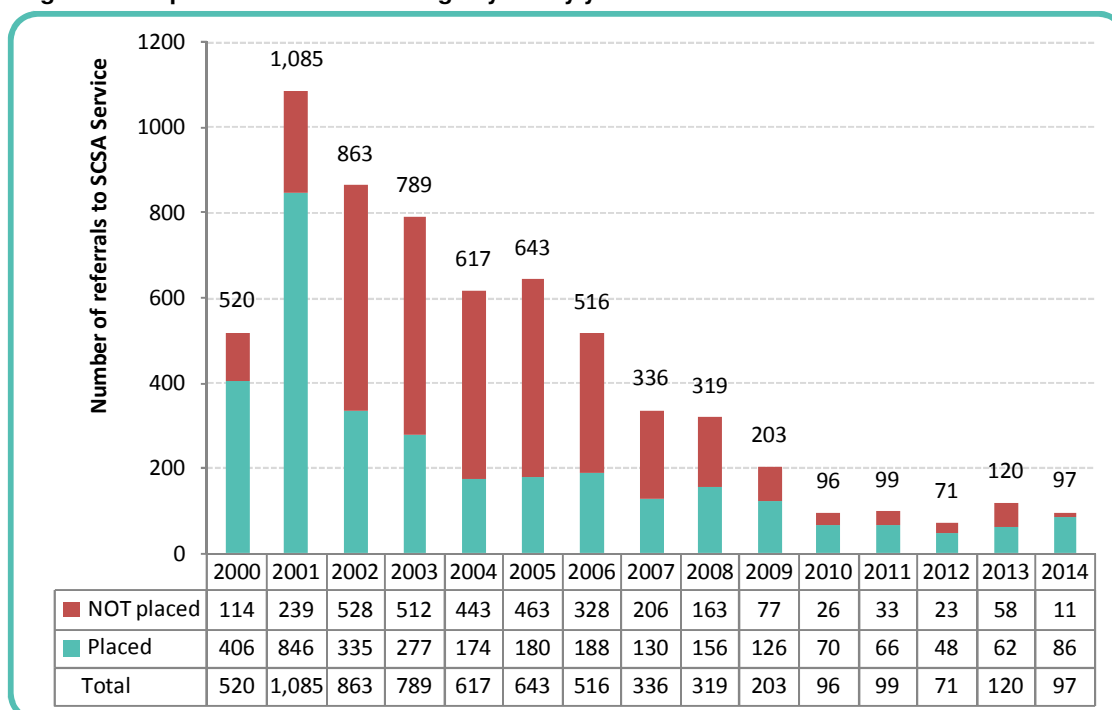
Children are referred to the service by the Office of the Refugee Applications Commissioner (ORAC) and by the Garda National Immigration Bureau (GNIB). The majority of children referred to the service are received into care and initially accommodated in one of the intake units as either a "pre-reunification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

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

7.4.1 Key Facts and Figures

- The number of SCSA in Ireland has declined substantially in recent years. In 2014, there were 97 referrals to the SCSA; 988 fewer than 2001 when the highest number for the period 2000 – 2014 was reported (Figure 24). This most likely reflects the change in net migration outlined in Chapter 2 of this report. Eighty-nine percent (n=86/97) of referrals in 2014 were placed in care; the highest percentage for the 15 year period 2000-2014 (Figure 24).

Figure 24: Separated children seeking asylum by year 2000 - 2014



Source: Tusla SCSA Team

- In 2014, family reunification assessments were completed for 49 of the 97 referrals (regardless of placement in care status) to the SCSA Service. The number of family reunification assessments completed by year for the period 2000-2014 is presented in Table 63.

Table 63: Family reunification assessments completed by year, 2000 - 2014

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

Source: Tusla SCSA Team

- Coincident with the decline in the number of SCSA is a decrease in the number of SCSA who are missing in care. There was one reported at the end of 2014 compared to 52 at the end of 2002 (when this data was first collected). Reasons for a child going missing can include:
 - the child's appeal for asylum has been refused and he/she is nearing 18 years and is reacting to the pending threat of deportation;
 - the child has been smuggled into the country to join the workforce on a consensual basis and is availing of the child protection service as a fast track route into the State;
 - the child has been trafficked into the State by traffickers using the child protection service as an easy route.

Several other factors are contributing to the decline in the number going missing, including: the development of robust care placement services; a more intensive and holistic child protection risk assessment with a dimension on age; as well as an addressing mechanism for those suggesting a motivation to avoid an age assessment. In addition, in 2014 work continued on the development of protocols between the Agency and the Garda National Immigration Bureau, allowing for the collaborative screening of SCSA presenting at ports.

7.5 DOMESTIC, SEXUAL AND GENDER BASED VIOLENCE (DSGBV) SERVICES

Statutory responsibility for care and protection for victims of DSGBV transferred to Tusla on establishment of the Agency.

In 2014, Tusla provided approximately €17 million in funding to 62 specialist Domestic Violence (DV) and Sexual Violence (SV) services. These include:

- 44 DV Services (including 20 emergency refuges);
- 16 Rape Crisis Centres (RCCs)/SV Services;
- 2 National Networks – Safe Ireland and Rape Crisis Network Ireland (RCNI).

Most of this funding was accounted for by grant aid agreements which transferred from the HSE, but also included funding for Rathmines Women's Refuge, directly run by Tusla, and €200K in grant funding provided through the Family Support Programme.

Key priorities for DSGBV services for 2014 included:

- Establishing a coherent approach nationally to the development and delivery of DSGBV services in the context of Tusla's strategic priorities;
- Clarity about governance, roles and responsibilities at national, regional and local levels with regard to DSGBV service provision;
- Establishment of adaptive structures for oversight, policy and service development in DSGBV services at national/regional/local level that will support effective governance and ensure co-ordinated provision of services to best meet service user needs;
- Enhanced organisational knowledge capacity to support planning and evaluation, leading to greater assurance about service quality and outcomes for service users;
- Enhanced engagement between Tusla and DSGBV service provider organisations to achieve strategic priorities that will support developments in DSGBV sector.

7.5.1 Developments 2014

There were a number of developments in 2014 as follows:

- Collation of a core national data set and geo-mapping of DSGBV services;
- Completion of programme of consultation and engagement with key stakeholders including service provider organisations;
- Completion of initial review of core DSGBV services data to inform future planning;
- Establishment of a validated national budget for DSGBV services;

- Transfer of Section 10 Homeless funding for DV refuges from the Department of Environment, Community and Local Government to Tusla from 2015 forward;
- Establishment of a framework for national oversight for provision of services and supports for victims of DSGBV.

A number of gaps in service (unmet need) were also identified in 2014 as follows:

- Initial mapping of service provision indicated significant variability in levels of provision; service activity and resources across areas. However, variability in use of terms, approaches to measurement and reporting mechanisms at area level limited the availability of reliable data to underpin service development;
- Gaps in services for victims of sexual violence, particularly in Border areas and Midlands were evident;
- Need for further development of outreach services for victims of both sexual violence and domestic violence in most areas;
- Gaps in services for children who witness domestic violence in some areas – lack of consistent, evidence informed supports for children.

7.5.2 Key Priorities and Developments Planned

There are a number of developments planned for DSGBV services for 2015 and beyond as follows:

- Development of business intelligence for DSGBV services is a planned priority to inform resource allocation and underpin service planning;
- Implementation of a national governance framework to support the delivery of coherent, consistent and high quality services with greater equity in access and outcomes for service users;
- Targeted developments to enhance services for victims of SV within available resources in identified areas of under-provision;
- The focus of work nationally for DSGBV services in 2014 was to establish baseline information about service provision. Details of service user satisfaction with individual services were sought as part of wider review processes. Initial information about service user satisfaction and use of service user engagement mechanisms by service providers indicates that although there are significant indications of client focus across services, consistent and systematic use of service user feedback is an area for development in the DSGBV services programme.

7.6 ADOPTION SERVICES

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

- Infant domestic adoption;
- Step-parent;
- Fostering to adoption.

Children outside the State can be adopted through a process known as inter country adoption.

Adoption is governed by the Adoption Act 2010 (“the Act”) which came into force on the 1st November 2010. This act consolidates all existing laws in relation to adoption into one single piece of legislation and aims to ensure better regulation of adoption in Ireland and in respect of inter-country adoption. The Act provides that the Hague Convention (meaning the Convention on Protection of Children and Co-operation in respect of Inter-country Adoption 1993) has the force of law in Ireland, meaning that it is only possible to adopt children from countries that have ratified the Hague Convention or from countries with which Ireland has a bi-lateral agreement. Membership of Hague is intended to improve standards in inter-country adoption. The Act also establishes “The Adoption Authority of Ireland (AAI)” in place of the Adoption Board.

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

Tusla is the competent authority for assessing the eligibility and suitability of possible adoptive parents. Following assessment a recommendation is made to the AAI. Tusla also provides information and tracing services to people who were adopted or fostered and may wish to trace their birth family. Accredited bodies also work with the Agency in all areas of adoption, undertaking those activities for which they are accredited.

7.6.1 Developments 2014

- Prior to the establishment of the Agency, adoption services were managed locally in each of the regions. On commencement of the Agency a decision was made to restructure adoption services from locally managed services (including budget) to one service managed nationally by a national manager. To that end, an interim national manager was appointed and on 1st September 2014 adoption services in three of the four regions (DML, DNE and South) transferred to the national service. The transfer of services in the West region was postponed due to the post of principal social worker being vacant. The process to recruit the principal social

worker commenced in late 2014. Under the new organisational structure, the national manager will ensure consistency of policy implementation and practice; resource distribution and deployment; and equity of access to the service. This work has already begun particularly for information and tracing cases i.e. monitoring and ongoing transfer of cases to the area that has capacity to provide a service.

- In 2014, a significant programme of work commenced on the development and implementation of a standardised suite of operational policies and procedures including operational guidance for adoption committees.
- A suite of performance and activity metrics for adoption services were developed.
- A service improvement plan to reduce the waiting list for information and tracing was developed and commenced.
- A review of the location and condition of historical adoption records in the custody of the Agency was carried in order to establish suitable archiving and preservation arrangements.

7.6.2 Key Facts and Figures

- In 2014, there were
 - 114 completed assessments for inter-country adoptions;
 - 39 completed assessments for domestic adoptions;
 - 65 completed assessments for step-parent adoption;
 - 56 completed assessments for fostering to adoption;
 - 1,042 applicants on a waiting list for information and tracing services.

7.6.3 Key Priorities and Developments Planned

- Progress the nationalisation of the Tusla Adoption Service and restructure and reallocate resources to improve service delivery;
- Development of joint protocols and working relationships with key stakeholders such as DCYA and AAI;
- Support the work of the Commission of Investigation into Mother and Baby Homes and Certain Related Matters;
- Prepare for the receipt of historical records from adoption agencies where accreditation has not been renewed and prepare for the centralisation of historical records currently in the custody of Tusla;
- Continue the programme of work commenced to standardise policies and procedures for adoption services;
- Reduce the information and tracing waiting list through introduction of a service improvement plan;

- Develop a permanency planning practice handbook for staff working with children in care.

7.7 INSPECTION AND MONITORING SERVICE

All children's residential centres are subject to statutory inspection. Tusla inspects and registers non-statutory private and voluntary children's residential centres and Hiqa inspects and registers statutory children's residential centres. The statutory framework which underpins this work is laid out in Part VIII of the Child Care Act 1991, the Child Care (Placement of Children in Care) Regulations 1995 and the Child Care (Standards in Children's Residential Centres) Regulations 1996, in addition to National Standards for Children's Residential Centres (Department of Health and Children 2001). Centres are inspected in line with a three year registration cycle.

The Child Care (Placement of Children in Residential Care) Regulations 1995 places additional duties on the Agency to ensure compliance with Child Care Regulations 5-16. The regulations state that an authorised person (monitoring officer) is required to visit centres from 'time to time'. The aim of the monitoring process is to support best practice and the provision of the highest standards of care. This duty extends to statutory centres along with the non-statutory private and voluntary centres referred above. In addition to the monitoring of children's residential centres, the Agency monitors special care units under Article 22 of the Child Care (Special Care) Regulations 2004 and foster care services under Standard 19 of the National Standards for Foster Care (Department of Health and Children, 2003).

7.7.1 Developments 2014

In August 2014, the inspection and monitoring activities of the Agency described above came under national management and governance. As part of the strategy to improve governance and accountability four regional teams were merged into two teams reporting nationally to the Quality Assurance Directorate. One team comprising nine inspection and monitoring officers covers the South and West of the country while the other team comprising 13 officers covers Dublin Mid Leinster and Dublin North East.

The standardisation and enhancement of inspection and monitoring activities is a core project under the directorate's business planning going forward. In 2014, a service improvement plan for core inspection and monitoring activities was designed and commenced. It comprises five sub-projects as follows:

- Standardisation of processes and practices for inspection of children's residential centres under Part VIII of the Child Care Act 1991;
- Standardisation of the processes and practices for monitoring of children's residential centres under Article 17 of the Child Care (Placement of Children in Residential Care) Regulations 1996;
- Standardisation of processes and practices for monitoring of foster care services under Standard 19 of the National Standards for Foster Care 2003;

- Introduction of intelligence-led monitoring of foster care services;
- Publication of inspection reports for children's residential centres on the Tusla website.

7.7.2 Key Facts and Figures

In 2014, the Inspection and Monitoring Service saw a considerable increase in the number of children's residential centres opening within the non-statutory sector. This was in part due to the extended roll out of the Agency's Residential Care Procurement and Commissioning Strategy and the ongoing demand for alternative care services.

Monitoring of statutory residential centres identified a number of closures of centres in the South and some mergers of others. This sector is of particular concern to monitoring officers due to long term absences and retirements of some experienced centre managers and the lack of robust standardised governance structures in place for the sector nationally. This issue was also raised by Hiqa as an issue requiring action by Tusla.

The restructuring of the Inspection and Monitoring Service highlighted a service that was substantially neglected over the years. Deficits identified include the absence of administrative support, the loss of senior posts which were not filled during the recruitment moratorium and out of date ICT equipment. The service has not kept pace with the increase of children's residential centres nationally leading to a considerable back log of monitoring visits nationally.

Monitoring of foster care services in two regions in particular (Dublin Mid Leinster and West) has also been significantly impacted by the lack of resources. While the service has attempted to provide cross-cover nationally from other regions, capacity is limited. This lack of resources combined with an increasing number of non-statutory private foster care agencies becoming operational presents as a considerable risk for the service and the Agency generally.

7.7.3 Key Priorities and Developments Planned

- Full implementation of the service improvement plan described above;
- A review of resources required for the service to fulfil its remit;
- Development of a suite of performance and activity metrics for the service;
- Development of a national service improvement strategy for special care units.

7.8 ASSESSMENT CONSULTATION THERAPY SERVICE (ACTS)

ACTS was established in 2013 on foot of recommendations in the *Report of the Commission to Inquire into Child Abuse 2009* [Ryan Report]. ACTS is a small national specialist service responsible for providing clinical assessment, consultation and therapeutic services to children in secure care (special care units or children detention schools) and those in the community at significant risk of such placements. This includes continuing involvement with children following secure care placements when their needs exceed the threshold of community services. This means that children are supported by a familiar clinician during times of transition when they are most vulnerable. ACTS also supports other professionals in their ongoing work with children and their families.

ACTS is a multi-disciplinary and multi-agency service comprising psychologists, social workers, social care workers, speech and language therapists and counsellors with expertise in substance misuse. It differs from other clinical services in that clinicians are trained and experienced in working with children and families who may be hesitant to engage with professionals. The ACTS model is also flexible allowing clinicians to continue working for some time with children when they move from special care placements and detention.

ACTS team members have experience in a number of different services. This diverse experience and knowledge base informs integrative clinical working and enhances the ability of the team to work from an interagency and multi systemic perspective. Multi-disciplinary team working is at the core of service delivery in ACTS. Clinicians from the five disciplines share common skills around engaging children and families with complex presentations. The contribution of a variety of perspectives to the understanding of children enhances ACTS ability to improve outcomes for the children seen by the service. All ACTS clinicians engage in clinical supervision and continual professional development based on the clinical needs of the populations with whom they work.

In 2014, ACTS had 20 clinicians nationally to provide services to the three special care units, the detention schools and children in the community. It is led by a management team whose central responsibility is the implementation of systems of clinical governance.

7.8.1 Key Developments 2014

2014 saw a number of developments as follows:

- Recruitment of a third head of discipline – taking up post in 2015;
- Development of a consultation model for community work;
- Development of a consultation model for professionals;

- Development of service wide measurement of therapeutic outcomes;
- Continued development of staff;
- Further development of nationally agreed templates and procedures around the Individual Therapeutic Plan (ITP)²⁵;
- Development of guidelines for working with children and young people with substance misuse issues in residential settings;
- Development of a policy group;
- Further development of consistent practices across the service nationally;
- Research within the specialist remit of the service including presentations at a number of conferences held in 2014.

7.8.2 Key Facts and Figures

- In 2014, ACTS provided specialist multi disciplinary clinical supports to 252 children and young people, their families and the professionals with whom they work;
- There was no child with whom the service failed to engage in 2014;
- 33 children were placed in special care in 2014 and all of these children were seen by the ACTS team and individual therapeutic plans were completed for each young person;
- 117 children in children detention schools were allocated to a clinician in 2014. There is currently no waiting list for clinical services in children detention schools;
- Feedback was sought, throughout the year, from service users including children and their family members, special care and detention centre staff, social workers and Guardians *ad Litem* involved with young people;
- The ACTS team provided in excess of 81 training sessions over the year as follows:
 - Children detention schools - seven sessions;
 - Special care units – 24 sessions;
 - Foster care – four workshops on managing disruptive behaviour;
 - Care of an individual child/young person – 23 sessions with staff teams in relation to the specific needs of a young person in care;
 - Residential centres – 27 training sessions.

²⁵ Individual Therapeutic Plan (ITP): this consists of a therapy plan that identifies prioritised factors for intervention for a specific young person. The factors that form the basis for this tool were identified through systematic review of a large evidence base around risk. The tool allows clinicians and other professionals to develop individual therapeutic plans to facilitate the coordination and centralisation of all interventions by all partners to support the young person and their network in reducing risk. The ITP supports the therapeutic efforts around the young person in his/her placement in Special Care and it can follow the young person to his/her next placement. The first phase of this pilot was ongoing in 2014. This will be reviewed in 2015.

7.8.3 Key Priorities and Developments Planned

Considerable work and development is required for the service to reach maturation and to foster a culture of continuous improvement and reflective practice. Key priorities for 2015 include:

- To continue the next phase of the Individual Therapeutic Plan (ITP) in national special care services;
- To continue to develop the ACTS Addiction Team guidelines for working with children with substance misuse issues in residential settings. Consultation around these guidelines will take place in 2015 with a view to achieving national agreement;
- To continue service developments in the children detention schools. A service development plan will be submitted to the Agency's Senior Management Team around the necessary further development of clinical services in the detention schools;
- To continue to develop an electronic database for ACTS and an electronic file system. This work began in 2014 and is essential to support the work with a population of children who are very mobile and a team of clinicians who travel to respond to their needs;
- To identify and amplify processes useful to the client population, via archival audit, service user feedback (through therapy feedback tools and multi-situational research);
- To standardise practice nationally including record keeping, individual therapeutic plans (ITPs) and mechanisms for information giving/training (i.e. residential unit workshops, community services, professional bodies, etc);
- To further delineate and expand quality assurance systems within ACTS and the Agency and integrate research findings around 'what works' with adolescents at high risk;
- To continue development and capacity building to allow the Agency's therapeutic services to follow recommendation six of the NICE Guidelines 2010 for looked after children and young people. It recommends that the multi agency 'team around the child' should have access to a consultancy service to support collaboration on complex casework.

Chapter 8

BUSINESS SUPPORT FUNCTIONS

8.1 WORKFORCE DEVELOPMENT

In 2014, the Workforce Development (Education, Training, and Research) function of the Agency repositioned from the Policy and Strategy Directorate to the Human Resources Directorate. To ensure connectivity with key directorates a National Steering Group for Workforce Development was established which included the National Director for Policy and Strategy and the Chief Operations Officer in its membership.

In 2014, the Workforce Development National Management Team (WDNMT) comprised a national manager, four regional managers, a senior executive officer to oversee the administration function and a national education and training officer. During the year, a national training and development co-ordinator joined the team. Each of the regional managers manages a team of trainers with administration staff.

8.1.1 Key Developments 2014

- During 2014 significant priorities and developments were progressed by Workforce Development (WD), based on the development and implementation of a National Work Plan forecasting the projected work for the WDNMT and the WD staff (Table 64). The Work Plan comprised three major components:
 1. Internal Business Plan which dealt with the internal management of the WD function.
 2. Development Work Portfolio which brought together the projects that were to be undertaken by WD staff to develop standardised training programmes or other learning and development initiatives.
 3. National Training Plan which outlined the training courses that were planned for delivery during 2014 by WD staff. Extensive work was carried out at regional level to agree the priorities for the training plan. Priorities were assessed on the basis of whether the need had been identified/recommended in one or more of the following areas: the National Business Plan for the Agency or other relevant TULSA high level document; policy/practice guidance; a report²⁶; Hiqa standard/recommendation; or by training needs assessment with Area Managers. Priority was given to training courses that have been underpinned by a high level of evidence for the need for the training.

²⁶ Examples of a national policy/report are Roscommon Inquiry (2011), Child Protection and Welfare Handbook (2011), Children First Guidance (2011).

Table 64: Workforce Development – priorities and developments 2014

Work Plan Component	Priority	Development 2014
Internal Management	To establish WD as a National Organisation Unit with pay and non-pay budget for the relevant staff and resources	The build for the WD National Organisational Unit for staffing and budgetary resources was commenced with the National HR and Finance Directorates. A due diligence exercise was undertaken to identify the staff and resources to be moved to the National Organisation Unit.
	To increase staffing in areas that were identified as requiring additional WD staff	Two training and development officer posts were agreed for backfilling in 2014. Approval was also granted for eight new training and development officer posts to support the implementation of PPFS. Appointments to be made in 2015.
Development Work Portfolio	To complete the CPD strategy and commence consultation with key stakeholders	The CPD strategy was completed and consultation with key stakeholders commenced
	To implement a standardised process for personal development planning and training needs analysis	The implementation of a standardised process for personal development planning and training needs analysis was commenced and standardised briefings were provided to support the process
	To develop new course areas that required standardisation	<p>New standardised courses and development work were developed in the following areas:</p> <ul style="list-style-type: none"> ○ Child protection conference training for chairs and administration staff involved in this process ○ Caseload management to support the roll-out of the caseloads management project. ○ Scoping was undertaken to begin the process of developing new courses in areas such as attachment and direct work with children. A new development team was established by deploying some staff to support this priority work to carry over to 2015. ○ An evaluation of the Children First 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.
	To review the Post Graduate Diploma in Child Protection and Welfare Course (Trinity College Dublin)	The review of the TCD Post Graduate Diploma in Child Protection and Welfare course was commenced.
	To co-ordinate the delivery of a front line management leadership development programme in each region	The Front Line Management Leadership Development Programme was delivered in each region. The target group was new and existing managers in social care and social

Work Plan Component	Priority	Development 2014
		work.
	To develop a PPFS training strategy (Phase I), PPFS (Meitheal) training materials and to deliver Meitheal train the trainer course	PPFS Meitheal Training: <ul style="list-style-type: none"> ○ Phase 1 of the PPFS training strategy completed. ○ The Meitheal standardised training course materials were finalised. ○ The Meitheal standardised train the trainer course materials were finalised and delivered to 103 participants.
	To develop and deliver briefings to support new service developments	Standardised Briefings were delivered in the following areas: <ul style="list-style-type: none"> ○ Caseload Management: Cascade of 8-10 full day briefings per region to social work staff to support implementation of the Caseload Management Tool ○ Child Protection Conference and Child Protection Notification System Policy: Co-ordination of 5 national briefings across the 4 regions. ○ PPFS: Area briefings in each of the 17 Areas to Heads of Service, TUSLA, funded agencies, HSE and Children's Service Committees. ○ Personal Development Planning and Training Needs Analysis: Area briefings to Area Management Teams and additional support to be provided to managers in implementing the CPD process
National Training Plan	To collect national data on the training delivery of each of the courses and to break this down into the following categories; social work staff; other Tusla staff; HSE staff; Other Agencies	The data gathered on training activity included a breakdown of numbers of social work staff trained in each course area.
	To meet the training targets for the 24 training courses forecast in the National training Plan	See Table 65 below for full breakdown of the attendance at the 24 course areas where training was delivered during 2014:

8.1.2 Key Facts and Figures

- In total in 2014, there were 609 training courses delivered to 9,435 attendees throughout the country (Table 65). This figure can be broken down into 4,775 attendees from Tusla of which 2,879 were social work staff and 4,660 attendees from other agencies of which 2,094 were HSE staff.

- The most common course delivered was Child First – Basic Training, accounting for 23% (n=139/609) of all courses delivered. A total of 2,630 people attended this course of which the majority (59%; 1,561) were HSE staff.
- In addition to the standardised courses, training and development officers provided courses based on locally identified need through a range of non-standardised courses in areas such as child development, training responses to Hiqa inspection reports, emotional abuse and neglect, and other requested areas.

Table 65: Workforce Development – breakdown of attendance at training delivered, 2014

2014	NO. COURSES RUN	NO. TUSLA SOCIAL WORKERS	NO. TUSLA OTHER STAFF	NO. HSE STAFF	NO. OTHER EXT STAFF	TOTAL NO. ATTENDEES
Children First - Basic Training	139	156	233	1,561	680	2,630
Children First - for Foster Carers	23	19	1	15	404	439
Caseload Management	57	836	23	24	3	886
Child Protection Conferencing - Admin	6	46	46	0	0	92
Child Protection Conferencing - Chairs	3	42	18	0	0	60
Core Court Room Skills	7	104	5	9	9	127
Domestic Violence -Awareness	13	82	36	82	59	259
Leadership Development Programme	5	80	18	0	0	98
First Time Managers Course	1	0	0	10	0	10
Marte Meo Communication Skills Training	23	62	113	17	59	251
Meitheal	22	11	23	24	352	410
Practice Development for New SWs	2	25	0	0	0	25
Suicide Prevention - SafeTALK	8	46	35	10	88	179
Supervision - Making the Most of SV for Supervisees	20	124	65	20	35	244
Supervision - Staff SV Skills for Supervisors	24	107	73	56	33	269
Therapeutic Crisis Intervention (TCI) - Core	3	0	12	0	31	43
TCI - Refresher	69	110	442	0	289	841
TCI - Foster Carers	4	0	0	0	39	39
Assessment Framework	6	66	15	10	21	112
Putting Analysis into Assessment	10	97	56	1	1	155
Recording & Report Writing Skills	8	45	47	2	4	98
Attachment Theory and Practice	3	35	41	0	3	79
Cultural Diversity	9	82	38	5	18	143
Direct Work with Children	1	9	3	0	0	12
Other	143	695	553	248	438	1,934
TOTAL	609	2,879	1,896	2,094	2,566	9,435

8.1.3 CHALLENGES / UNMET NEED 2014

The staffing for WD was allocated to fit with the needs of the former Health Board Structure and HSE structure during which time the service was provided locally. Many of the original positions that were originally allocated to training were not maintained when they became vacant due to retirements, promotions and resignations. As a result the staffing for WD is skewed with some regions having up to ten training and development officer positions filled (West and DNE) and other regions having as few as four (South and DML). This leads to significant disparity in training delivery, as some areas have much reduced capacity. In addition, there is significant disparity between regions in relation to administration staffing to support the WD function. This will need to be addressed into the future.

8.2 RESEARCH

One of the specific functions of Tusla, as set out in the Child and Family Agency Act 2013, Part 2, Section 8 (1)(f) is to “*Undertake or commission research relating to its functions*”. The national policy context for the development of a Tusla research function is set out in the following policy documents:-

- **Better Outcomes, Brighter Futures:** The National Policy Framework for children and Young People 2014–2020 (Department of Children and Youth Affairs, 2014) which states:

“Government investment in children will be more outcomes driven and informed by national and international evidence on the effectiveness of expenditure on child related services, with the aim of improving child outcomes and reducing inequalities. Resource allocation within services will be based on evidence of both need and effectiveness.”

- **The National Strategy for Research and Data on Children’s Lives, 2011—2016** (Department of Children and Youth Affairs, 2011) which provides a research framework for improving understanding of children’s lives across all sectors. This strategy seeks to coordinate and mobilise research and data across a range of agencies in order to achieve a better understanding of children’s lives.

Investment in research capacity will support evidence informed decision making and promote high quality service delivery. It will help to create an environment in which staff can confidently share learning and transfer knowledge. The overall aim is to ensure that staff at all levels are supported to consistently produce creative solutions using the knowledge and skills of all within the organisation.

8.2.1 Key Developments 2014

There were a number of key developments in 2014 as follows:

- **Development of a Research Strategy**

In 2014, work commenced on the development of a research strategy for the Agency. The aim of this research strategy is to set out a plan for the next three years for the development of a research function and the promotion of a research culture across the organisation in support of corporate strategy. This strategy will contribute to the understanding of the most effective ways to intervene in children’s lives and to ensuring that this knowledge informs service development. The specific objectives that Tusla is seeking to accomplish within the timescale of the Corporate Plan 2015-2017 are set out below. These objectives will provide a framework within which Tusla can progress its overall strategic goals in regard to research.

- Develop research infrastructure: to establish appropriate structures and functions to ensure that high quality research is embedded within the organisation.
- Provide research coordination: to develop the systems and processes necessary to ensure that research is coordinated and supported across the organisation.
- Use research to develop the capacity of Tusla as a learning organisation: to promote a culture in which there is a commitment by staff to use research, including research skills and methods, to promote the process of learning and in which individual learning can be transferred into organisational learning.
- Use research information to support improved service delivery through evidence informed practice: to ensure ready access to information resources and to establish linkages with academic institutions and other learning organisations.
- Use research to inform and guide policy development: to establish the research requirements of the Agency so that the planning and development of policies and services is informed by best available evidence, and to identify and address knowledge gaps.

- **Engagement with HSE Library Services**

In order for Tusla to become a learning organisation with a shared vision there is a need to develop a culture in which there is a commitment by staff to the process of learning and where individual learning can be transferred into organisational learning. As part of this process Tusla is currently engaging with HSE Library Services as key partners in information provision. Tusla is seeking to establish a baseline of data and information in regard to the information behaviour of staff with a view to improving the provision of information to support evidence based practice.

- **Information Needs Analysis**

In 2014, a project group was established to identify the information needs of Tusla staff. In collaboration with HSE Library Services, a survey was undertaken in October 2014. A cross section of 64 staff representing all directorates and grades were nominated by service directors as potential respondents to the survey. The number of participants identified was proportionate to the number of staff employed within Tusla, with 57% of potential respondents being social work and social care staff (a separate survey of Educational Welfare Services staff will be conducted). Fifty respondents completed the survey, giving a response rate of 78%. It is envisaged that the findings of this survey will feed into the Tusla Research Strategy. This survey further builds on the findings of research by Niamh Flanagan (2013)

entitled, *Information Behaviour of Social Workers: Needs, seeking, acquisition and use of information to support social work practice.*

Chapter 9

CONCLUSION

9.1 OVERVIEW

Over the past number of years, services for children and families in Ireland have experienced significant changes in legislation, regulations, standards and policy and, not least, the establishment of a new dedicated, independent agency, Tusla – Child and Family Agency. Following from a period where the State’s record in child protection and welfare was found wanting, the establishment of the Agency presents a real opportunity to ensure that the services delivered are co-ordinated, effective, efficient and child-centred. It places substantial responsibilities on the Agency in terms of the services provided to children and families and the standards to which these services must be delivered and operate. Throughout 2014 considerable effort was made, and continues to be made, to ensure the success of this ambitious reform programme. This success is due in large part to a renewed commitment by all staff providing services to children and families. Given the scale of this programme and impact on staff and existing services, this transformation is expected to take time, effort, perseverance and collaboration. The challenges involved in this programme should not be under-estimated. It involves a complex merger of components of various organisations, all of which operated under different departmental, organisational, and governance structures, operated fundamentally different service delivery models and had very different organisation cultures and norms underpinning these operations. This also takes place against a backdrop of a difficult economic climate and changing socio-economic and demographic factors.

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

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

9.2 Overall Assessment of Adequacy, 2014

In 2014, demand for services continued. In terms of numbers there were:

- 43,630 referrals to child protection and welfare services (up 5% on 2013);
- 27,967 cases open to social work;
- 1,632 admissions to care;
- 6,454 children in the care of the State at the end of December 2014;
- 4,652 foster carers at the end of December 2014;
- 1,707 young adults in receipt of aftercare service (up 15% on 2013);
- 20,141 children and 15,192 in receipt of family support services (i.e. services formerly provided by HSE Children and Family Service) at the end of December 2014.

This is in addition to other services provided by the Agency, and in the context of financial constraints and staffing deficits across the Agency. In terms of statutory requirements 93% (n=6,002) of children in care had an allocated social worker and 89% (n=5,778) had a written care plan. Ninety percent (n=4,210) of foster carers (all types) were approved and 75% (n=3,020) of approved foster carers (general and relative) had an allocated link (social) worker.

Other positives include improvements in placement stability (fewer children in their third or more placement within the previous 12 months); fewer children in a placement outside of the State; high number of young people aged 18 years and older in receipt of aftercare services in full time education and remaining with their carers. In addition, inspection reports published by Hiqa were broadly positive and reflected the fact that once services engaged with children and families they received high quality services. No major non-compliance was reported in either the child protection and welfare inspection reports or the foster care reports published by Hiqa in 2014. Reports published by Hiqa referred to services being effective and producing good outcomes for children; immediate action being taken for children deemed to be at highest risk; children's rights being promoted; children being consulted about decisions that affected them; and children in care speaking positively about their activities in the community, their progress at school and being part of carers' families. Average school attendance in 2014 for children in special care was 65% and nine children in special care sat State examinations. This is a significant achievement as at the time of referral to special care, the majority of these children had either been excluded or had been refusing to attend mainstream education.

Furthermore, the NRP acknowledged that a number of policy and practice issues that it highlighted in earlier investigation reports have been addressed by the HSE/Tusla over the five years since the review process was established. These include policies on

supervision, thresholds, caseload management, domestic violence and child protection conferences. It also acknowledged the publication and circulation of practice guidance on child protection and children in care.

Notwithstanding, the data and information presented in this report highlight a number of weaknesses and shortcomings across the system, many of which are compounded by financial constraint and staffing deficits. It is within this context that some areas were found to be struggling with timely assessments and allocation of social workers to all cases. At the end of December 2014, 8,542 (30.5%) open cases were awaiting allocation of a social worker of which one third were (n=2,836) were categorised as 'high priority'. Some 7% (n=461) of children in care were awaiting allocation of a social worker and some 11% (n=685) did not have a written care plan. Some areas were also challenged in terms of recruitment, assessment and reviews of foster carers along with the allocation of link workers (social workers) to foster carers.

Shortcomings that were highlighted by Hiqa include: children having to wait significant lengths of time for access to external services such as child and adolescent mental health services (CAMHS); social workers carrying caseloads that were too high; deficiencies in the management and processes for the investigation of reports of retrospective abuse; and the lack of robust risk management systems. In terms of children in care, Hiqa expressed concern about the capacity of some services to meet the complexity of need of some children requiring placement and also in terms of managing behaviour that challenged. Concern was also expressed in relation to the use of specific practices regarding restraint and single separation of children in special care. A small number of reports described premises (residential centres) that were not fit for purpose and in breach of building and fire regulations. The provision of aftercare services to children leaving care was found to be inequitable across the areas inspected. Some, but not all, children had access to aftercare services. In addition, reports repeatedly stated that insufficient resources were impacting on service provision and quality. Similar themes were highlighted in the NRP reports.

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

required for an assessment of adequacy, not just for Family Support Services but across the Agency has a whole.

9.3 Priorities and Developments Planned to Address Shortcomings

In 2015, Tulsa will continue to place parenting and family support at the very centre of its discharge of child welfare and protection responsibilities whilst recognising the wider cross-agency responsibility. This will be achieved through the continued implementation of the NSDF and the PPFS programme, the process for commissioning of services that is being developed by the Agency and by working towards the development of a participation strategy for children and young people.

In respect of issues and shortcomings identified, the Agency will continue to build on work already commenced along with a number of other key actions. Key among these actions will be:

- continued implementation and embedding of the National Service Delivery Framework;
- an examination of resourcing deficits and retention of staff;
- increased focus on reducing the number of cases awaiting allocation of a social worker;
- increased diversion of cases to child and family support services as they become further developed and embedded in the areas, i.e. cases deemed suitable for closure either after assessment or after a period of intervention but with outstanding unmet need that can be met by child and family support services;
- continued implementation of recommendations identified in internal and external reports;
- operationalise the National Out of Hours Social Work Service;
- transition to a nationally managed children's residential service;
- improving supports and preparedness of children leaving care;
- staff development.

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

Appendix I

Sections 56 Grants and Payments	€'000
Total Grants and Payments under €50,000	3,477
<u>Grants and Payments €50,000 or more each</u>	
Barnardos	7,581
ExternOrganisation	5,280
Daughters Of Charity	5,182
Focus Ireland	3,349
Youth Advocate Programmes	2,983
St Bernard's Group Home	2,500
Foroige	2,499
Don Bosco House	2,147
Smyly Trust Services	1,849
Travellers Family Care	1,835
Cross Care	1,727
Home Again	1,682
The Cottage Home	1,453
Salvation Army HQ	1,363
Bessborough Centre	1,296
Clare Care	1,196
SonasHousing	1,146
Good Shepherd Services	1,123
Dublin Rape Crisis Centre	1,042
Kildare Youth Services	976
Limerick Social Services Centre	887
Aoibhneas Ltd	870
The Homeless Girls Society	698
Saoirse Housing Ass Ltd	682
Women's Aid	658
Tabor Society	637
Streetline	615
Wellsprings-Mercy Child Care	610
An Cosan Shanty	589
Adapt, Rosbrien	580
Balcurris Boys Home	573
Bray Womens Refuge	572
Belvedere Social Services Ltd	535
Home Youth Liaison Service	526
Springboard Project	488
Praxis Care Group	485
ISPCC	473
Sligo Social Services	469
Lifestart Services Limited	465
Clare Haven Services Ltd	458
Drogheda Women's Refuge	439

Co. Wicklow Community Partnership	436
Donegal Women's Domestic Violence Services	435
OASIS	414
Women's Aid Dundalk Ltd	410
Cuan Saor Support Services	401
Empowerment Plus	400
New Beginnings Childcare And Radharc Na Mara, Baile Ngall An Rinn	400
Amber Refuge	389
Darndale Belcamp Int.	358
St Catharine's Community Services Centre	355
North Tipperary Community Services	348
Rape Crisis Midwest Ltd	346
Mercy Family Centre South	344
Irish Assoc. Of Young People	337
Youth New Ross Ltd	334
Nth Clondalkin Int. Family School	331
PACT	329
Cuanlee Ltd	328
Our Lady's Nursery Ballymun Ltd	327
Irish Fostercare Association	324
Wexford Women's Refuge	324
Safe Ireland	322
Navan Springboard	320
Presentation Sisters	317
Galway Rape Crisis Centre	317
Youth Service Board	313
KDYS Youth Centre	311
Community Homemakers	309
St Helena's Childcare Centre	308
Sligo Springboard Company Ltd	308
St Brigid's Family And Resource Centre	308
Adapt Kerry Limited	296
Sexual Violence Centre	290
Domestic Violence Advocacy Service	284
Miss Carr's Day Nursery	282
North Tipperary Leader Partnership	269
St Louises Day Nursery	265
The Cavan Centre	263
Tir Na Nog	263
Edenmore Day Nursery	261
Cunamh Cprsi House	260
Teach Tearmain	254
Northside Inter Agency Project	247
St Vincent's Day Nursery	244
The First Step Trust Ltd	244
The Cari Foundation National Fund	241
Waterford Rape Crisis Centre	240
Meath Women's Refuge	240
Irish Sudden Infant Death Assoc.	240

Mater Dei Counselling Centre	240
Mahon Family Resource Centre Ltd	237
Neighbourhood Youth Project Blakestown/Mountview	233
Deansrath Family Centre	228
Arklow Springboard Project	221
Bonnybrook Day Nursery	219
Sligo Family Support Ltd	214
Wexford Rape Crisis Centre	211
Esker House	208
Kerry Rape Crisis Centre	208
Mead Day Care Centre	206
St Anne's Day Nursery Limited	201
AOSOG After School Project	200
Sligo Family Centre	193
Tearmann DV Service	192
West Cork Women Against Violence	191
COPE	191
Kilkenny Community Early Years Project	190
Togher Pre-School And Family Centre	186
Rape Crisis Network Ireland	184
Springboard Project Raphoe	182
Goldenbridge Day Nursery	178
The Base Ballyfermot Youth	178
Kilkenny Rape Crisis Centre	175
Ballygall Schools And Counselling And Family Service	173
Trinity College And Dublin Social Policy	169
Tipperary Rape Crisis And Counselling Service	165
Carlow South Leinster Rape Crisis Centre	164
The Glen And District Neighbourhood	162
Rape Crisis And Sexual Abuse Counselling	160
Mayo Rape Crisis Centre	160
Mounttown Neighbourhood Youth	159
First Steps Rowlagh Ltd	150
National University Of Ireland	150
The Marian Centre Ltd	150
Coxs Demense Youth And Community Project	146
Kilbarrack / Foxfield Day Nursery	142
Early Childhood Ireland	142
One Stop Shop Cork	139
Moatview Day Nursery	131
Donegal Sexual Abuse and Rape Crisis Centre	131
ARC Adoption	130
Rape Crisis North East	129
Tir Boghaine	129
Carlow Regional Youth Service	129
Doras Bui Parents Alone Resource Centre	129
Carlow Women's Aid	121
Helping Hands Adoption Mediation	120
Ballyboden Children's Centre	120

Friends Of Tacu	120
Letterkenny Women's Centre	115
Simon Community Unit	113
Phoenix Community Resource Centre	112
St Patricks Guild	111
Longford Womens Link	111
Lifestart National Office Ltd	111
The Community Homemakers	109
MNA FEASA Domestic Violence Project	107
Athlone Rape Crisis Centre	106
Clonmel Community Mothers Project	105
Donegal Youth Service	104
Clare Youth Service	102
Letterkenny Youth And Family Services	100
County Dublin VEC	98
Parents First Cork Ltd	97
Genesis Psychotherapy And Family	97
Roscommon Safelink Ltd	97
Y.A.N.A -Your Are Not Alone	93
Hill St. Family Resource Centre	88
Cobh Family Resource Centre	88
Before 5 Nursery + Family Centre	87
Trim Community Childcare	86
Gorey Youth Needs Group Ltd	85
Sligo County Child Care Committee	81
Paul Partnership	81
Newbury House Family Centre Ltd	79
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Regional Sexual Abuse and Rape Crisis Centre	77
Clonmel Community Resource Centre	76
DVR Oughterard Galway	75
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Knockanrawley Resource Centre	60
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Westmeath Community Development	58
PAKT YMCA	58
Offaly DV Support Services	58
Roscommon Intergrated	58
Tipperary Regional Youth Service	57
Parentline Org. For Parents Under Stress	56
Arlington Novas Ireland	55
Inchcore Family Resource Centre	53
Ronanstown Community Child	53
Parents First (Laois / Offaly) Ltd	52
North And West Connemara	51
Curam	51
Westport Family Resource Centre	51
Alcohol Forum - Families Matter	50
Total	€93,319

APPENDIX II

Relevant legislation currently underway as at December 2014

Children First Bill – Committee Stage in Dáil Éireann awaited	The Children First Bill puts elements of Children First: National Guidance for the Protection and Welfare of Children on a statutory basis. In particular, it provides that certain categories of persons will be required to report concerns of child abuse above a specified threshold to the Child and Family Agency.
Adoption (Information and Tracing) Bill – General Heads and Scheme yet to be approved by Government	The development of a statutory scheme for information and tracing.
Children (Amendment) Bill 2014	The General Scheme of the Children (Amendment) Bill was published in September 2014. The proposed Bill is intended to provide for the amalgamation of the detention schools, remission of sentences in the detention schools and a revised policy approach for children reaching the age of 18 in the detention schools.
Amendments to the Child Care Act 1991	Draft Heads and General Scheme submitted to Joint Oireachtas Committee on Health and Children in April and associated report completed in July. It is proposed that the provisions will place a statutory duty on the Agency to provide an aftercare plan to eligible young people. The DCYA has indicated that a number of aspects of the Child Care Act 1991 are under review.
Adoption (Amendment) Bill 2012 – Awaiting outcome of appeal to the Supreme Court in relation to the result of the Children Referendum	The Adoption (Amendment) Bill, 2012 provides for changes to the adoption laws, which will allow for new arrangements for adoption of a child of marriage.
Pre-School Regulations	The revision of the Pre-School Regulations will introduce a system of registration for Early Years Services. This will change the way in which Inspectors work – from inspection after the fact to a preinspection model. New inspection tools and reports will complement the regulations.
Special Care Regulations	The Special Care Regulations will provide for the registration of Special Care Units, as well as for the care and welfare of children detained in Special Care Units.
Education (Admission to Schools) Bill 2014	It is proposed that the Bill include a power for the Child and Family Agency, through its statutory educational welfare service, to designate a school or centre for education for a child where no school place can be found and where the child does not have a special educational need.

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Child Care Act 1991

Child Care (Amendment) Act 2011

Child Care Amendment Bill 2014

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Child Care (Placement of Children with Relatives) Regulations 1995

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

Child Care (Special Care) Regulations 2004

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

Children Act 2001

Children First Bill 2014

Children (Family Welfare Conference) Regulations 2004

Criminal Justice (Withholding of Information on Offences against Children and Vulnerable Persons Act 2012

Protection of Children (Hague Convention) Act 2000

Refugee Act 1996

National Vetting Bureau (Children and Vulnerable Persons) Act 2012

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