REVIEW OF ADEQUACY OF SERVICES FOR **CHILDREN & FAMILIES 2007**

Foreword

I welcome the publication of the Review of Adequacy of Child Care and Family Support Services 2007. The Health Service Executive has a statutory responsibility to promote the welfare of children who are not receiving adequate care and protection. This is an onerous responsibility and one which is afforded the highest priority within the organisation. The preparation of this Report under Section 8 of the Child Care Act, 1991 provides an opportunity to assess the extent to which this responsibility is being carried out. It is noteworthy that this requirement is included in the legislation; this statutory review process is unique to children and family services and is driven by the importance placed by Irish society on the welfare of children.

2007 has been a significant year in the development of children and family services. *The Agenda for Children's Services* was launched in December by the Office of the Minister for Children and Youth Affairs and forms part of a fundamental change in how national policy is planned and delivered. *The Agenda for Children's Services* builds on the policy inherent in the National Children's Strategy, which expressed a clear commitment to enhancing the status and improving the quality of children's lives through integrated service delivery in partnership with children, young people, their families and their communities.

The Agenda for Children's Services

The Agenda for Children's Services highlights the central importance of supporting families as the basis for all children's health and welfare services both in the community and in acute settings. The best outcomes for children will be achieved through services which support families and which focus on the whole child. For example, in regard to education services, the majority of children live in families where their basic needs are met; these children are able to attain educational targets through the independent input of school personnel. However for a minority of children who live in families where their basic needs are not being met, the successful attainment of educational targets may require the additional inputs of health and social services with the child and family, in integration with the school.

In the past, services have been planned and delivered on the assumption that all children, irrespective of their individual needs and characteristics, will fit in to the particular service provided. The corollary of this approach is that children who do not fit in with or succeed in existing services are in someway deficient or different. The importance of the whole child approach is that it recognises the individuality of each child and accepts that services need to adapt and integrate in order to ensure that the particular needs of each child are addressed. This poses challenges for staff and services. It requires flexibility, an acceptance of change and a willingness to adopt new ways of working.

In the context of *The Agenda for Children's Services* we are now committed to providing services that are evidence based and focus on better outcomes, that focus on the whole child and are more effective because they are coordinated and integrated. For Children and Family Services in the HSE the key message

from *The Agenda for Children's Services* is that the primary need to support families must become a core element of all children and family services.

PCCC Transformation Programme

The HSE's mission is to enable people to live healthier and more fulfilled lives. The Transformation Programme 2007-2010 sets out a vision through which the organisation can transform into an organisation that achieves the objectives of easily accessible services in which the public have confidence and staff have pride in delivering.

To reach this ambition during the next four years, the HSE has focused on six Transformation Priorities. These are:-

1. Develop integrated services across all stages of the care journey.
2. Configure Primary, Community and Continuing Care services so that they deliver optimal and cost effective results.
3. Configure hospital services to deliver optimal and cost effective results.
4. Implement a model for the prevention and management of chronic illness.
5. Implement standards based performance measurement and management throughout the HSE.
6. Ensure all staff engage in transforming health and social care in Ireland.

To achieve the six Transformation Priorities, the HSE will be focusing on 13 different Transformation Programmes, 6 Service Transformation Programmes and 7 Infrastructure and Capabilities Transformation Programmes. Within each Programme there are sub-projects which in unison will aim to deliver the priority.

Primary Care.

The Primary Care strategy creates a significant opportunity to transform the way in which the HSE provides children and family services. Within a Primary Care context it will be possible to develop and lead out a preventive, community based model of service provision providing a wide range of welfare, support, treatment and therapeutic services. This Programme will be needs led, with a 'whole child' perspective and will situate services in the most locally accessible contexts.

Primary care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. Primary care services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being.

Clusters of 4 to 6 Primary Care Teams (PCTs)will be supported by a Health and Social Care Network comprising specialist individuals and teams able to perform specialist assessments and deliver specialist care in support of the PCT for identified clients.

Primary care includes the range of services that are currently provided by general practitioners (GPs), public health nurses, general nurses, social workers, practice nurses, midwives, community mental health nurses, dieticians, dentists,

community welfare officers, physiotherapists, occupational therapists, home helps, health care assistants, speech and language therapists, chiropodists, community pharmacists, psychologists and others.

Strategic direction for Children and Family Services.
Services for children and families are facing a process of change and development. We are coming to the end of an era where child protection concerns dominated the agenda for statutory service providers in many countries. We are now starting to focus on the need to constructively address child and family needs through the provision of comprehensive family support services.

The combination of the Primary Care/Transformation Strategy and the Agenda for Children's Services sets out a strategic direction for the delivery of integrated children and family services that are whole child/whole system focused, accessible, connected with family and community strengths and staffed by interested and effective staff.

I noted in the 2006 Report the commitment of our staff to the development of preventive, community based family support services. That commitment is on-going and has been again clearly articulated in 2007 and, in the context of The Agenda for Children's Services, is now being supported by a national policy context.

This provides a challenge for Children and Family Services to begin a process of change and development whereby the existing statutory requirement to provide safeguarding and alternative care services is maintained while, at the same time, a new and overarching emphasis is placed upon the primary need to support families through the provision of comprehensive family support services.

This raises a wide range of issues for us in terms of how we plan and deliver services for children and families. We will need to reconsider our roles, our structures, our skills and our relationships with voluntary and community agencies.

I am confident that our staff will address these challenges and demonstrate the same high level of commitment and motivation that has been the hallmark of our service. We will progress these initiatives in a spirit of partnership with staff and their representative organisations as well as the full range of stakeholder agencies.

Hugh Kane
Assistant National Director
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SECTION ONE

Demographic Profile

Demography / Births / Deprivation.

The table below shows the total population in Ireland by LHO and HSE administrative area level. Dublin Mid Leinster has the largest population in terms of the HSE administrative areas (1,216,848) while the smallest HSE administrative area population is in Dublin North East with 927,738.

Galway, Dublin North and Kildare/West Wicklow Local Health Offices (LHOs) have populations in excess of 200,000.

The total population in Ireland as per the 2006 census is 4,239,848. The figure had increased by 322,645 which was an increase of 8% on the 2002 census when the total population was 3,917,203.

Table 1 Population by Area and LHO

LHO	Total Population
Dublin Mid-Leinster	
Dublin South East	110,487
Dublin South City	134.344
Dublin South West	147,422
Dublin West	134,020
Kildare West Wicklow	203,327
Laois Offaly	137,927
Longford Westmeath	113,737
South Dublin	126,382
Wicklow	109,202
Total	**1,216,848**
Dublin North East	
Cavan/Monaghan	119,119
Dublin North	222,049
Dublin North Central	126,572
Dublin North West	185,900
Louth	111,267
Meath	162,831
Total	**927,738**
HSE South	
Carlow/Kilkenny	120,631
Cork North Lee	168,734
Cork South Lee	179,260
Kerry	139,835
North Cork	80,769
South Tipperary	88,441
Waterford	120,017
West Cork	52,532
Wexford	131,749
Total	**1,081,968**
HSE West	
Clare	110,950
Donegal	147,264
Galway	231,670
Limerick	151,290
Mayo	123,839
Roscommon	58,768
Sligo/Leitrim/West Cavan	90,725
North Tipperary/East Limerick	98,788
Total	**1,013,294**
National Total	**4,239,848**

Source CSO Census 2006

The LHO with the highest population is Galway (231,670) followed by Dublin North (222,049) and Kildare/West Wicklow (203,327). The LHO with the smallest population is West Cork (52,532) followed by Roscommon (58,768) and North Cork (80,769). There is a population difference of almost 180,000 between the LHO with the largest population and the LHO with the smallest population.

Child Population by age group by administrative area and LHO

The child population (0-17 years) for the country is 1,036,034 which amounts to 24% of the entire population. HSE West has a child population (0-17years) of 29%, followed by HSE Dublin NE 28% while child population as a percentage of total population is 25% in HSE South and 24% in HSE Dublin Mid Leinster.

The table below shows the child population as a percentage of the overall population for each HSE administrative area. The national average is 24% and as this table illustrates HSE West, HSE Dublin North East and HSE South have child population as a percentage of the overall population which is above the national average.

Table 2 Child Population

HSE Admin Area	Age 0	1-4 yrs	5-8 yrs	9-11 yrs	12-15 yrs	16-17 yrs	Total 0-17 yrs	Total Population	0-17 population as % of total population
DML	17,471	68,627	65,120	45,737	61,947	31,591	290,493	1,216,848	24%
DNE	14,041	55,096	50,939	35,073	46,859	23,741	225,749	816,471	28%
South	15,322	60,915	59,830	43,222	58,938	29,622	267,849	1,081,968	25%
West	14,242	56,538	56,000	40,684	56,166	28,313	251,943	866,030	29%
National	61,076	241,176	231,889	164,716	223,910	113,267	1,036,034	3,981,317	100%

Table 3 Child Population by age groups by HSE administrative area

Table 4 Child Population 2006 by LHO in descending order

Local Health Office	Total 0-17 yrs	Total Population	0-17 Pop as % of Total
Galway	55,306	231,670	24%
Dublin North	55,018	222,149	25%
Kildare West Wicklow	54,930	203,327	27%
Meath	44,621	162,831	27%
Dublin North West	42,704	185,900	23%
Cork South Lee	41,605	179,260	23%
Cork North Lee	41,427	168,734	25%
Donegal	40,288	147,264	27%
Laois Offaly	37,182	137,927	27%
Limerick	35,806	151,290	24%
Dublin South West	35,211	147,422	24%
Wexford	34,851	131,749	26%
Dublin West	34,408	134,020	26%
Kerry	33,036	139,835	24%
Cavan Monaghan	31,289	119,119	26%
Mayo	30,969	123,839	25%
Carlow Kilkenny	30,917	120,631	26%
Waterford	30,249	120,017	25%
Longford Westmeath	30,054	113,737	26%
Louth	29,233	111,267	26%
Clare	28,565	110,950	26%
South Dublin	28,197	126,382	22%
Wicklow	27,832	109,202	25%
N. Tipperary E. Limerick	24,470	98,788	25%
Dublin North Central	22,884	126,572	18%
South Tipperary	22,555	88,441	26%
Dublin South City	22,239	134,344	17%
Sligo Leitrim W. Cavan	22,036	90,725	24%
Dublin South East	20,440	110,487	18%
North Cork	19,678	80,769	24%
Roscommon	14,503	58,768	25%
West Cork	13,531	52,532	26%

Galway, Dublin North, Kildare/West Wicklow and Meath have the highest child populations. Kildare/West Wicklow, Meath, Laois/Offaly and Donegal have the highest child population as a percentage of total population i.e. 27% for all four LHOs.

Total number of births for 2007

Over the last ten years births have increased by on average 1,146 per year, or by 22% over the period.

A total of 70,620 babies were born in the state in 2007. Of these, 47,450 (67%) were born to married couples while 23,170 (33%) were born to unmarried parents. Of these 23,170, 11,932 (17%) were born to parents who lived together. This means that 11,238 babies are born into a single parent household.

Number and percentage of births registered within and outside marriage, classified by age of mother in 2007

65 babies born in 2007 had mothers aged 15 years and under, while 148 had mothers aged 16 years. The total number of babies born to mothers aged 19 years or younger was 2464. Most of these mothers were single. Of mothers giving birth in 2007 those aged 32 to 43 were more likely to be married ie, for these age groups the percentage married was over 80%.

Table 5 Births

		Married		Unmarried	
Age of Mother at Maternity	**Total**	**Number**	**%**	**Number**	**%**
15 and younger	65	1	2%	64	98%
16	148	3	2%	145	98%
17	391	15	4%	376	96%
18	704	60	9%	644	91%
19	1,156	134	12%	1,022	88%
20	1,357	201	15%	1,156	85%
21	1,607	302	19%	1,305	81%
22	1,742	378	22%	1,364	78%
23	1,911	485	25%	1,426	75%
24	2,246	733	33%	1,513	67%
25	2,520	981	39%	1,539	61%
26	2,847	1,356	48%	1,491	52%
27	3,304	1,789	54%	1,515	46%
28	3,631	2,313	64%	1,318	36%
29	4,034	2,937	73%	1,097	27%
30	4,432	3,453	78%	979	22%
31	4,792	3,795	79%	997	21%
32	5,060	4,157	82%	903	18%
33	4,956	4,205	85%	751	15%
34	4,911	4,193	85%	718	15%
35	4,495	4,833	85%	662	15%
36	3,872	3,338	86%	534	14%
37	3,124	2,677	86%	447	14%
38	2,402	2,052	85%	350	15%
39	1835	1,526	83%	309	17%
40	1281	1,086	85%	195	15%
41	802	655	82%	147	18%
42	460	377	82%	83	18%
43	243	198	81%	45	19%
44	151	114	75%	37	25%
45 and older	121	92	76%	29	24%
Age not stated	20	11	55%	9	%45

Source CSO Report 2007

Indices of deprivation.
The Republic of Ireland is divided into 3,440 electoral Divisions (ED's) which are the smallest administrative areas for which population statistics are gathered by the Central Statistics Office (CSO).

The deprivation index, originally developed by the Small Area Health Research Unit at the request of the Directors of Public Health of the then eight Health Boards, is statistically calculated from census data for small geographical areas in relation to unemployment, social class, proportion of rented accommodation, and car ownership. It should be noted that this index is a mathematical calculation, which shows the ranking of areas from the most affluent to the most deprived. In order to measure the degree of relative material deprivation, the deprivation indices use decile rankings. The scale is ranked from low (least deprived) to high (most deprived) and then simply divided into 10 classes or deciles.

Notes on interpretation from SAHRU
Do not use the deprivation index as a proxy measure for poverty; use it as a measure of relative material deprivation. Not everyone in a deprived area is deprived and vice versa. Two EDs with the same deprivation level need not share the same profile across the constituent indicators, one might achieve a given deprivation level due to high unemployment whereas another might achieve the same level due to a high proportion of local authority housing. Health Outcomes and the SAHRU Deprivation Index SAHRU Technical Report (December 2007) notes that health information is not routinely coded by small area in Ireland. Using the variables (1) proportion of persons with a disability (2) proportion of households with no central heating (3) proportion of early school leavers (4) proportion unable to work due to long-term illness – SAHRU found that the magnitude of correlation with the deprivation index was generally modest and this serves to underline the fact that health outcomes have many determinants and that area level deprivation is but one factor in explaining area-to-area variations in these.

See SAHRU Technical Report December 2007 at www.sahru.tcd.ie for further details.

The table below gives the percentage of the population living in Electoral Divisions (EDs) in Decile 10. The LHOs having over 40% of the population living in EDs in Decile 10 are Dublin South West, Dublin North Central and Dublin North West.

The percentage of the overall population living in the most deprived EDs (i.e. Decile 10) is significant information in regard the process of service planning.

Table 6 Population in EDs in Decile 10

LHO	% Pop in EDs in Decile 10	Pop in EDs in Decile 10	LHO Population
Dublin South West	48.5%	71,501	147,422
Dublin North Central	43.6%	55,172	126,472
Dublin North West	41.6%	777,421	185,900
Dublin West	38.7%	51,845	134,020
Dublin South City	36.5%	49,003	134,344
Louth	35.9%	39,903	111,267
Cork North Lee	28.9%	48,771	168,734
Waterford	25.6%	30,677	120,017
South Tipperary	23.7%	20,962	88,441
Limerick	22.3%	33,696	151,290
Donegal	21.5%	31,639	147,264
Carlow Kilkenny	20.4%	24,655	120,631
Wexford	19.2%	25,266	131,749
Galway	18.4%	42,684	231,670
Laois Offaly	14.6%	20,191	137,927
Wicklow	14.2%	15,496	109,202
Longford Westmeath	13.9%	15,858	113,737
Sligo Leitrim W. Cavan	13.7%	12,401	90,725
Cork South Lee	12.5%	22,431	179,260
Dublin South	12.1%	15,332	126,382
Cavan Monaghan	12.1%	14,423	119,119
Mayo	8.7%	10,733	123,839
N. Tipperary E. Limerick	8.7%	8,591	98,788
Clare	8.6%	9,532	110,950
Dublin North	8.3%	18,496	222,049
Kerry	8.0%	11,132	139,835
Kildare West Wicklow	5.7%	11,514	203,327
Meath	3.2%	5,212	162,831
North Cork	2.8%	2,275	80,769
Roscommon	2.7%	1,599	58,768
Dublin South East	0%	0	111,487
West Cork	0%	0	52,532

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Summary implications of data and indices for Children and Family Services.

Table 7 Population / Posts / Births / Pop in Decile 10 / No. of Reports / Initial Assessment / Children in Care

LHO	Child Pop	Total Pop	SW App-roved posts 1/9/07	RANK	Births	RANK	SAHRU Pop in Decile 10	RANK	No. of Reports to Social Work Depts	RANK	No. which had an Initial Assess ment	RANK	No of child ren in Care	RANK
Galway	55,306	231,670	37	21	3833	2	42,684	7	1380	1	79	28	180	**23**
Dublin North	55,018	222,049	45.77	14	3532	3	18,496	17	693	18	693	7	152	**19**
Kildare W. Wicklow	54,930	203,327	56	8	3837	1	11,514	23	309	29	309	20	213	**27**
Meath	44,621	162,831	37	21	3401	4	5,212	28	926	9	153	25	132	**12**
Dublin North West	42,704	185,900	87	1	3264	5	77,421	1	773	12	773	4	412	**32**
Cork South Lee	41,605	179,260	26.25	27	3215	6	22,431	14	600	20	84	27	181	**24**
Cork North Lee	41,427	168,734	52.98	10	2888	8	48,771	6	1,000	6	11	29	357	**31**
Donegal	40,288	147,264	57.1	6	2114	17	31,439	10	1,148	5	672	8	122	**8**
Laois Offaly	37,182	137,927	49	13	2427	10	20,191	16	1,267	4	1267	2	184	**25**
Limerick	35,806	151,290	61.5	5	2953	7	33,696	9	991	7	913	3	223	**28**
Dublin South West	35,211	147,422	74.2	2	2311	12	71,501	2	572	23	572	11	179	**22**
Wexford	34,851	131,749	41.92	17	2296	13	25,266	12	1,320	2	747	5	171	**20**
Dublin West	34,408	134,020	70.17	3	2255	14	51,845	4	747	14	747	5	236	**29**
Kerry	33,036	139,835	29.5	25	2042	18	11,132	24	571	24	377	19	124	**9**
Cavan Monaghan	31,289	119,119	32	23	1829	23	14,423	21	950	8	266	22	131	**11**
Mayo	30,969	123,839	38.5	20	1839	22	10,773	25	749	13	115	26	99	**5**
Carlow Kilkenny	30,917	120,631	45.5	15	2219	15	24,655	13	615	19	407	17	139	**15**
Waterford	30,249	120,017	41.73	18	1788	25	30,677	11	NA	32	NA	NA	172	**21**
Longford/Westmeath	30,054	113,737	57	7	1965	19	15,858	18	1,299	3	1283	1	128	**10**
Louth	29,233	111,267	41.3	19	1799	24	39,903	8	876	11	155	24	190	**26**
Clare	28,565	110,950	25.67	28	1782	26	9,532	26	572	22	452	14	136	**14**
South Dublin	28,197	126,382	54	9	1846	21	15,332	20	300	30	288	21	142	**16**
Wicklow	27,832	109202	50.5	12	2358	11	15,496	19	425	26	404	18	142	**17**
N. Tipp/E. Limerick	24,470	98,788	27	26	1220	29	8,591	27	575	21	567	12	88	**3**
Dublin North Central	22,884	126,572	68.4	4	2151	16	55,172	3	460	25	460	13	348	**30**
South Tipperary	22,555	88,441	33.72	22	1165	30	20,962	15	700	17	593	10	135	**13**
Dublin South City	22,239	134,344	42	16	2474	9	49,003	5	423	27	423	16	148	**18**
Sligo/Leitrim W.Cavan	22,036	90,725	52	11	1377	27	12,401	22	745	15	714	6	78	**2**
Dublin South East	20,440	110,487	30.3	24	1865	20	0	31	705	16	446	15	101	**6**
North Cork	19,678	80,769	17.5	30	1222	28	2,275	29	405	28	309	20	89	**4**
Roscommon	14,503	58,768	25.5	29	767	31	1,599	30	922	10	614	9	115	**7**
West Cork	13,531	52,532	10	31	586	32	0	31	250	31	181	23	60	**1**

Correlation
The data indicates a broad correlation between staffing levels in social work departments, population levels and deprivation indices. It is problematic to achieve exact correlations given the complexity of the inter-relationships of these variables in local areas. The overall objective of the HSE in this regard is to ensure that resources are deployed to achieve the greatest social gain.

The LHOs with the highest staffing levels are Dublin South West, Dublin West and Dublin North Central; these LHOs have high populations, high levels of deprivation and high numbers of medical cards. The LHO with the lowest staffing level is West Cork which also has the lowest child population, the lowest index of deprivation and the second lowest number of medical cards.

There are some obvious anomalies across all LHOs in these correlations. For example LHO Longford/Westmeath is 4th in staffing levels but is ranked 19th in child population, and 18th in relative population. LHO Dublin South is 7th in staffing levels and is ranked 27th in child population and 20th in relative deprivation.

There are also some significant variations in numbers of reports to social work departments and number of reports which had an initial assessment. These variations are accounted for by local differences in definitional frameworks, organisation structures, work practices and business processes.

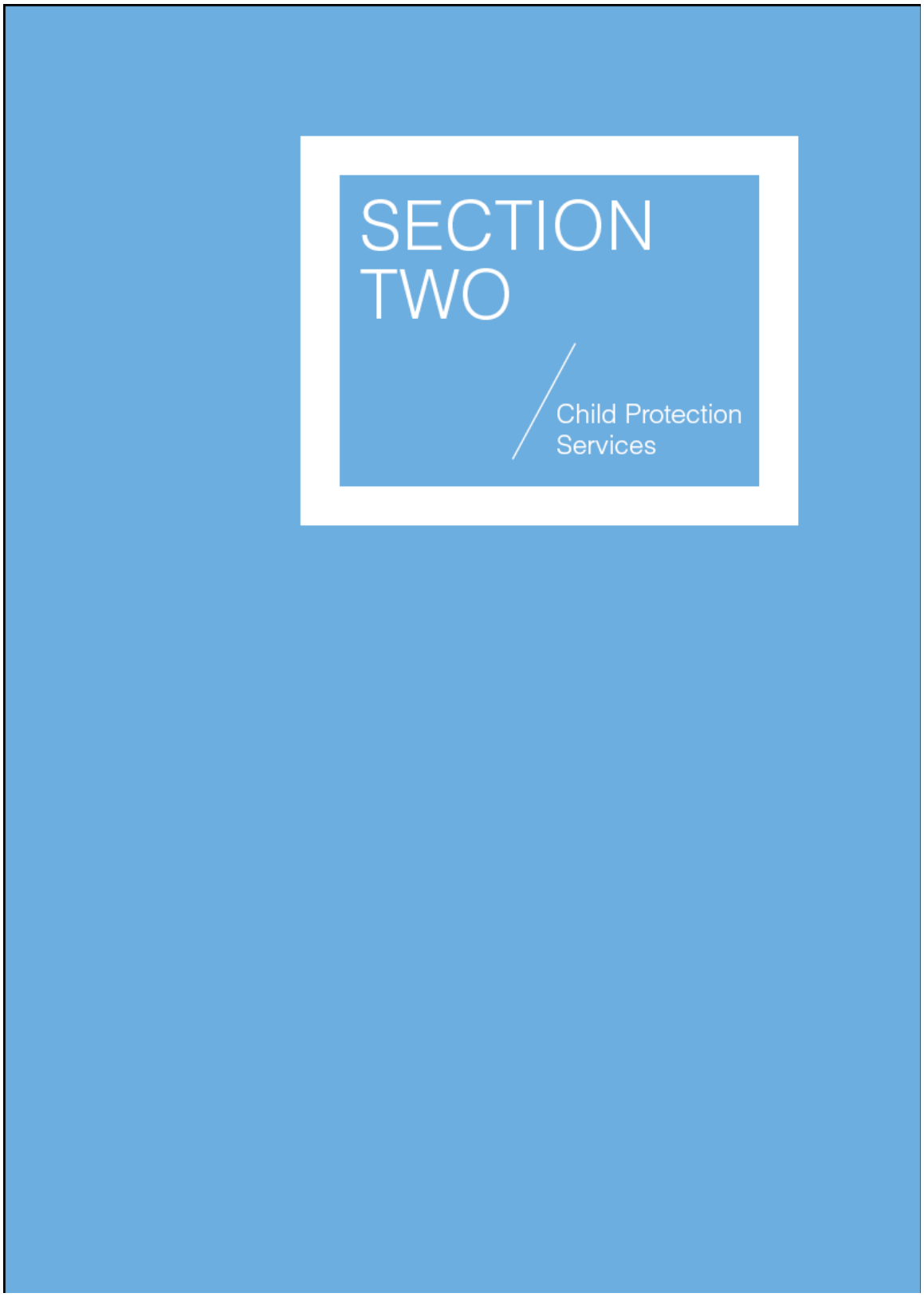
These factors influence how cases are defined at point of entry into the service in terms of child abuse or child welfare, and influence how cases are processed through the system.

The HSE is committed to achieving equity across the country in the allocation of resources to children and family services. Achieving such equity is a complex process involving the interaction of a number of variables, some of which change over time. An on-going process of standardization of business processes, definitional frameworks and work practices is underway.

Population Growth
There will be a continuing need to provide an increased comprehensive health and social care service as the numbers in the 0-14 age group continues to grow.

Changing Social Factors
As the demographic profile of the population changes so too does the population's health and social status. It is expected that smaller family sizes will alter the ability of nuclear families to care for each other in a way that was possible in previous times. In addition, as a result of expected net positive migration over the period, the health and social care services will need to provide for a multi-ethnic mix of cultures in the delivery of health and social care. Other changes including increased marital breakdown, the need for both partners in a marriage/relationship to be in paid employment, the need for long journeys to

work etc., all effect the sense of well being of adults and children and the pressures on the health and social care services.


SECTION
TWO
Child Protection
Services

Chapter 2: Child Protection Services

2.1 Introduction to Child Protection Services

Child protection and welfare services are provided by the HSE in accordance with legislative obligations and policy documents based on legislation.

The Child Care Act, 1991, which has as its basic tenet that the welfare of the child is the paramount consideration, focuses on the child and the promotion of the child's welfare and places a specific duty on the Health Service Executive to identify children who are not receiving adequate care and protection.

The Children Act, 2001 provides a framework for the development of the juvenile justice system and makes provision for addressing the needs of out-of-control or non-offending children, who may come before the courts. The Act provides two distinct pathways for these children one of which is through a HSE welfare route which emphasises a care and protection approach.

Children First, National Guidelines for the Protection and Welfare of Children, published in 1999, emphasises that the welfare of children is of paramount importance. The Guidelines are intended to assist in the identification and reporting of child abuse and to clarify and promote mutual understanding among statutory and voluntary organisations regarding the contributions of different disciplines and professions to child protection. The importance of consistency between policies and procedures across HSE areas and other statutory organisations and of a partnership approach in the service delivery is also emphasised (Children First, 1999)

2. 2 Legislative Framework, Child Protection Services

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

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

Underpinning the provision of services to children is the Irish Constitution and the United Nations Convention on the Rights of the Child (ratified by Ireland in 1992). The Ombudsman for Children Act, 2002 applies in relation to complaints being referred to the Ombudsman for Children.

2.3 National Policy

National policy for child protection services is informed by the UN Convention on the Rights of the Child, 1998, The National Children's Strategy, 2000, and Children First, National Guidelines for the Protection and Welfare of Children, 1999.

2.4 Child Protection Data 2007

Table 8 No. of Reports received by Social Work Department by category

Primary Type of Report	2005	2006	2007
Welfare	9,855	11,579	12,715
Physical Abuse	9,503*	1,891	2,152
Sexual Abuse		2,150	2,306
Emotional Abuse		1,814	1,981
Neglect		3,606	4,114
Total	**19,358**	**21,040**	**23,268**

*"Figure relates to all categories of abuse

Table 9 Number of initial assessments by category

Primary Type of Report	Number of Initial Assessments 2005	Number of Initial Assessments 2006	Number of Initial Assessments 2007
Welfare	6,436	6,221	7,690
Physical Abuse	1,319	1,291	1,529
Sexual Abuse	1,397	1,495	1,715
Emotional Abuse	1,162	1,100	1,233
Neglect	2,225	2,413	2,907
Total	**12,539**	**12,520**	**15,074**

Table 10 Numbers notified to CPNMT

Primary Type of Report	Number notified to CPNMT/CCM 2005	2006	2007
Welfare	29	23	31
Physical Abuse	1,962*	542	612
Sexual Abuse		653	719
Emotional Abuse		326	409
Neglect		789	948
Total	**1,991**	**2,333**	**2,719**

*"Figure relates to all categories of abuse

Table 11 Number of cases accepted to CPNS/CCM

Primary Type of Report	Number accepted to CPNMT/CCM	
	2006	2007
Physical Abuse	368	319
Sexual Abuse	489	415
Emotional Abuse	227	220
Neglect	545	516
Total	**1,629**	**1,470**

Table 12 Numbers of confirmed abuse

Primary Type of Report	Numbers of confirmed abuse		
	2005	2006	2007
Physical Abuse	301	352	389
Sexual Abuse	228	275	293
Emotional Abuse	317	375	432
Neglect	626	795	864
Total	**1,472**	**1,797**	**1,978**

Table 13 Cases accepted to CPNS but confirmed Non abuse

Primary Type of Report	Numbers of confirmed Non Abuse		
	2005	2006	2007
Physical Abuse	128	89	94
Sexual Abuse	160	97	105
Emotional Abuse	43	79	52
Neglect	95	100	120
Total	**426**	**365**	**371**

Table 14 No. of Children who were the subject of a new Supervision Order

Age	2006	2007
< 1 year	18	13
1 year	23	16
2 years	19	18
3 years	18	17
4 years	16	15
5 years	18	22
6 years	22	15
7 years	21	15
8 years	19	23
9 years	15	14
10 years	15	15
11 years	14	16
12 years	9	16
13 years	9	13

14 years	16	13
15 years	9	12
16 years	13	12
17 years	13	12
TOTAL	**287**	**277**

Table 15 Number of Requests for Reports on Children sought by the Courts from the HSE in Legislation Other than Sections 13, 17, 18 and 19 of the Child Care Act 1991 (Other than Care Order and Supervision Order).

Type of Report	**2006**	**2007**
Child Care Act, 1991 Section 20 – Family Law	**257**	**374**
Other – Please Specify,	**82**	**245**
Total Number of Reports sought by the Courts	**339**	**619**

2.5 Performance Indicators, Child Protection Data, 2005 – 2007

Table 16 Child Protection Case Conferences

Performance Indicator CC6						
	2005 (Q4)		**2006 (Q4)**		**2007 (Q4)**	
	No.	**%**	**No.**	**%**	**No.**	**%**
CC6 (a) Total number and percentage of child protection case conferences held in the year where the parent/guardian of the child was invited	**634**	**98%**	**683**	**98%**	**770**	**98%**
CC6 (b)Total number and percentage of child protection case conferences held in the year where the invited parent/guardian of the child was invited and attended	**548**	**84%**	**599**	**88%**	**694**	**90%**

2.6 Analysis and Commentary, Child Protection Services

There has been an overall rise in reports to social work departments from 21,040 in 2006 to 23,268 in 2007, an increase of 10.6%. This breaks down into Child Abuse Reported Cases to Social Work Department which has risen from 9,461 in 2006 to 10,553 in 2007, an increase of 11.5% and Child Welfare Reported cases to Social Work Department, which has risen from 11,579 in 2006 to 12,715, an increase of 9.8%.

The Number of Reported Cases that went to Initial Assessment has risen from 12,520 in 2006 to 15,074 in 2007, an increase of 20.4%. This breaks down into Child Abuse Reported Cases to Social Work Department that went to Initial Assessment which has increased by 17.2% from 6,299 in 2006 to 7,384, and Child Welfare Reported cases that went to Initial Assessment which has increased by 23.6% from 6,221 in 2006 to 7,690 in 2007.

The number of confirmed cases of child abuse rose by 10% from 1,797 in 2006 to 1,978 in 2007.

The 10.6% increase in the overall number of reports to social work departments works through to a similar increase in the number of confirmed cases of abuse. However there has been a significant increase in the number of reported cases that went to initial assessments of 20.4%, which is weighted in favour of child welfare cases. This reflects a change in standardised work practices and an increased emphasis on child welfare issues.

The data in regard to the breakdown between reports of 'child abuse' and 'child welfare' must be treated with some caution because it is influenced by a combination of local factors including primarily organisation structures, work practices, definitional frameworks and business processes.

These factors influence how cases are defined at point of entry into the service in terms of child abuse or child welfare, and influence how cases are processed through the system.

In this regard a detailed look at the local data which makes up the national totals shows a degree of variation. For example in Dublin North East in terms of the number of child abuse reported cases that went on to initial assessment, in three of the LHOs 100% of cases went to initial assessment (Dublin North Central, Dublin North West and Dublin North). This contrasted with the three remaining LHOs where in Louth 18% went on to initial assessment, 21% in Meath and 41% in Cavan/Monaghan.

Similarly with the number of child welfare cases reported that went on to initial assessment 100% of cases in Dublin North Central, Dublin North West and Dublin North went to initial assessment in comparison to 8% in Meath, 13% in Cavan/Monaghan and 18% in Louth.

In HSE West, Sligo/Leitrim/West Cavan LHO the long term trend of refocusing on child welfare rather than child protection has continued. In 2002 76% of reports had been classified as child welfare, rising to 84% in 2004, and 95% in 2006. In 2007 94% of reports were categorised as child welfare. This has been achieved through an integrated process of definitional clarification and the development of family support processes. It is believed that this trend has been beneficial to families by refocusing on strengths and needs rather than blame and forensic investigation.

In HSE South, North Tipperary LHO has witnessed a development towards categorising cases in their initial report as 'welfare/family support' rather than 'abuse'. This is partially due to the formation of a 'Child Welfare/Family Support' Management System', which allows professionals to access to services similar to those available from the child protection Social Work Teams.

These examples from LHOs across the country demonstrate the importance of the on-going process of standardisation of business processes which is underway. It is also a demonstration that local social work departments are beginning to implement the policy direction of *"The Agenda for Children's Services"* through a process of re-organisation and re-focusing of services.

The on-going increase in the number of reports of international families is continuing to present challenges to social work departments across the country. Staff members are dealing with issues of language, culture and parenting practice in the context of statutory child protection duties. Access to interpretation services at short notice can be problematic in some circumstances.

There is ample evidence of close working relationships between social work departments and An Garda Siochána. These relationships are structured through formal and informal channels and ensure that child protection processes are facilitated and supported by these two key statutory agencies through sharing of information, mutual support and joint working.

There are many examples of good practice in local child protection services in social work departments across the country. Below are listed some of these developments. This list is far from exhaustive but gives an indication of the positive and constructive innovations of Children and Family Services staff:-

- The large number of voluntary services (25) funded by the HSE in Dublin West is working in close partnership with the HSE to identify and work with families whose needs have not yet triggered intervention by the Child Protection process. This 'seamless' service between prevention and protection, based on the Hardiker Model, is what we are constantly striving to achieve.

- In Cavan / Monaghan there is a Child Sexual Abuse Assessment and Treatment Service staffed by a senior clinical psychologist and a senior social work practitioner. This team provides an assessment and treatment service to children and their families, who have been or are alleged to have been sexually abused. This team also has the responsibility for the education and training of the rest of the team and other professional agencies.

- In Dublin North Central the Ohana House Access Centre continues to provide best practice contact between children and families. It is the only purpose built access centre nationwide.

- In Galway as part of the accredited programme of 'Excellence Through People', the Social Work department carried out an audit on Health and Safety on the management of cases. Its recommendations are now being

implemented. A protocol was developed for working with separated children and Irish non-national children. An audit was carried out to review protocols on the management of access for children in care.

- In Roscommon an example of best practice has been the improved involvement of teachers at Child Protection Conferences. This was reflected by an increase in attendance at Conferences and, when attendance was not possible, by the submission of verbal/written reports.

  Also in Roscommon four social work staff completed training in the Marte Meo method of working with families which assists in building relationships in foster care placements and helps parents to maintain their children at home. The team is offering the Marte Meo therapeutic service to a number of families with five team members fully qualified therapists.

- In Donegal '*Adolescent, assessment, therapy and prevention'* is a service offered to young persons who have sexually harmed others. It is mostly run on a group based model. It received its first clients in 2007 and will continue to operate as part of the core functionality of the Social Work department. It is one of the very few services for this cohort of client on the Island of Ireland. There are 4 Social Workers who dedicate 0.2 of their working week to this service.

- Carlow Regional Youth Services, Barnardo's, RAPID and the HSE have established an interagency consortium to work with vulnerable children, young people and families in a high risk disadvantaged area in Carlow. This has resulted in earlier and targeted intervention in child protection cases.

SECTION THREE

Alternative Care Services

Chapter 3 Alternative Care Services

3.1 Introduction to Alternative Care Services

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

The HSE, under the Child Care Act 1991 and the National Standards for Foster Care (2003) and Residential Care (2001) may provide for the aftercare needs of children who have been in its care.

Alternative care services are subject to Child Care Regulations and National Standards.

3.2 Legislative Framework, Alternative Care Services

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

- Adoption Act, 1952
- Adoption Act, 1988
- Child Trafficking and Pornography Act 1998
- Child Care Act, 1991
- Adoption Act, 1991
- Child Care (Placement of Children in Foster Care) Regulations, 1995
- Child Care (Placement of Children with Relatives) Regulations, 1995
- Child Care (Placement of Children in Residential Centres) Regulations, 1995
- Child Care (Standards in Children's Residential Centres) Regulations, 1996
- Refugee Act, 1996
- Adoption Act, 1998
- Children Act, 2001
- Ombudsman for Children Act, 2002
- Children (Family Welfare Conference) Regulations, 2004
- Child Care (Special Care) Regulations, 2004
- Child Care (Amendment) Act 2007
- Health Act 2007

3.3 National Policy, Alternative Care Services

National policies and guidelines, which inform and support practice in Alternative Care Services provision include:

- Guide to Good Practice in Children's Residential Centres, 1996
- Standards and Criteria for the Inspection of Children's Residential Centres, 1999
- Children First, National Guidelines for the Protection and Welfare of Children,1999
- Towards a Standardised Framework for Inter-country Adoption Assessment Procedures, 1999
- Statement of Good Practice: Separated Children in Europe Programme, 2000
- National Standards for Children's Residential Centres, 2001
- Youth Homelessness Strategy, 2001
- National Children's Strategy: Our Children – Their Lives, 2001
- Report of the Working Group on Foster Care: Foster Care - A Child Centred Partnership, 2001
- Our Duty to Care: The principles of good practice for the protection of children and young people, 2002
- The National Standards for Foster Care, 2003
- Trust in Care: Policy for Health Service Employees on Upholding the Dignity and Welfare of Patients / Clients and the Procedure for Managing Allegations of Abuse against Staff Members, 2006

3.4 Alternative Care Data, 2007

Table 17 Total number of admissions to care by care type

Type of Care	Number of Admissions
	2007
Residential Care – General	239
Residential Care – Special	32
Residential Care – High Support	17
Foster Care – General	1,381
Foster Care – Relative	340
Foster Care - Special	1
Pre-Adoptive Placements	12
At Home under Care Order	1
Other	111
Total	**2,034**

**Figures not final – subject to further validation*

Table 18 Total number of children in care by care type and by year

	Number of Children in Care at 31st. December,
Type of Care	**2007**
Residential Care – General	337
Residential Care – Special	23
Residential Care – High Support	30
Foster Care – General	3,141
Foster Care – Relative	1,552

Foster Care - Special	31
Pre-Adoptive Placements	26
At Home under Care Order	41
Other	128
Total	**5,309**

**Figures not final – subject to further validation*

Table 19 Number of children in care by length of stay categories

Type of Care	Length of Stay 2007		
	<1yr	**1-5 yrs**	**>5yrs**
Foster Care General	727	1,114	1,290
Foster Care Relative	307	639	603
Foster Care Special	4	17	19
Pre Adoptive Foster Placement	12	11	3
Residential General	169	126	48
Residential Special	13	5	0
Residential High Support	22	8	1
At Home Under Care Order	25	12	4
Other	60	53	15
Total	**1,339**	**1,985**	**1,983**

**Figures not final – subject to further validation*

Table 20 Number of Children who appeared to be Homeless

	2005	2006	2007
Number of Children	**378**	**449**	**242***

** 2007 figures represent national figures less the former eastern region.*

Table 21 Number of Separated Children

	2005	2006	2007
Number of Children	**749**	**563**	**1,372**

Table 22 Outcomes for Separated Children

Outcome	Number
1. Re-united with family	749
2. Placed in Care	528
3. Found not to be a minor	66
4. Other	29
Total	**1,372**

Performance Indicators and other Data Alternative Care, 2005 – 2007

Table 23 Number of Children waiting for Foster Care and Residential Care

	31/12/05	31/12/06	31/12/07
Number of children who were awaiting foster care placement at end of each year	**48**	**82**	**40**
Number of children who were in residential care awaiting foster care at the end of each year	**35**	**52**	**23**

Table 24 Total number of children under 12 years in residential care

	2005	2006*	2007
Total number of children under 12 years in residential care at the end of each year:	**71**	**48**	**71**

**2006 figure represents 28 LHOs from which information was available*

Table 25 Children under 12 years in residential care - length of stay in 2006, 2007

Length of Placement in Residential Care	2006	2007
0 – 3 months	**48**	**46**
4 – 6 months	**19**	**9**
7 – 12 months	**5**	**10**
12 months plus	**6**	**13**

Table 26 Children with Care Plans

Performance Indicator	Care Type	2006	2007
Number of children in care who have a written care plan as defined by Child Care Regulations, 1995 at 31/12/200..	Residential Care	**307 (74.9%)**	**256 (64.2%)**
	Foster Care – General	**2,007 (62.6%)**	**2,105 (65.7%)**
	Foster Care with Relatives	**903 (60.4%)**	**925 (59.4%)**
	Other Care Placements/At Home Under Care Order	**147 (65.6%)**	**97 (58.8%)**

Table 27 Inter Country Adoption Data 2007

Activity	Number
Number of applications 1st. Assessment	**1,139**
Number of applications 2nd Assessment	**139**
Number of applications 3rd Assessment	Not recorded
Number of adoption placements	Not recorded
Number of 1st Assessments completed	**316**
Number of 2nd Assessments completed	**153**
Number of 3rd Assessments completed	Not recorded
Number of 1st Assessments outstanding at 31/12/07	
Number of 2nd Assessments outstanding at 31/12/07	
Number of 3rd Assessments outstanding at 31/12/07	Not recorded

Registration & Inspection Services

Table 28 Number of Centres Registered

Type of Centres Registered	HSE South	HSE West	HSE Dublin North East	HSE Dublin Mid Leinster
Number of private for profit centres registered	0	1	7	9
Number of non HSE not for Profit Centres registered	0	0	8	1

Table 29 Number of Monitoring Visits

Number of Visits/Reports	HSE South	HSE West	HSE Dublin North East	HSE Dublin Mid Leinster*
No. of Monitoring Visits for Residential Care	42	79	35	
No. of Monitoring Visits Foster Care	Service not in place	2	78	
No. of Monitoring Reports Residential Care	2	24	25	
Number of Monitoring Reports Foster Care	Service not in place	2	3	
No. of SSI/HIQA Inspections	0	5	5	
No. of HSE inspections	2	2	13	

Information not currently available

Table 30 Number of Centres closed by type in 2007

Type of Centres Registered	HSE South	HSE West	HSE Dublin North East	HSE Dublin Mid Leinster
Number of centres closed	0	2	3	2

National Special Care Service

Description of Service 2007

Special Care Units are secure facilities where young people who are in need of special care or protection are placed with the explicit objective of providing a stabilising period of short- term care which will enable a young person to return to less secure care as soon as possible. Young people are detained in special care by order of the High Court.

Since January 2007 Special Care has been organised as one National HSE Service and is now made up of three Special Care Units, Ballydowd Special Care Unit in Dublin, Gleann Alainn Special Care Unit in Cork and Coovagh House Special Care Unit in Limerick. Ballydowd and Coovagh House provide for both genders while Gleann Alainn caters for females only.

National “Criteria for the Appropriate use of Special Care Units” were agreed by the HSE and the Children Acts Advisory Board (formerly the Special Residential

Services Board) in November 2006. These criteria inform the decisions of the National HSE Special Care Admissions and Discharges Committee which considers all applications for special care. The criteria also inform the decisions of the CAAB which gives "its view" on applications for special care.

A review of special care applications from January to June 2007, commissioned by the Children Acts Advisory Board and carried out by Social Information Systems Ltd, an independent research company, will be published in early 2008.

Table 31 Capacity:

Name of unit	Capacity
Ballydowd Special Care Unit	15
Coovagh House Special Care Unit	5
Gleann Alainn Special Care Unit	5

Table 32 Number Admissions to Special Care by Age and Gender

Age (On Admission to Unit)	Male	Female	Total number of admissions
11 Years	0	0	0
12 Years	0	3	3
13 Years	2	2	4
14 Years	1	5	6
15 Years	3	12	15
16 Years	0	4	4
17 Years	0	0	0
Total	**6**	**26**	**32**

Note: although there were 32 admissions to special care in total, 29 young people were admitted i.e. 3 young people were admitted twice in 2007.

Table 33 Number of Admissions by Area

Table 33 Number of Admissions by Area

Area	Male	Female	Total
Dublin Mid-Leinster	1	9	10
Dublin North East	4	8 (6 young people)	12 (10 young people)
South	1	5 (4 young people)	6 (5 young people)
West	0	4	4
Total	**6**	**26 (23 young people)**	**32 (29 young people)**

3.5 Analysis and Commentary, Alternative Care

There were 5,307 children in the Care of the HSE at the end of 2007. This number has increased by 1.1% from 5,247 in 2006. HSE West had the lowest rate of children in Care per 10,000 of under 18 Population with a rate of 41, Dublin Mid Leinster had a rate of 51, HSE South had a rate of 53 and Dublin North East had a rate of 60.

There were 2,114 admissions to Care in 2007. This represented a 14.5% increase of 269 on the figure for 2006. Of the 2,114 admissions to Care in 2007, 334 were in Dublin Mid Leinster, 453 were in Dublin North East, 629 were in HSE West and 698 were in HSE South.

The reasons children were admitted to Care are predominated by categories of 'Neglect' 326 and Parent Unable to Cope/ Family Difficulty re Housing/Finance 596. When added to this is the 135 children who were admitted to Care with 'Emotional/Behavioural Problems' clearly indicates the importance of the policy direction of *The Agenda for Children's Services* in supporting families in the community.

There have been many examples of innovative and constructive service developments in Alternative Care services in 2007. Included in these are the following:-

- In Galway during 2007, two named Gardai were identified as liaison to each of the Residential Homes. This was introduced to help improve clear communication and direct work with the young people.

- In Roscommon Alternative care services are integrated with other services through the attendance of a multi-disciplinary team at Fostering Care Committee. This committee facilitates an interdisciplinary approach. Its membership includes Children's Act Services Manager, Home management, Psychology, Childcare workers and a foster carer. Other disciplines and agencies are invited to submit reports on children with whom they have contact and who are in the care of the HSE, prior to their reviews.

- In Donegal a therapeutic service remains in place to address attachment issues for children in long-term care. This consists of procedures to assess attachment and implementation of attachment programmes, a process to address issues of sensory integration via an Occupational Therapist and sandplay therapy.

- In Clare, Limerick and North Tipperary a new education assessment service commenced to identify children in care who have additional educational requirements. This was designed to assist social workers with the educational component of the statutory care plan and thereby improve the educational outcomes of children in care.

- In Dun Laoghaire there has been a significant increase in the number of foster families from 47 in 2005 to 99 in 2006 and 107 in 2007. This has been achieved through a strategic initiative by the social work department and through the commitment and professionalism of staff.

- The Aftercare Service in counties Meath, Louth and Cavan/Monaghan has developed a Lifeskills Assessment Model and a Preparation for Leaving Care and Aftercare Planning process for young people between the ages of 16yrs and 18yrs in care. The Aftercare Service supports young care leavers in bridging the transition from care to independent adult life and links young people to relevant community services. Direct work focuses primarily on young people who are over 18yrs in Aftercare.

- LHO Dublin North West has an inner resource group that meets every two weeks to monitor the progress of placements and to identify any potential breakdowns in foster care or residential care placements. All breakdowns in residential care are reported to the residential placement committee. Professional meetings are held to agree an appropriate response to disruptions in placements. A core group of people is formed to meet on regular basis to agree actions required to help to sustain the placement. Dublin North West found that this approach was successful in maintaining placements that were at imminent risk of breaking down.

- In Louth, the young people in the Advisory Group who have left care have undertaken training and have put together a training and awareness package for HSE workers and Carers.

- In HSE South during 2007, seven trainers were accredited as Initiative Keeping Safe Trainers. An additional 142 participants received tailored training and 157 participants received the full Keeping Safe Training which was provided by these trainers on behalf of their organisations. These trainers are now contracted to deliver one nine-hour course per year on behalf of HSE South. At the end of 2007 a further four Keeping Safe Training courses had been provided on behalf of HSE South.

Chapter 4 Family Support Services

4.1 Introduction to Family Support Services

The HSE is obliged under the Child Care Act, 1991, and Children Act,2001, to provide family support services to promote the welfare of children who may be risk of abuse or neglect or whose needs for care and protection may not be adequately met and who may be at risk of future harm.

A definition of Family Support is provided by the Department of Health and Children in its Family Support Strategy, 2006, (Draft) namely: "*intervention across a range of levels and needs with the aim of promoting and protecting the health, well being and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk".*

This Section also incorporates information on Pre-School Notification and Inspection.

4.2 Legislative Framework

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

- Child Care Act, 1991
- Children Act, 2001
- Health Act 2004
- Youth Work Act 2006
- Child Care (Amendment) Act, 2007

4.3 National Policy

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

- The Springboard Initiative, 1998
- The National Anti Poverty Strategy, 1999
- Children First, 1991
- National Children's Strategy, 2000
- RAPID, 2001
- CLÁR, 2001
- Equality and Fairness, A Health System for You, 2002
- National Action Plan Against Social Exclusion, 2003
- Family Support Strategy, 2006 (Draft)
- National Childcare Investment Programme 2006-2010

Table 34 Family Welfare Conference

Reason for Conference	No. of conferences 2005	No. of children 2005	No. of conferences 2006	No. of children 2006	No. of conferences 2007	No. of children 2007
May be in need of care	15	23	12	13	38	39
Child Protection	39	78	40	86	34	67
Child Welfare	39	72	64	204	66	94
Court Directed	0	0	0	20	3	3
Other – Specify	31	62	33	49	50	69
TOTAL	**124**	**235**	**149**	**372**	**191**	**272**

Table 35 Outcome of Family Welfare Conference

	2006	2007
Outcome	**No. children**	**No. of children**
Special Care Order	7	25
Care Order	0	3
Supervision Order	0	0
Voluntary Care	4	1
Recommendation/ Plan for other services for child and family	207	229
No agreement	10	6
TOTAL	**228**	**264**

Table 36 Performance Indicators Pre Schools 2005 - 2007

	2006		2007	
Total number of notified current operational pre-school centers' in the LHO area at 31/12/…….	**4,507**		**4,635**	
Number of new pre-schools notified	**504**		**526**	
Number (and Percentage) of notified current operational pre-school centre's in the LHO area where an annual inspection took place	**2,557**	**(38.5%)**	**2,322**	**(50.1%)**
Number of pre-schools Review Visits/Follow Up Visits that took place	**683**		**683**	
Number of pre-school Advisory Visits that took place	**1,737**		**1,487**	

Table 37 Performance Indicators Springboard 2007

Performance Indicator CC8	**2007**
Total number of families referred to Springboard Projects during 2007	**787**
Total number individuals (Parents/Carers) referred to Springboard projects during 2007	**906**
Total number individuals (Children) referred to Springboard projects during 2007	**1,395**

Analysis and Commentary Family Support Services

Commentary and analysis of family support services provided and funded by the HSE is hindered by the relative paucity of national standardised data on these services. This is a reflection of the policy emphasis to date on child protection services with the emphasis on data capture for child protection and alternative care services.

While there has been extensive development of family support services across the country, both directly provided by the HSE and funded by the HSE, the integration of these services with child protection and alternative care services is variable.

The strategic direction and key goals of public policy in relation to children's health and social services in Ireland are being set by the Agenda for Children's Services which is part of a fundamental change now underway in how Government policy in relation to children is formulated and delivered.

The purpose of the Agenda for Children's Services is to set out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland. In this context**,** supporting families is identified as the central concern underlying all children's health and welfare services, whether aimed at prevention, early intervention, hospital services, protection or out-of-home care.

An objective of *The Agenda for Children's Services* is to provide the means for operational managers and front-line staff, particularly in the Health Service Executive (HSE), to direct and evaluate their delivery of services to children and their families against this strategic direction.

The Agenda draws together the various types of outcomes found in contemporary children's policy and presents them here as a single list of 7 items:

-healthy, both physically and mentally;
-supported in active learning;
-safe from accidental and intentional harm;
-economically secure;
-secure in the immediate and wider physical environment;
-part of positive networks of family, friends, neighbours and the community;
-included and participating in society.

In order to promote the 7 National Service Outcomes for Children, services need to strive to achieve 5 essential characteristics:

1. Connecting with family and community strengths.
2. Ensuring quality services.
3. Opening access to services.
4. Delivering integrated services.
5. Planning, monitoring and evaluating services.

The challenge for the HSE in the coming years is to fully integrate the full range of existing family support services with child protection and alternative care services and to place the primary emphasis of the whole service on support and prevention. This change in emphasis must be reflected in data capture requiring a change in existing reports.

There are many examples of best practice in family support services across the country as follows:-

- In Galway the introduction of Family Support Packs (FSP), operated under Children Act Services, recently won an award under the Children's Act Advisory Board National Competition. During 2007 Galway PCCC was jointly involved in the planning and development of Jigsaw, a Youth Mental Health Service with Headstrong.

- In Mayo an evaluation of the Teenage Health Initiative was undertaken in 2007 and will be finalized in 2008. A first draft of a review of the family support programme entitled "A formative Evaluation of the Community Based Family Support Programme" was completed. As a result of this, agreement was reached to change the management model for the service. The Mol an Oige management group commissioned training using the Family Home Care model of family preservation services as developed by Boystown, USA. Staff and management of the Edge project were trained in the "Building Skills in High Risk Families" part of the programme in July 2007. Since then staff have implemented the programme. Initial feedback from staff and families is positive.

- In Roscommon family support services have secured the assistance and support from Girls/ Boystown organisation in Nebraska, USA, to start developing a systematic approach to family support. The project is called 'Mol an Oige' (Praise the Young) project. Staff have been trained in assessing, devising programmes and working with families. This approach crosses over the three domains of child protection, alternative care and family support and involves the therapeutic services and voluntary agencies. This is broadly in line with the principles outlined in section 7.2.3. of 'Children First', in that the service is developed in partnership with individual families, community organizations and other voluntary and statutory services.Staff from Monksland Family Support Service developed an initiative with staff from the Occupational Therapy department in Mental Health to bring twelve women, six from each service together as a women's group. The programme ran for twelve weeks and covered areas such as stress management, vocation choices, leisure choices, relaxation skills and at the end the women were encouraged to develop their own action plan to move forward in 2008.

- In Donegal the significant development in the community and family support sector was the introduction of the Intensive Integrated Youth Project to the Donegal in late 2007. A revised specification was drawn up for the delivery of intensive youth support integrated to the delivery of social work services when the contract expired for the service that was in place. There was a tender competition for the service using the Procurement framework ensuring a fair and equitable consideration of the submissions received. The redrawn criteria was for a service which would offer individual packages of youth support to young people who are at risk of reception into care due to breakdown in the relationships within the family home. The Youth Worker would be attached to each social work team in the county. Foróige was successful in the competition and the service was in place by the last quarter of 2007. A youth participation research was initiated in 2007 to inform a family support needs assessment in a discrete geographic area, this research is ongoing.

- In Clare the HSE has taken a lead role in consulting with the migrant and ethnic minority communities in Co. Clare. A strategy document which will be finalised in 2008 will set out key priorities.

- In Limerick City, service integration was further advanced through the development of referrals to YAP and Extern and also by improved and closer working links between funded bodies. Support continues to be provided to the South Hill Youth Forum and it is hoped that this model will be expanded and replicated in other areas. The Forum was created to develop an early warning system between state agencies to improve early detection and avoid duplication of service. This will be further developed in 2008 through the Children's Services Committee. The need to establish a common needs assessment system and better structures for the management of referrals to state services will be explored.

- In Dublin West a number of initiatives have been developed or enhanced in 2007. A workshop for all agencies was funded by the HSE under Section 38 and 39 of the Health Act. The focus of this workshop was to stress the partnership approach to delivering services. Budgets, roles and responsibilities of different agencies, linkages and the necessity for flexibility in working were all stressed. The workshop format was successful and will be used again. The Incredible Years Parenting Programme was also rolled out. The HSE funds 25 different services and has its own team of 15 Family Support Workers, 7 Community Child Care Workers and a Community Worker. In keeping with our strategy to provide a seamless service, the Incredible Years Parenting Programme was selected as the parenting programme of choice for HSE staff and agencies funded by the HSE. HSE staff including Psychologists, Child Care Workers, Family Support Workers, work in partnership with Archways, the schools and the voluntary sector, to deliver the programme.

The Londubh Project in Inchicore, a collaboration between St. Michael's school and the HSE won the Children's Act Advisory Board award for Innovative Practice in 2007.

Children's Services Committee – South Dublin County Council. Under Towards 2016 Partnership Agreement, provision was made for Children's Services Committees to be attached to all local authorities. The Office of the Minister for Children sees these committees as holding a major role in developing policy and close interagency working arrangements. So far there are 4 committees in the country, one in South Dublin County Council. Through this committee, major initiatives are being undertaken in child welfare services. These include:

- A survey on quality of life issues for children in South Clondalkin conducted by researchers from the Childhood Development Initiative (Atlantic Philanthropies).
- A targeted approach to antisocial behaviour on an estate in South Clondalkin between Housing/HSE/Community Groups.
- A protocol for Information Sharing on child welfare issues between agencies.
- A protocol for managing critical incidents in the community (murder, suicide, natural disasters).
- A system of 'keyworking' by agencies other than the HSE in child welfare cases.
- A pilot of the 'Differential Response Model' in one South Dublin County Council area.

- In Kildare West Wicklow a substantial programme of group work was undertaken and 26 adults and 417 children received services through these programmes. Also an inter-agency summer camp run by local Youth Service, Springboard Project and the Social Work Department was attended by 60 children all identified as "in need".

- In Longford/Westmeath the Triple P parenting programme commenced and has been rolled out through the majority of HSE Childcare departments and voluntary groups. A number of staff have been trained in Triple P and are rolling it out to groups in both Longford and Westmeath Community Care areas.

- In Cavan / Monaghan, Meath and Louth the Child Care Managers led out on a Leadership Development Programme which was commissioned by the Regional Office for Children and Families. The programme was around collaborative leadership and participants were HSE service managers for children and family services. The Leadership Development Programme was instrumental in developing collaborative working across all disciplines within

Child and Family services. A number of practical project around the assessment of need were developed as a result of this work.

- In Dublin North East the Youth Advocate Programme (YAP) is primarily aimed at meeting the needs of young people and their families who are assessed as being at the 'high end' of child protection services, who are at 'high risk' and who may have been or may be received into care. YAP provides an intensive 24/7 case management service, an advocate for the young person and a mix of highly individualised in-home and community based services developed around each family's unique circumstances.
- North Dublin has contracted YAP to provide an additional programme of 25 places for these young people in the area. This new service commenced in the area in October 2007 and was expected to be at full capacity early in 2008. This new programme supplements existing places for the area provided in a joint programme with LHOs in North Central and North West Dublin.
- Preparing for Life is an early intervention programme in Darndale, Dublin North Local Health Office area. It is jointly funded by Atlantic Philanthropies and the Office for the Minister for Children. This five year pilot programme is designed to improve outcomes for children from before birth to when they go to school.The programme was developed by a multi-agency group representative of a wide range of agencies (including the HSE) providing services to children and families in the area together with the local communities. Northside Partnership is responsible for managing the programme with local partners, Atlantic Philanthropies, the Office of the Minister for Children, the Health Service Executive and the Daughters of Charity. Recruitment of programme staff took place in April 2007. Service delivery commenced with the recruitment of families in autumn 2007. Services provided to date include early intervention activities with the 9 families who joined in 2007, ongoing recruitment of new families, commencing the delivery of the Triple P parenting programme, contracting the Centre for Early Childhood Development and Education to undertake an evaluation and to support providers of early years services in the area.
- In North Cork in Fermoy, Mitchelstown and Charleville an interagency and community approach aimed to identify the needs of those communities. As a result two local drugs prevention projects were set up in 2007 with funding received through the Regional Drugs Task Force. These groups have organised parenting programmes and bereavement programmes for young people.

Chapter 5 Child Care Training Services

Staff training and development is essential to ensure consistent delivery of service and effective interventions in the care of children as highlighted in Children First; National Children's Strategy; National Standards for Foster Care and National Standards for Children's Residential Centres. Training is particularly important in the provision of Children and Family services because of the statutory basis of these services and because of the significant impact of these services on the safety, health and welfare as well as long term outcomes of service users.

Training is provided primarily by Training Officers, Children First Training Officers, Children First Implementation Officers and Children First Information and Advice Persons although there may be other staff involved in the training function. The key areas for training are Induction, Children First, Children Act, Child Protection, Alternative Care and Family Support and a wide range of training programmes are provided in these areas.

Training is provided for staff in Children and Family services as well as other HSE staff. Training is also provided for staff from other agencies, statutory and non-statutory, sometimes on a joint basis. Training functions were established under the previous health board structures and as a result are not standardised across LHOs.

Table 38 Number of Training Hours Delivered

	South	West	Dublin North East	Dublin Mid Leinster
Induction		6		14
Children First Training & Briefings	141	221	317	313
Legislative training	12	54	30	49
Child Protection	75.5	60	27	4
Alternative Care	14	21	53	22
Marte Meo	0	0	0	56
Keeping Safe Training	267	1459	0	304
Parenting Support	48	36	63.5	21.5
Management Development	140		112	6
Professional Supervision for supervisors	50	92	101.5	41
Interviewing Children	14	14	24	0
Courtroom skills	16	21		0
Intercultural training	38	36	42	70
Report writing skills	8	19	28	0
Domestic violence	66	26.5	62	0
Leadership development	0	0	65	0
Therapeutic Crisis Intervention	35	361.5	575	682
Other	310	514	635	275
Total	1234.5	2941	2135	1857.5