



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

**REVIEW OF ADEQUACY  
FOR HSE CHILDREN  
AND FAMILIES SERVICES  
2009**

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## Foreword

The requirement to review the adequacy of child care and family support services is established under Section 8 of the Child Care Act, 1991. This statutory review process underlines the importance placed by Irish society on the welfare of children.

There were a number of significant developments in Children and Family Services in the HSE in 2009 which are set out in this Report. A number of Reports published in 2009 identified the need for significant reform and reorganisation of the service.

I was appointed National Director Children and Family Services in January 2011 and am retrospectively publishing Review of Adequacy Reports for 2009 and 2010. It is clear to me that there were considerable demands on the National Office throughout 2010, during a period of significant change with a consequent delay in publication of these reports.

The format and content of future Review of Adequacy Reports will change with a greater emphasis on analysis of quality of services and a wider 'whole child' perspective. I regret that it has not been possible to introduce this new approach retrospectively for the 2009 Report.

Gordon Jeyes

National Director

## Executive Summary

HSE Children and Families operated in an increasingly challenging environment in 2009, reflecting the challenges faced by the country as a whole. A range of reviews of *Children First* (DoHC 1999a) by the Office of the Minister for Children (OMCYA 2008) and Ombudsman for Children<sup>1</sup> (OCO 2010) plus HSE Children and Families own review of its compliance with *Children First* (HSE 2009c; HSE 2010c) highlighted significant legacy issues in developing an national, unified service, delivering a consistent and equitable service in all areas of the country.

A strategic review of the delivery and management of Children and Families Services (HSE/PA Consulting 2009) will help provide a strategic direction for the future, with services more integrated both across a continuum of services (family support, child protection, alternative care) and geographically (local-regional-national). Reorganisation of the national HSE structure, the appointment of an Assistant National Director for Children and Families Services and four National Specialists, will help to develop a national office that can drive forward a substantial change programme.

At operational level, the need to promote standardisation to develop a coherent national service is well recognised. Throughout this Review of Adequacy, the term standardisation is used frequently – whether that is in, for example, the development of processes and procedures through the Standardised Business Process initiative and the linked initiative to develop a National Child Care Information System, in conducting a national audit of foster care services, or simply in standardising the formats for HSE inspection reports of private and voluntary sector providers. The legacy issues of transforming the policies and practice of the ten former Health Boards into a single, unified national structure need to be addressed, given that these are prominent in the critical findings of both external reviews and HSE Children and Families own reviews of compliance with *Children First*.

The **first section** of the Review of Adequacy 2009 provides an **Introduction** that explains the statutory requirement for the HSE to produce a Review of Adequacy in compliance with Section 8 of the Child Care Act, 1991.

The **second section** outlines the **Change Programme** that HSE Children and Families Services has embarked upon. This is vital to ensure the provision of effective and high quality statutory child care services in the future by social work teams.

The **third section** looks at **Indicators of Need**. The children's population in Ireland has been growing. The tougher economic climate of the last few years has placed additional strain on HSE Children and Families Services both because of the squeeze on its own resources as part of the national austerity programme but more importantly because such conditions place strains on families and might lead to an increase in factors such as deprivation that have some association with the number of and complexity of Reports that are received.

The **fourth section** looks at **Family Support Services**. There is a recognition of the need to reconfigure

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<sup>1</sup> Although some reports cited in this paragraph were published in 2010, the research work underpinning them was conducted in 2009 so many of their emerging findings were known to HSE Children and Families Services and influenced developments in 2009.

services towards a primary preventive framework, addressing the needs of children and families at earlier stages before they worsen, but making this shift is highly challenging in times of financial constraints. Initiatives such as the development of Children's Services Committees, better commissioning of services, and better integration and welfare and protection services might all help to shift the balance in the future.

The **fifth section** considers **Child Protection Services** and is focussed on issues arising from the various reviews of compliance with *Children First*. Responding to these issues was, and will continue to be, a key driver for HSE Children and Families Services. The *Ryan Implementation Plan* (OMCYA 2009b) was also developed in 2009 and the Roscommon Child Care Inquiry was initiated.

The **sixth section** looks at **Alternative Care Services**. Admissions to care, and the number of children in care have risen, but Ireland still compares favourably in having a low number of children in care compared to other jurisdictions and high number placed in family-based settings (relative foster care or non-relative foster care). Around 36% of children who are admitted to care are discharged within a year in accordance with care plans and there has been a reduction of the proportion of children in residential care who are aged under 12. The percentage of children with a written care plan has exceeded the target for the year although the percentage with an allocated social worker has fallen compared to 2008. A national audit of foster care services will report its findings in 2010. Future needs that have been identified include a requirement to develop a national Leaving Care/Aftercare policy.

The **seventh section 6** looks at **Child Care Training**. There are numerous examples of local good practice but the change programme will also require the development of national standardisation in policy and delivery will be a key consideration.

The **eighth section** draws some overall **Conclusions**.

## 1 Introduction

Section 8 of the Child Care Act, 1991 states that the Health Service Executive (HSE) should prepare an annual report on the adequacy of child care and family support services, making this available to the Minister and other stakeholder bodies.

Up until 2005, individual Health Boards produced their own local reviews of adequacy but since 2005, when they were replaced by the national Health Service Executive, there has been a single annual document covering the whole of HSE Children and Families Services. The 2008 Review of Adequacy took the form of a descriptive sections plus appendices that contained almost 500 pages of data in raw table form. The inclusion of such a volume of data was new and the OMCYA determined that for 2009 a shorter document with more analysis and description was preferred. Hence, this current Review of Adequacy has changed in format in response to the preferences of the OMCYA.

Note that occasionally references are made to reports that were published in 2010. In these circumstances, the research behind those reports was usually conducted in 2009 and, although the final report was not published in that same year, the emergent findings may have been known to HSE Children and Family Services and would have influenced developments.

## 2 The Change Programme

A priority for the HSE is to modernise the way Children and Family Services are planned and delivered so that, within the resources available we can meet all the regulatory and statutory requirements and provide high quality services for children and families. A strategic change programme to achieve this was initiated in 2008. The change programme is evidence based and draws from a number strategic developments and reports as outlined below. There was substantial involvement of managers and staff in progressing many of these initiatives.

### ***HSE Social Work and Family Support Survey 2008***

The *HSE Social Work and Family Support Survey 2008* (HSE 2009c) was the first ever detailed analysis of social work departments across all 32 Local Health Offices (LHOs). It included analysis of work practices, caseloads, team structures, management of unallocated cases, and risk rating. The survey found inconsistencies across areas and regions in resources and in availability of services. It identified service deficits e.g. children in care with no allocated social worker, child protection cases on waiting list awaiting assessments, social work staff turnover and variances in activity/work loads of social workers. These issues are currently being addressed through a range of actions.

### ***Task Force***

Following the Social Work Survey, a Task Force was established in February 2009 comprising senior practitioners in the field of Child Protection and senior Health Service Managers. The aim of the Task Force was to put in place a system to "accelerate the development of a national, unified and standardised approach to the delivery of Child Protection Services". The initial Task Force report was drafted in May 2009 and was formally published in June 2010 (HSE 2010c).

Central to its overall objective has been the development of a framework or 'user's manual' to ensure essential functions in a child protection assessment are accomplished in a consistent and standard manner across the country. This framework offers a diagnostic and action framework for holistic assessment and supports effective decision making.

The work of the Task Force was divided among eight Task Groups, each of which was headed by a Local Health Manager with lead responsibility for Children and Family Services and supported by a number of senior and experienced managers and practitioners. The Task Force groups were focussed on:

1. Completion of the National Social Work and Family Support Survey; and examination of HSE compliance with Children First.
2. Development of formal child protection protocols to ensure standardised and consistent practice by HSE staff.
3. Development of standardised business processes for Family Support Services, Family Welfare Conferences and Children in Care.
4. Undertake a due diligence examination of existing child protection systems in order to develop a self-assessment framework to manage risk and to provide early warning of difficulties.
5. Clarification of governance arrangements in child protection, including the roles and responsibilities of staff.
6. Standardise and disseminate approved HSE National Policies for children and families services, and identify additional policies required.
7. Review existing performance measures and outcome measures, and identify changes required.
8. Develop a standardised approach to statutory care planning.

### ***Report of the Commission to Inquire into Child Abuse (Ryan Report)***

The *Report of the Commission to Inquire into Child Abuse*, commonly referred to as the Ryan Report, was published in May 2009 (Commission of the Inquiry into Child Abuse 2009). The HSE assisted the Office of the Minister for Children and Youth Affairs (OMCYA) in developing a set of actions and recommendations in response to this. The Implementation Plan was published by in July 2009 (OMCYA 2009b) and work continued in 2009 to implement this.

The Ryan Implementation Plan contained 99 recommendations, 68 of which are the responsibility of the HSE. Of these recommendations 8 have been prioritised and are included in the *HSE National Service Plan 2010* (HSE 2010a) for implementation as resources become available.

One of the most significant recommendations is a requirement for 200 additional Social Workers and a commitment was given by the Department of Health and Children that these posts would be sanctioned for recruitment in 2010.

### ***National Audit of Foster Care Services***

In October 2009 HSE Children and Families Services carried out a national audit of foster care services. The objective of this audit was to benchmark HSE Children and Families Services compliance with its statutory obligations in relation to foster care and relative care to identify areas where services were working well and to highlight areas for service improvement. The final report will be published in 2010.

### ***Strategic Review of the Delivery and Management of Children and Family Services***

This review was commissioned in 2009 to complement the recommendations of the Task Force Report and provides the other key element required for the change process. This review assessed current structures under a number of headings including:

- management and governance in the context of being fit for purpose;
- ensuring and supporting best practice;
- facilitating public accountability;
- supporting effective interdisciplinary and interagency relationships; and
- consistency with international best practice with regard to Child Protection, assessment and intervention

The report was completed in October 2009 (HSE/PA Consulting 2009). The key message arising from the strategic review is that there are significant and in many cases unnecessary variations across child protection, assessment and intervention services nationally. This review also states that “there is no quick fix to address the management and delivery issues identified in this report. Strengthening the spine of the service will require change across a number of areas.”

### ***Restructure at Strategic Level for the HSE***

In November 2009, the HSE made important structural changes at strategic level. Four Regional Directors of Operations were introduced, to strengthen regional structures. In addition, a number of Assistant National Directors (AND) were introduced for specific care or service groups, one of which was for Children and Families Services. The AND for HSE Children and Families Services was appointed in November 2009, reporting to the National Director of Integrated Services. Alongside this appointment, four National Specialists were appointed for HSE Children and Families Services for: Family Support; Child Protection; Alternative Care Services; and Education, Training, Research and Policy.

### ***The Children and Families Services change programme will ensure:***

- social work services are much more effective in using the resources available;
- there is a standard approach to child protection across the country and consistency in how the children and family services are being delivered;
- collaboration and supports to people working with children and their families are strengthened;
- children and family social services are planned, managed and delivered to a high quality enabling the provision of services which meet and exceed national Regulations and Standards.

### ***The key components of this strategic response are:***

- simplifying and streamlining the organisational structure for the delivery of the service to make it clearer and more accountable;
- developing an evidenced based service delivery system;
- the implementation of formal child protection protocols to ensure standardised and consistent practice across the country;
- the implementation of the National Child Care Information System;
- the implementation of the recommendations of the HSE’s *Strategic Review of the Delivery and Management of Children and Family Services*;
- the recruitment of 200 additional social work staff and 65 related child care staff was agreed in 2009 as part of the Ryan Implementation Plan and included in the *HSE National Service Plan 2010*

- (HSE 2010a); and
- the implementation of the recommendations of the National Audit of Foster Care Services.

Given the significant breadth and depth of this change programme, which involves major change in how our social care staff work and are managed, this change programme is being rolled out in a measured and planned way and will be undertaken over the next few years.

This programme provides a challenge for HSE Children and Families 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 child care services.

This change process is putting in place the structures, services, staffing, systems and standardised protocols required to ensure the provision of effective and high quality statutory child care services.

## 3 Indicators of Need

### 3.1 Children's Population

According to the 2006 Census (CSO 2007) there were 4,239,848 people living in the Republic of Ireland on census day in April 2006, compared with 3,917,203 in 2002. This represents an increase of 8.2% in four years. As of April 2009 (CSO 2009b), the population was estimated to be approximately 4,459,300, an increase of 13.8% since 2002. For the total 2009 population, younger age groups contain more children indicating a probable growth of the children's population over the coming years.

Table 1 indicates the totals of the population for the years 2006, 2007, 2008 and 2009 in each five-year age band between 0 and 19 years of age. The 2006 figures are factual, while the figures for the other three years are estimated.

**Table 1: Population Estimates by Age Group (000s) April 2009 (CSO 2009b)**

Year	2006	2007	2008	2009
<b>Age group</b>				
0 – 4 years	302,252	312,300	327,900	341,600
5 – 9 years	288,325	295,900	303,400	308,000
10 – 14 years	273,872	275,600	281,000	288,100
15 – 19 years	290,257	286,000	283,900	278,600

Some of the increase in overall population can be explained by inward migration, although this trend will be cancelled out during 2009 by a significant rise in outward migration.

The population expansion can also be explained by an increase in the number of births over the same period. Ireland had the highest reported fertility rate (the projected number of children a woman in the age range 15-49 years of age will have) of all 27 EU member states in 2008, at 2.07 children. In 2009, 74,278 babies were born in the Republic of Ireland, of which 38,082 were male and 36,196 were female. These births represent an annual birth rate of around 16.7 per 1,000 population.

Table 2 shows data on births for the years 2007, 2008 and 2009. Just over 42% of all live births in 2009 were to first time mothers; and 33% of live births were outside marriage. The average age of first time mothers was somewhat lower than the average age of all women giving birth in 2009, at 29.1 years of age. A total of 2,223 teenage girls had babies in 2009 and 50 of these young mothers were under the age of 16 years of age (CSO 2010).

**Table 2: Marriages and Births 2009 (CSO 2010)**

Year	Marriages	Total live births	Total live births to first time mothers	Total live births outside marriage	Average age of mothers
2007	22,544	70,620	29,269	23,170	31.1
2008	22,243	75,065	31,368	24,844	31.1
2009	21,541	74,278	31,351	24,532	31.3

The highest percentages of births outside marriage took place in the urban areas, Limerick, Cork and Waterford, while the lowest percentage of births outside marriage took place in predominantly rural areas, counties Leitrim, Roscommon and Galway.

Table 3 shows the overall populations of each HSE Region as recorded in Census 2006 (CSO 2007), as well as the numbers in each age group up to and including 19 years.

**Table 3: Children's population in each HSE Region x Age group in 2006 (CSO 2007)**

Age group	0-4 years	5-9 years	10-14 years	15-19 years	Total
<b>HSE Region</b>					
Dublin Mid-Leinster	86,098	80,777	75,854	82,337	1,216,848
Dublin North East	69,137	62,975	57,798	61,121	927,410
South	76,237	74,617	72,027	74,361	1,081,968
West	70,780	69,956	68,193	72,438	1,013,622
<b>National</b>	<b>302,252</b>	<b>288,325</b>	<b>273,872</b>	<b>290,257</b>	<b>4,239,848</b>

### **3.2 Children and Young People in Ireland**

*Children and Young People in Ireland 2008* (CSO 2009a) presents data on the status of Irish children measured on 39 indicators across the domains of population, education, health and care, and transport, society and lifestyle, compared with children in other European countries. Most of the data was compared to the 25 European Union members as of May 2004 (referred to below as EU 25). Among the key findings in the CSO report were that:

1. The number of persons aged 19 years or younger decreased from 1.36 million in 1986 to less than 1.2 million in 2008. Persons aged 19 years or younger accounted for 38% of the population in 1986 but for only 27% of the population in 2008.
2. Ireland had the highest proportions of its population aged 0-4 years (7.4%) and 5-9 years (6.9%) in the EU in 2008, and the second highest proportion aged 10-14 years (6.4%). However Ireland had the eleventh highest proportion aged 15-19 years (6.5%).
3. People with Irish ethnicity accounted for 85.1% of the population aged 0-4 years and 92.3% of the 15-19 years age group in 2006. In contrast, people with black ethnicity accounted for 3.4% of persons aged 0-4 years but only 0.7% of persons aged 15-19 years.
4. The overall infant mortality rate in Ireland fell from 7.9 per 1,000 live births in 1987 to 3.1 in 2007. At EU 25 level, the corresponding decrease was from 10.7 in 1987 to 4.2 in 2007.
5. Almost 45% of mothers breastfed their babies in 2006 compared with just over 35% in 1999.
6. In 2006, 84% of children aged between three and the compulsory school age attended formal childcare in the EU 25 compared with 93% in Ireland. On average children in Ireland in this age group attended formal childcare for 22 hours per week compared with 27 hours in the EU 25.
7. The consistent poverty rate fell from 10.3% of persons aged 0-17 in 2006 to 7.4% in 2007.
8. There has been a marked decrease in the percentage of children aged 5-12 travelling to school on foot between 1986 (45.2%) and 2006 (24.3%). There was a commensurate increase in the percentage travelling as a passenger in a car, from 24% in 1986 to 55% in 2006.
9. There were 353 victims of rape in 2007. Of these, 37.1% were aged 19 or under.

## 4 Family Support Services

### 4.1 Introduction to Family Support Services

There is wide ranging legislative, policy and evidenced-based support for Family Support as an overarching premise in meeting the needs of children.

The Child Care Act, 1991 endorsed a number of new initiatives in the late 1990s and early 2000s across child protection and family support services. Key publications on the childcare policy and practice with a strong focus on the importance of supporting families and investing in preventative services were published including:

- *Final Report to the Minister for Social, Community and Family Affairs: Strengthening Families for Life.* (Commission on the Family 1998).
- *Children First, National Guidelines for the Protection and Welfare of Children* (DoHC 1999a).
- *The National Children's Strategy* (DoHC 2001a).
- *Best Health for Children: Developing a partnership with Families* (Denyer et al. 1999) and *Best Health Revisited* (National Core Child Health Programme Review Group 2005)

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

- The Springboard Initiative 1998
- *Building an Inclusive Society* (Office for Social Inclusion 2002)
- The Revitalising Areas by Planning, Investment and Development (RAPID) Programme 2001
- The CLÁR programme, 2001, aimed at addressing depopulation and deficits in infrastructure and services in rural areas
- *Quality and Fairness, A Health System for You* (DoHC 2001b).
- *National Action Plan Against Poverty and Social Exclusion 2003-05* (Office for Social Inclusion 2003).
- National Childcare Investment Programme 2006-2010.
- *Agenda for Children's Services* (OMCYA 2007).

### 4.2 Family Support Services

The HSE has a statutory responsibility to provide support services to the families of children who may be at risk of abuse or neglect. Some families will experience difficulties ranging from basic parenting support, financial assistance, inadequate housing, relationship traumas and educational and learning skills which can adversely affect their parenting capacities. Family Support Services work within an ethos of early intervention with children and with their parents. Early intervention can help to prevent any worsening of current difficulties being experienced by families with the objective of enhancing and developing existing family strengths. Family support services may be delivered formally through the direct services of statutory, voluntary and community organisations, and informally through the support of extended families, friends, neighbourhoods, parishes and other local networks. Family support may or may not require the direct

involvement of professionals, but when it is being provided to a family where children are considered to be at risk, it needs to be coordinated and monitored by HSE Children and Families Services.

For example, an HSE Family Support Service in Galway provides intensive home based support in response to the needs of vulnerable children and families. It aims to empower and enable families to sustain the care of their children and to maximise their potential to do so. The service seeks to:

- reduce pressures experienced by families;
- assist families in developing social networks within their community;
- prevent occurrence or recurrence of child abuse and neglect;
- prevent children from being received into care.

HSE Family Support Services Reports are received from a wide range of agencies outside of the HSE (e.g. school, probation, Gardai etc.) and inter-departmentally within the HSE including but not limited to Social Work, GPs and the Acute Hospital sector. Alternatively, families can self-refer directly to all HSE Community-Based Family Support Services. Child Protection Reports are prioritised by all of the HSE Family Support Services.

The *HSE Social Work and Family Support Survey 2008* (HSE 2009c) and the *Report of the Task Force for Children & Family Services: Principles and Practice* (HSE 2010c) identified a number of actions required that reconfigure services in the future that will have an effect on Family Support:

1. There is a need to reconfigure services toward a primary preventative framework that encompasses child protection and well-being as central to the delivery of all services to children and families. Families need access to a range of services.
2. The absence of a robust Resource Allocation Model has hampered the development of services in those geographic areas with highest levels of need. Any comparative analysis of child care and family support services across all LHOs in the HSE, or with other jurisdictions, must have regard to several key variables such as population, demographic profile, deprivation indices, work force numbers, and the availability of services in order to achieve an accurate profile of the actual situation. However, it is important that better use is made of the research information currently available to demonstrate the correlation between demographic and socio-economic indices in each Local Health Office (LHO) in the HSE and its local child welfare and protection needs. This issue will be at the forefront of future children's service design and delivery.
3. International research has highlighted the need for professionals and policy makers to engage with children and families across a continuum of services. Information from the survey highlights the need to redirect the focus of children's services away from investigative work towards approaching and supporting families in a more holistic manner to ensure that their welfare needs are fully met.

#### **4.3 Children's Services Committees - Transforming Public Services**

The *Agenda for Children's Services* (OMCYA 2007) stated "the achievement of the 7 National Service Outcomes for Children requires an even wider and deeper engagement by all Departments, Agencies and services with responsibility, however limited, for children. To support the achievement of whole system delivery, new interdepartmental, cross agency and multidisciplinary ways of working are needed."

The development of Children's Services Committees forms a significant element of the HSE response to this policy. Children's Services Committees (CSC) are important vehicles for the development of inter-agency strategy for supporting better outcomes for children. *Towards 2016* (Department of the Taoiseach 2006) envisaged that: "At local level children's committee [sic] will be established in each of the City/County Development Boards. These committees will be chaired by the HSE who are best placed to drive this initiative to achieve coordinated and integrated services".

1. Children Services Committees have been piloted in four areas since 2007: Dublin City, South Dublin, Donegal and Limerick City.
2. The OMCYA and HSE invited all HSE Local Health Managers to make applications to become phase II sites in 2008 and six new committees (Carlow, Fingal, Kerry, Kildare, Longford/Westmeath, Louth) were initiated.
3. It is envisaged that the committees will assist in the delivery of policy outcomes of the Agenda for Children's Services.
4. These committees aim to assist in the integration of Family Support with external stakeholders. The CSC offers a common strategic platform for the development of priority actions in relation to youth services and childcare services across the family support continuum.
5. The committee structure will be rolled out nationally to ensure a deeper engagement with all agencies that have responsibility for children to support the transformation of public services.

#### **4.4 Examples of Good Practice in Family Support**

There are many examples of good practice in family support in HSE Children and Families Services. Listed below are some examples.

##### ***Standardisation in Service Level Agreements and Grant Aid Agreements***

As part of a HSE wide initiative to improve governance arrangements for the funding of Non-Statutory Agencies, a national framework has been developed which will ensure a consistent approach, operated by the HSE's National Business Support Unit. This Framework seeks to provide a level of governance, which will link funding provided to a level of service, and provides for these services to be linked to quality standards which will be monitored. The introduction of standardisation in Service Level Arrangements (SLAs) and Grant Aid Agreements (GAAs) was welcomed by both the HSE and Voluntary/Community based services. A central repository of SLAs and GAAs will allow for statistical analysis of gaps and service provision for different types of service interventions in 2010.

##### ***The Multi-Disciplinary Family Support Panel: Award Winning Service 2009***

In Co Cavan, the multi-disciplinary family support panel administers targeted financial support towards pre-school, full day care, after school and summer camp provision for children and families with identified assessed needs. This support was requested by professionals in the delivery of family support plans for families and demonstrates an integration of family support and child protection/welfare services. The panel also agreed the allocation of Family Outreach support to provide one-to-one parenting support for families. Cost savings required within HSE Children and Families Services resulted in a budget reduction, but this was partly offset by funding secured from external sources. Cost savings resulted in a decrease in the level of service provided by the Family Outreach Service. HSE personnel refer children for reasons such as

monitoring, supervision and stimulation. In addition, project staff work with HSE staff in developing and implementing therapeutic programmes and regularly attend care review meetings, case conferences, and provide developmental reports on the child involved. The project was awarded a Children Acts Advisory Board Award for 2009.

### ***SPARK (Support Project for Asylum Seeker & Refugee Kids)***

The SPARK service provides help and support to asylum seekers and refugees between the ages of 12-18 years living in Galway city. The project provides individual and group supports, tailored to meet presenting needs. The project supports age-disputed minors (where there are disputes about the child or young person's real age) and families post family-reunification. SPARK forges relationships with new communities and provides assistance with challenges such as language, integration, family difficulties and access to education. It is likely that a significant number of aged-out separated children will be relocated to Galway from Dublin in 2010. These young people are in the care of the HSE until they reach 18 years.

### ***LHO Parent Support Programme***

In Mayo LHO, the Early Years' Service in Ballyhaunis established in 2009 a Parent Support Programme. The Programme is managed by a Steering Committee made up of representatives from the HSE, two County Child Care Committees and Barnardos. The programme co-ordinator has a Public Health Nursing background. Five home visitors are employed on a part time basis working 60 hours per week. There are currently 139 families receiving the Life Start programme, which is a home visiting programme focused specifically on achieving better developmental outcomes for children by supporting parents in their home. The home visitor visits on a monthly basis to encourage and support parents to work on a developmental basis with their children. The programme also delivers group parenting sessions, as well as the Parents Plus programme.

There are two refugee resettlement programmes in the same LHO area, and the Parent Support Programme is supporting in particular a small group of Rohingya families (a minority population from Burma). A total of 21 parents are participating in this programme. The Parent Support Programme is also supporting the development of Parent and Toddler groups in the four RAPID areas in the LHO and has also been instrumental in setting up a number of Parent and Toddler groups.

## **4.5 Family Welfare Conferences**

Family Welfare Conference Services offer families and professionals the opportunity to meet together in an equitable manner, sharing equal responsibility in planning and decision-making in the best interest of the welfare and protection of children and in support of families in need.

Family Welfare Conference (FWC) Services are structured on legacy health board boundaries primarily, with services in the greater Dublin area provided across the area of the former Eastern Regional Health Authority. Some services are provided directly by HSE Children and Families Services and some are sub-contracted (eg Barnardo's provide the service under an SLA on the behalf of HSE Children and Families Services in areas such as Cavan/Monaghan, Meath, Tipperary South, Waterford and Wexford). The development of standardised business processes for FWC will assist in promoting consistency. Prior to 2009, the FWC managers met a number of times a year in order to better co-ordinate policy and practice but this has not been possible since then because of financial constraints: bi-monthly meetings were

curtailed, with the exception of meetings related to national standardised business processes.

HSE policy and practice on FWCs adheres to the internationally established best practice 'Family Group Conference' model. The model facilitates and empowers extended family networks to come together to devise safe family plans that seek to address the concerns that the family network is asked to address. The conference itself is the culmination of a process of effective, meaningful consultation and preparation of all family participants and is a complex and often time-consuming process in order to achieve the most from bringing extended family members together in difficult, stressful circumstances to address a significant concern. Processes followed include:

- A referral meeting to establish the purpose of the FWC, clearly identify the concerns to be addressed, the resources available to the family and what happens if the family is unable to agree a safe family plan. Contact with the family commences when there is agreement in principle with the referrer that the family plan will be accepted provided it does not place the child at risk of harm.
- Preparation of the participants in the process and in the conference. This requires significant input and time in terms of developing meaningful relationships and trust with immediate and extended family members so that there is unambiguous understanding and acceptance of what is required of each of them, coupled with a motivation to actually wish to change the circumstances the family find themselves in.
- Convening of a family meeting. A Family Plan is devised and agreed. It is then presented to the referrers for approval and the family, in conjunction with the referrer, implement the terms of the Family Plan. A review conference is usually scheduled within a three month timeframe to review what is working and what is not working in the family plan and make any changes necessary. The review process is essentially a mini version of the FWC process.

Referrals to FWC Services nationally come in peaks and troughs. Anecdotal views from some FWC Service Co-ordinators suggest that there has in the past been reluctance to 'trust' family members to make good-enough decisions in relation to the welfare of children in their family network but in more recent years there has been deeper understanding, recognition and acceptance of the dynamic of partnership and sharing power in relation to decision-making with families experiencing adversity.

Table 4 shows the number of referrals to FWC Services in 2009 and the number where a conference was convened. The figure of 61% convened exceeds research by the FWC Service Co-ordinators for 2008, in which it was identified that only around 41% of referrals proceeded to a conference. That research found that for more than 50% of the referrals that did not proceed to a conference, the reason was a decision by the child's parents to not participate further in the process because they did not see the value of the FWC approach or did not want their extended family involved. The next most common reason was withdrawal of the family from the process by the referrer because of significant changes in the family circumstances or an FWC no longer being required. The absence of extended family willing to participate was the next most common.

**Table 4: Family Welfare Conferences 2009**

HSE Region	Referrals to Family Welfare Conference Services	Family Welfare Conferences Convened	% of Family Welfare Conferences Convened to Referrals Made
Dublin Mid-Leinster	113	68	60%
Dublin North East	119	50	42%
South	98	63	64%
West	114	88	77%
<b>National</b>	<b>444</b>	<b>269</b>	<b>61%</b>

#### 4.6 Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services are provided in a variety of settings around the country:

- fifty community-based Child and Adolescent Teams;
- two day Hospital Services;
- three Liaison Services.

These 55 services provide assessment of emergency, urgent and routine referrals and outreach to identify severe or complex mental health need. Outreach services are also provided to families who may be reluctant to engage with mental health services. These services carry out assessments for referrals to Specialist In-patient or Day Services and provide training and consultation to other professionals. The majority of cases are managed in a community team setting.

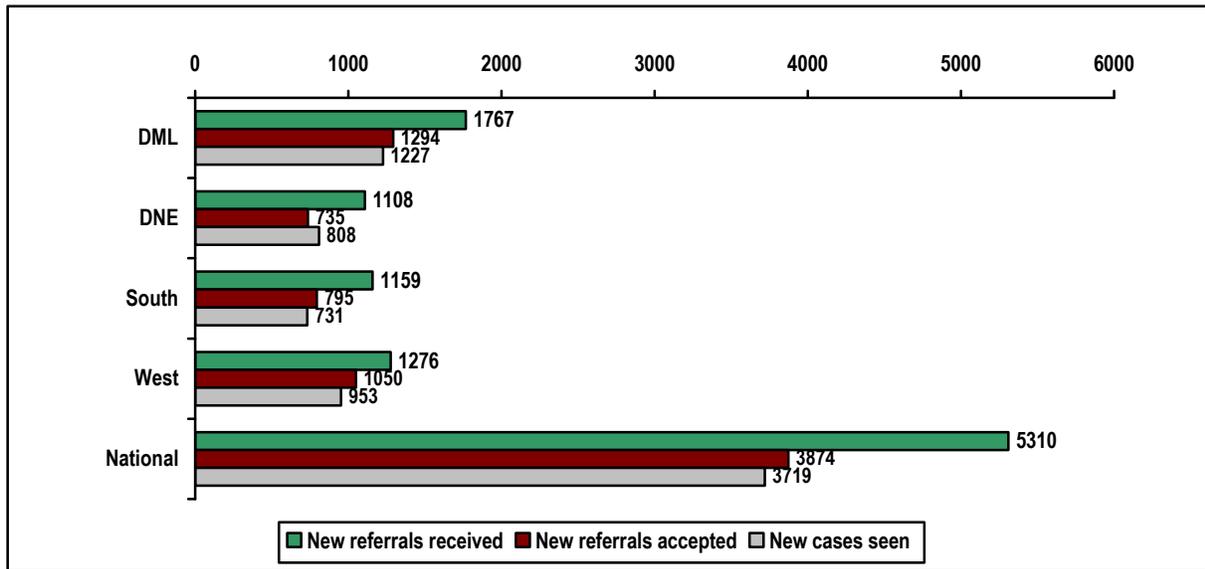
A CAMHS minimum data set has been developed and data began to be reported on this from July 2009 for the 50 Community Child and Adolescent Mental Health Teams. There were 5,310 referrals to CAMHS from June 09 to December 09 of which 3,874 (73%) were accepted (table 5). The highest referral rates were from Dublin Mid-Leinster with 1,294 children being referred with an acceptance rate of 73%. The West had the lowest rate of children referred (1,276) and had the highest acceptance rate (82%).

**Table 5: Child and Adolescent Mental Health Referrals (July - Dec 2009)**

HSE Region	Referrals received	Referrals accepted	% Accepted	New Cases Seen	Waiting List (Dec 09)
Dublin Mid-Leinster	1,767	1,294	73%	1,227	571
Dublin North East	1,108	735	66%	808	524
South	1,159	795	69%	731	911
West	1,276	1,050	82%	953	602
<b>National</b>	<b>5,310</b>	<b>3,874</b>	<b>73%</b>	<b>3,719</b>	<b>2,008</b>

All community CAMHS teams screen referrals received, those deemed to be urgent are seen as a priority, while those deemed to be routine are placed on a waiting list to be seen. Although not available for 2009, the length of wait will be reported in the 2010 CAMHS Annual report.

Figure 1: Child and Adolescent Mental Health Services: New referrals received, accepted and seen (2009)



The Strategy Review (HSE/PA Consulting 2009) highlighted CAMHS services as an area where collaboration between services and agencies is uneven. There are important structural issues limiting collaboration where the service delivery areas are not co-terminus. It can be difficult to refer children so that it is a seamless service from the child's perspective and a source of deep frustration for practitioners and managers involved in the provision of child welfare services. The emerging Primary Care Team structure and Primary Care Networks should provide an important forum for developing multidisciplinary approaches for service delivery.

***Joint Initiative between Adult Mental Health Services and the Social Work and Child Care Department in an LHO area***

In Wexford, a Steering Committee, has been established, chaired by the LHO Manager and including managers from both the Adult Mental Health Services and the local Social Work and Child Care Department. A small Working Group was set up, representative of both services, which was convened and chaired by the Child Care Training Coordinator. The Working Group provides a forum where issues of mutual concern are discussed and solutions put forward. Through this work a referral flow chart for the Adult Mental Health Services was developed, which included consideration during the psychiatric assessment process of the welfare and safety needs of the children of Mental Health service clients. A training programme was developed, and this had the dual benefits of building up knowledge and skills as well as building trusting professional working relationships.

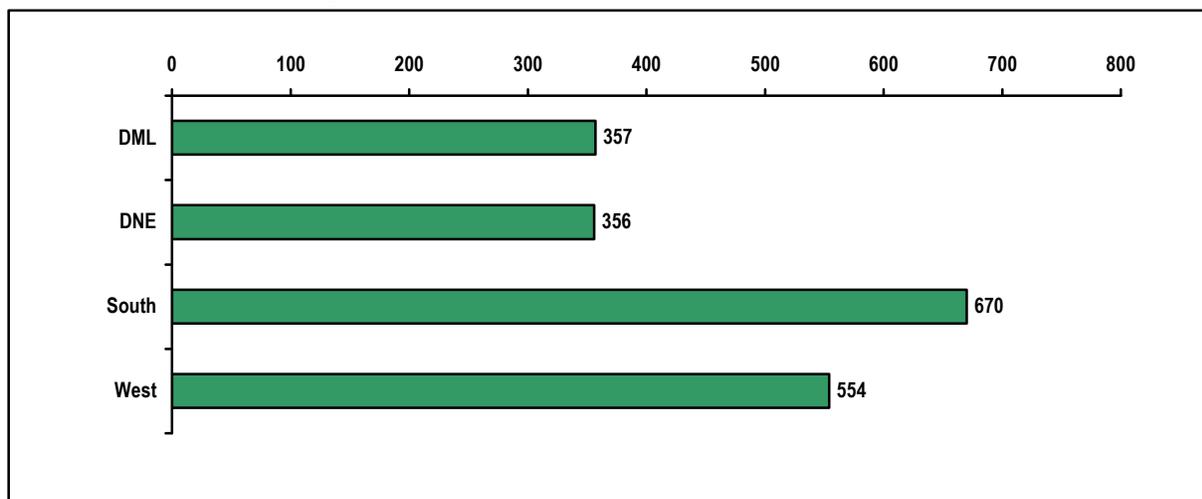
## 4.7 Disability

Disability services for children have a long history in Ireland and many organisations provide excellent support and interventions for children and their families. However as they have developed independently and were often established to serve one specific group of children only, the result is that there is wide variation in the services available in different parts of the country and for different categories of disability.

In 2009, the number of requests for assessments for children aged under 5 received by the HSE was 2,525, a slight decrease from 2008 (2,535). However, the number of Assessments commenced as provided for in the regulations increased from 2,272 in 2008, to 2,367 in 2009 and the number commenced within the timeline increased from 1,766 in 2008, to 1,877 in 2009.

The number of Assessments completed also rose from 1,532 in 2008 to 1,937 in 2009, a 26% increase. This is however a demand led service and fluctuations in the number of applications received is inevitable.

Figure 2: Number of Under 5 Assessments completed (2009)

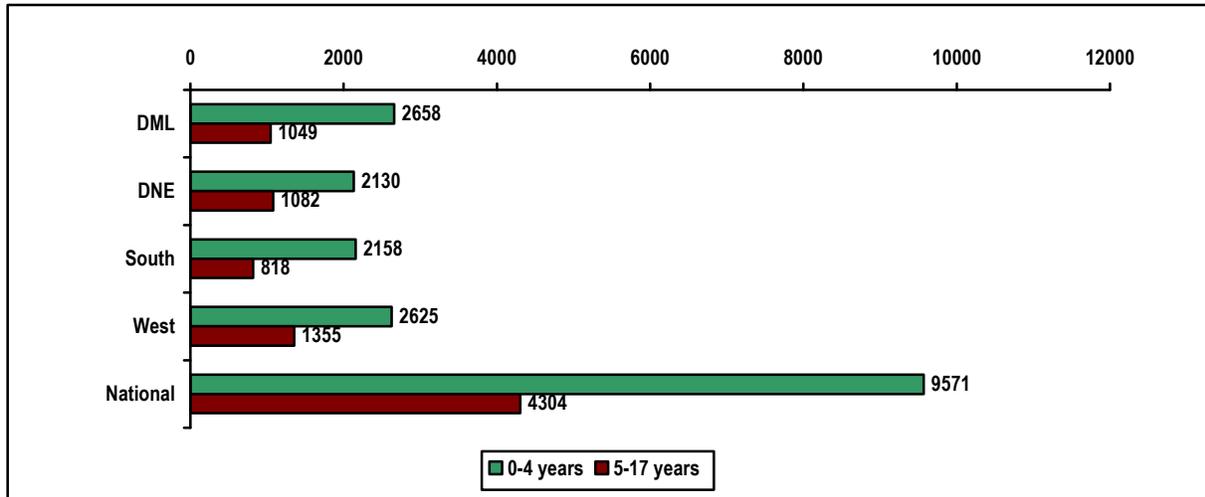


New revised guidelines have been issued to assessors which have streamlined the process and should result in an improved completion rate within the timelines in 2010.

## 4.8 Speech and Language Therapy

The collection and reporting of Speech and Language Therapy activity data from statutory and voluntary service providers nationally commenced in June 2009. As a consequence, a full return of activity by all 32 Local Health Offices was only received from August 2009 onward. Figure 3 shows the number of referrals received in that period.

Figure 3: Speech and Language Therapy Referrals (Jun-Dec 09)

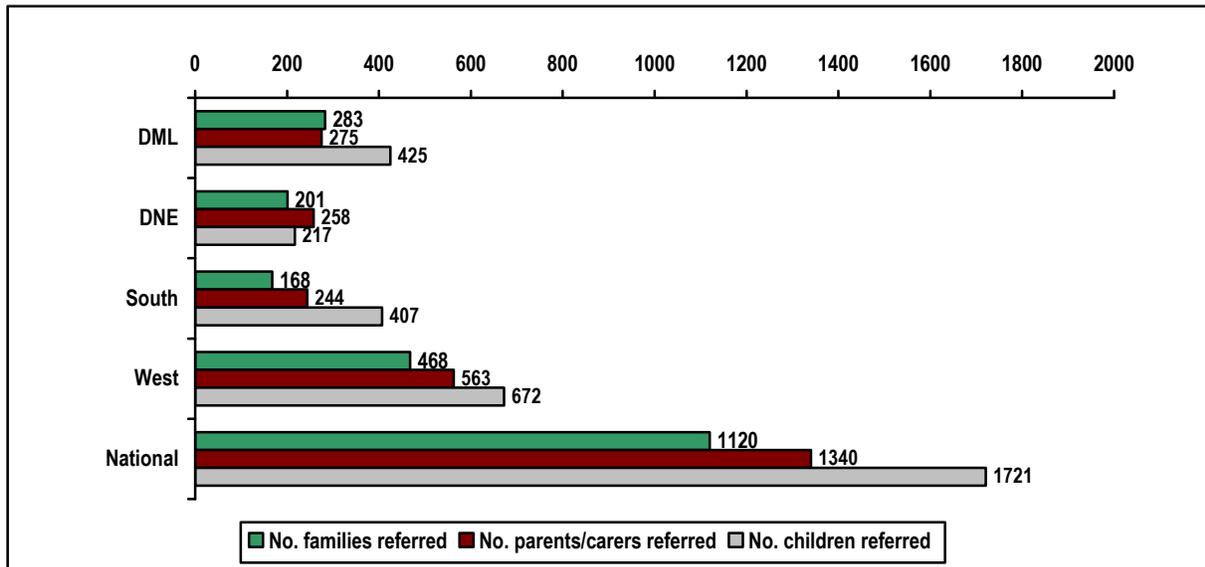


## 4.9 Springboard Projects

Springboard is a national family support initiative designed to improve the well-being of families, parents and children and to improve the organisation and delivery of services. Springboard is a resource for all families, providing non-stigmatising support to those who are most vulnerable. The objectives of Springboard (DoHC 1998) are:

- To identify the needs of parents and children in the proposed area. Specific attention is given to those families where child protection concerns exist, to families with on-going health and welfare problems and/or families in once-off crisis situations.
- To target the most disadvantaged and vulnerable families in the area specifically focusing on improving parenting skills and child-parent relationships.
- To work in partnership with other agencies, key groups and individuals in the community and with families to develop programmes of family support services.
- To provide a direct service through a structured package of care, intervention, support and counselling to the targeted families and children, and to families within the wider community.

Figure 4: Referrals to Springboard Projects (2009)



#### 4.10 Teen Parent Support programme

The Teen Parents Support Programme (TPSP) supports young people who become parents when they are aged 19 years or under and generally supports them until their child is two years of age. Support is offered in a range of areas of the young person's life: health, relationships, parenting, childcare, accommodation, social welfare entitlements, education, training and any other areas about which the young person is concerned.

There were 11 TPSPs throughout the country in 2009, each based either the statutory or voluntary sector. Nationally, the TPSP structure consists of a National Co-ordinator who is based in Treoir and a National Advisory Committee which provides a forum for information sharing and interagency collaboration. The 11 TPSPs were as follows:

- Dublin:
  - Ballyfermot, Bluebell, Inchicore
  - Dublin 5, 13, 17 and parts of Dublin 3 and 9
  - Dublin: Drimnagh, Crumlin, Dublin 24, parts of Dublin 8
  - Finglas
- Carlow/Kilkenny
- Cork
- Donegal
- Galway
- Limerick
- Louth
- North Wexford

Activity levels in 2009 are shown in table 6.

**Table 6: Teen Parent Support Programme Activity 2009**

HSE Region	Active cases (Dec 09)	Cases closed during 2009	Number of cases supported in 2009	Target number of active cases (NSP)	% variance between Active cases and NSP target
Dublin Mid-Leinster	245	27	272	168	+45.8%
Dublin North East	245	99	344	249	-1.6%
South	223	46	269	256	-12.9%
West	396	176	572	527	-24.9%
<b>National</b>	<b>1,109</b>	<b>348</b>	<b>1,457</b>	<b>1,200</b>	<b>-7.6%</b>

#### **4.11 Recommendations for the Further Development of Family Support Services**

1. The development of a shared HSE understanding of family support within the Hardiker<sup>2</sup> framework using the Agenda for Children's Services (OMCYA 2007).
2. The development of more localised integrated models of family support aligned to Primary Care.
3. The re-organisation of local HSE infrastructure to support the integration and management of Family Support at local level.
4. Improved understanding and commissioning of services at local level.
5. Strengthening of the mandate for and roll-out of the Children's Services Committee initiative.

<sup>2</sup>Hardiker et al (1991) identified four levels of intervention in addition to universal services that should be available to all:

- *Universal services* – services include parenting and play programmes, such as positive parenting groups, play days, etc.
- *First level* where there is mild concern, vulnerable families – services include parenting programmes for individual families, home visiting by project workers etc.
- *Second level* where there is moderate concern, early risk, stress – services include home support for parents, individual work with children etc.
- *Third level* where there is serious concern and there are well-established difficulties – this group requires services that are more intense and targeted, for example, services provided by drug rehabilitation agencies.
- *Fourth level* where there is family breakdown or children at risk of significant harm – admission to care may be required, however, level one, two and three services may be useful in facilitating a child or young person's return to their family of origin.

## 5 Child Protection Services

### 5.1 Introduction to Child Protection Services

Child protection and welfare services are provided by HSE Children and Families Services through a range of professional disciplines and interventions, in accordance with legislative obligations, policy documents, National and HSE guidance.

The Child Care Act, 1991, has as one of its basic principles that the welfare of the child is the paramount consideration. Section 3 of the Children Act, 2001 places a statutory duty on the HSE to identify children who are not receiving adequate care and protection, and to then provide appropriate family support and child care services, which is understood to include child protection services if required.

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 of this report.

- Data Protection Act, 1988 & Data Protection (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 & Freedom of Information (Amendment Act) 2003.
- The Non-Fatal Offences Against the Person Act, 1997.
- The Education Act, 1998.
- The Protections 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 legislative framework are 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. 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 for two distinct pathways for these children, one of which is through the HSE Children and Families Services welfare route which emphasises a care and protection role.

The national policy for child protection services is informed by: the UN Convention on the Rights of the Child, 1989; *Children First, National Guidelines for the Protection and Welfare of Children* (DoHC 1999a); the *National Children's Strategy* (DoHC 2001a); the *Agenda for Children's Services: A Policy Handbook* (OMCYA 2007).

## **5.2 Review of Children First Implementation**

*Children First* is intended to assist in the identification and reporting of child abuse and to clarify and promote mutual understanding among statutory and voluntary organisations regarding the contributions of different disciplines and professions to child protection. The importance of consistency between policies and procedures across HSE areas and other statutory organisations and development of a partnership approach in service delivery is also emphasised.

There was significant activity within HSE Children and Families Services and partner agencies in reviewing Children First Implementation during 2008-09.

### **5.2.1 OMCYA National Review of Compliance with Children First**

In July 2008, the OMCYA published its *National Review of Compliance with Children First: National Guidelines for the Protection and Welfare of Children* (OMCYA 2008). The review made recommendations in five areas: protection; access; standards; integration; implementation and monitoring. Some of the key recommendations are shown below.

#### **Recommendation 3.1 – Standards**

That the Children First Guidelines be applied in a consistent manner across the HSE and the HSE develops good practice guidelines, standards and protocols, underpinned by appropriate management and quality assurance, to enable this to happen.

The review said that this is an area where considerable attention needs to be given. The process for the delivery of child protection and welfare services across the HSE has, for historic and structural reasons varied to a considerable degree. The absence of measurable standards has been a significant contributor to this.

#### **Recommendation 5.1 - Implementation and Monitoring**

That the HSE reviews and replaces, if necessary, the current local and regional child protection committee structure and puts in place an appropriate structure to facilitate effective child protection across the HSE.

The review identified that existing structures under Children First were not effective. Only 9% of respondents thought that the structures and bodies necessary for the successful implementation of Children First were in place. There has been considerable variation nationally in relation to the setting up of Area and Regional Child Protection Committees. In some areas where they were initially established they were discontinued due to poor attendance. The most significant findings from the OMCYA report were that:

1. There is no national forum at present where senior figures in child protection across sectors can

- meet to discuss this topic and facilitate interagency and cross-sectoral cooperation at a high level.
2. There is no formal structure where emerging issues on child protection can be raised and the necessary corrective action agreed upon.
  3. Governance of the current child protection system needs improvement in terms of setting objectives and defining responsibilities.

Overall there was a significant difficulty around the absence of a comprehensive local, regional or national structure to support child protection services.

### **5.2.2 Review of Children First Guidelines**

Following on from the OMCYA Review, the Minister for Children initiated a revision of the *Children First* document to take account of changes that have happened in the ten years since it was first published, such as the creation of the HSE, and to address issues raised by other review processes such as the Ferns Inquiry (Murphy et al. 2005), the Monageer Inquiry (DoHC 2008) and the Ryan Report (Commission of the Inquiry into Child Abuse 2009). Significant work was undertaken during 2009 by the OMCYA, with the involvement of HSE Children and Families Services, in revising the Guidelines, although the revisions had not been finalised by the end of 2009.

### **5.2.3 Report of the Commission to Inquire into Child Abuse (Ryan Report)**

The *Report of the Commission to Inquire into Child Abuse*, commonly referred to as the Ryan Report, was published in May 2009 (Commission of the Inquiry into Child Abuse 2009) and an Implementation Plan was published by the OMCYA in July 2009 (OMCYA 2009b).

### **5.2.4 Ombudsman for Children Review of Compliance with Children First**

In November 2008, the Ombudsman for Children launched “an investigation into the state of implementation of *Children First: National Guidance for the Protection and Welfare of Children*”, under powers vested in the Ombudsman by the Ombudsman for Children Act, 2002, prompted by the OMCYA Review and other information that had come to the attention of the Ombudsman. This review was conducted during 2009, with the full co-operation of the HSE. The final report will be published in 2010.

### **5.2.5 HSE Review of Children First Implementation**

The HSE commissioned a **Task Force** in 2009 to undertake its own parallel review of the implementation of *Children First*. This was informed by:

- Relevant findings in the *HSE Social Work and Family Support Survey* (HSE 2009c). This noted that development of children and family services within the previous health board structures lacked national direction and coordination. Compliance with national child protection procedures had not been uniform across the service system.
- The OMCYA Review.
- The OCO investigation: the HSE had access to the information provided by LHOs to the Ombudsman and was able to draw out the emergent themes for its own review prior to the publication of OCO’s final report in 2010.

The *HSE Social Work and Family Support Survey 2008* provided evidence and a clear rationale for the work of the Task Force in relation to systems and process issues. It showed the activity in each child welfare and protection Social Work Department, and flagged the need for standardisation in a range of key areas of practice, including:

- a single, standard assessment of need framework;
- a dedicated integrated national IT system is required across social work departments;
- a standardised approach to counting cases;
- a standardised approach to caseload management;
- a single standard process for closing cases is required;
- clarity is required on the roles, responsibility, authority and accountability of everyone involved in the provision of child care services;
- an assessment is required of the suitability of current formal academic training and how well prepared social workers are to meet the needs of the service;
- the introduction of an equitable resource allocation model based on needs having regard to demography, deprivation, child care indices, and the current allocation and distribution of resources.

The Task Force had a twofold purpose: to assess the current child protection system and to accelerate the development of a national unified and standardised approach to the delivery of child protection services. The final report of this Task Force was produced in June 2010 (HSE 2010c) although there were working drafts from May 2009 onwards.

The evidence of both the Social Work Survey and this review of compliance with Children First indicated a significant extent of implementation of and degree of compliance with the national guidelines in many parts of HSE Children and Families Services. The position as established by the survey was that, while the National Guidelines were broadly adhered to, the processes that were followed vary across LHO areas. There are significant areas of compliance; and the gaps or shortcomings that were identified will be addressed by the standardisation of procedures and governance that are the most important outputs from the HSE Task Force initiative. HSE Children and Families Services will need to put systems in place for the implementation of new child protection procedures that have been developed by the Task Force, and to ensure that when a revised *Children First* is published its adoption across the Service is quickly and fully achieved.

In addition, HSE Children and Families Services has been preparing by way of intensive and extensive consultation with all stakeholders for the introduction of an integrated IT-based **National Child Care Information System** for several years, to support clinical practice and provide management information. An essential aspect of this is the development of **Standardised Business Processes** for all the core activities of Children and Families Services. The Standardised Business Processes underpin the design of the ICT system. This should help to address the variations in process and practice that have been evident in the implementation of Children First.

- The definition of Standardised Business Processes was completed in late 2009: this included the development of a suite of forms and operating procedures to be used throughout Ireland. Roll-out of the new processes would be carried out from 2010 onwards.
- The business case for the National Child Care Information System (NCCIS) was signed off and sent to peer review in late 2009 to determine whether it should proceed.

The **Strategic Review** (HSE/PA Consulting 2009) was also a significant part of the response to reviewing compliance with *Children First*. The Task Force looked at operational issues, whereas the Strategic Review placed child protection services within the overall strategic change agenda. As such, the recommendation

of the OMCYA Review relating to implementation and monitoring were specifically considered when this report made recommendations relating to governance arrangements.

### **5.3 Some Issues Arising from the HSE Social Work and Family Support Survey 2008**

#### **5.3.1 Definition of a Case**

The *HSE Social Work and Family Support Survey 2008* (HSE 2009c) identified lack of standardisation in relation to how a case is defined. Some teams define “an individual child” as a case and other teams define “a family” as a case, irrespective of the number of children in that family who may require services. This makes it difficult to understand what the child protection and welfare data that is collected at national level actually means, if some staff are returning the number of children reported, while others are returning the number of families reported. This is an issue that HSE Children and Families Services has addressed in its Standardised Business Processes initiative.

#### **5.3.2 Caseloads**

The survey found that there is no agreed or prescriptive figure for the optimal size of a social work caseload, as there are a number of factors that have to be taken into account in managing the allocation of work: for example, the skill and experience of the individual social worker, the complexity of the case, the level of risks/needs, the emotional demands of individual cases, the geography of the particular LHO area (travel times vary greatly), the level of administrative and IT supports available to the social work department.

The survey also identified a number of unallocated cases and lack of standardisation in practice around managing waiting lists. Cases which are unallocated are, however, still actively managed: they undergo an initial screening process and possibly also an initial assessment and are prioritised so that those that require a more urgent response because of the level of concerns or risks are prioritised for action, while those that are less urgent/risk will have a lesser priority. Some of the less urgent/risky cases may be placed on a waiting list rather than allocated for action but this waiting list will be actively and regularly reviewed. However, the lack of standardisation is an issue and this will be looked at in the future.

#### **5.3.3 Staff Numbers**

The survey report collected information on the total number of social work posts in HSE, both nationally and per LHO area. The survey also reported data collected by the National Social Work Qualifications Board (NSWQB 2006) on a comparison of social work posts to population in the Republic of Ireland, Northern Ireland, Wales and Scotland in 2005. At that time, the Republic of Ireland had the least number of social work posts per population of these four jurisdictions (one social work post for every 1,183 people, or 1:1,893), followed by Scotland (1:1,225), Wales (1:1,130) and finally, with the best, Northern Ireland (1:734).

However, there are several difficulties in using this data. In addition to the age of the data, differences in constitutions, legislation, counting rules for ‘social work’ posts, local levels of need, models of social care and methods of collecting/collating/reporting data all contribute to difficulties in drawing robust international comparisons.

## 5.4 Child Protection Data

Tables 7 to 9 shows the profile of Reports received, Initial Assessments undertaken and confirmed abuse cases between 2007 and 2009. There are three issues that arise from this data:

1. Rising number of Reports.
2. The balance between welfare and protection Reports.
3. The apparent 'attrition' between the 26,888 cases that were Reports in 2009 and small number of 1,946 cases that were 'confirmed abuse'.

These will be considered in turn.

**Table 7: Child welfare and protection Reports received x Category of Report 2007-2009**

Report type	Year	2007	2008	2009	% of Reports in 2009
Welfare		12,715	12,932	14,875	55.3%
Physical Abuse		2,152	2,399	2,617	9.7%
Sexual Abuse		2,306	2,379	2,594	9.6%
Emotional Abuse		1,981	2,192	2,125	7.9%
Neglect		4,114	4,766	4,677	17.4%
<b>National</b>		<b>23,268</b>	<b>24,668</b>	<b>26,888</b>	<b>100%</b>

**Table 8: Initial Assessments undertaken x Category of Report 2007-2009**

Report type	Year	2007	2008	2009	% of Initial Assessments in 2009
Welfare		7,690	7,518	7,913	50.7%
Physical Abuse		1,529	1,704	1,728	11.1%
Sexual Abuse		1,715	1,657	1,756	11.2%
Emotional Abuse		1,233	1,270	1,268	8.1%
Neglect		2,907	3,215	2,946	18.9%
<b>National</b>		<b>15,074</b>	<b>15,364</b>	<b>15,611</b>	<b>100%</b>

**Table 9: Number of child protection reports with confirmed abuse 2007-2009**

Report type	Year	2007	2008	2009	% of Confirmed Abuse in 2009
Physical Abuse		389	476	368	18.9%
Sexual Abuse		293	289	235	12.1%
Emotional Abuse		432	434	393	20.2%
Neglect		864	965	950	48.8%
<b>National</b>		<b>1,978</b>	<b>2,164</b>	<b>1,946</b>	<b>100%</b>

#### 5.4.1 Rising Number of Reports

A Report to a social work department includes all information received where there are concerns about the safety or wellbeing of a child. These might come from professionals in other agencies, the public, or a request for help and the support directly from the family. The HSE is obliged to treat seriously all child welfare and protection concerns, whatever their source, and consider carefully and fairly the nature of the information reported. A balance needs to be struck between protecting the child and avoiding unnecessary and distressing intervention.

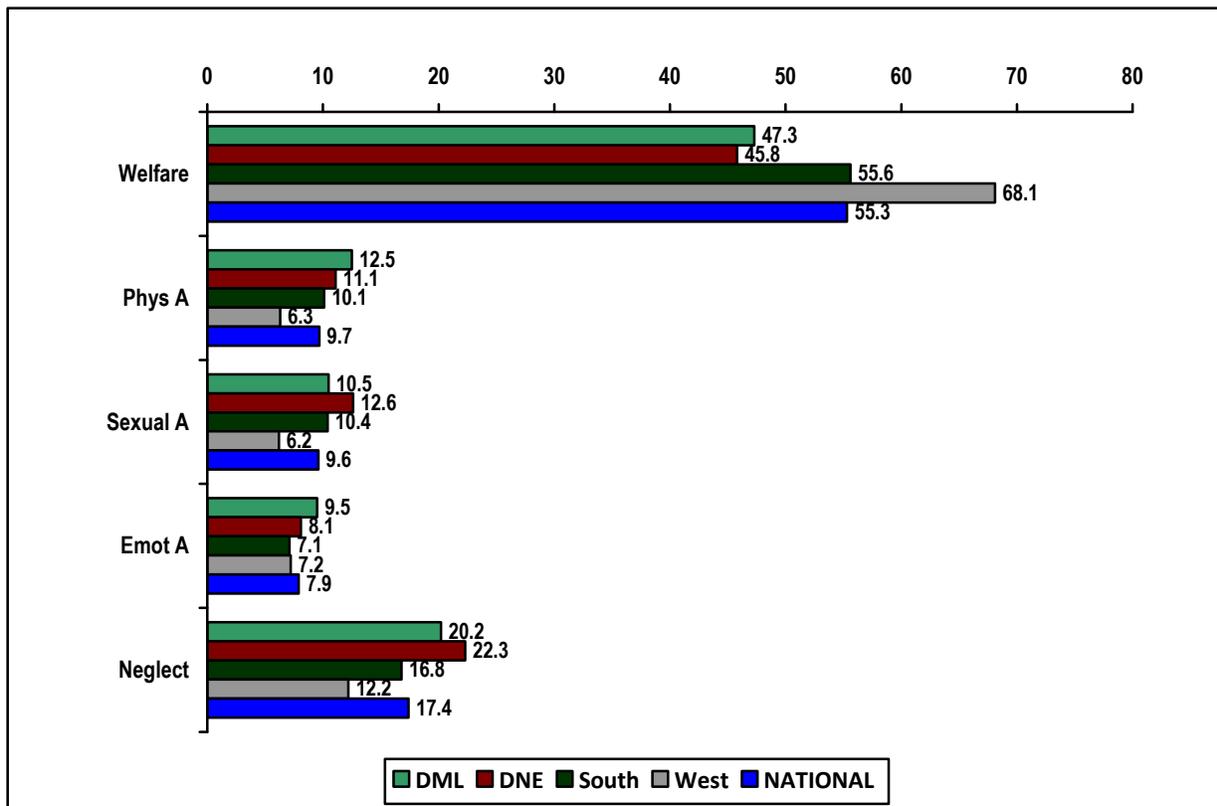
The figures for 2007-2009 (table 7) suggest a year-on-year rise in Reports received by social work departments. This in part reflects a growing 0-17 population but also will reflect more difficult economic conditions over the last few years which in turn place strains upon families. This presents a very substantial demand on limited social work resources. This trend is likely to continue in the future unless more resources are provided for early intervention, to help families before the concerns escalate.

#### 5.4.2 Balance Between Welfare and Protection Cases

Table 7 also shows that the primary reason for a Report to social work in 2009 was for *welfare* reasons (55.3% of Reports, n=14,875/26,888). *Neglect* is the second highest primary report type at 17.4% (n=4,677). *Sexual abuse* accounted for 9.6% (n=2,594), *physical abuse* for 9.7% (n=2,617) and *emotional abuse* for 7.9% (n=2,125). Figures for all of these report types were higher than in 2007.

However, there are differences in the distribution of Report types between Regions (figure 5). There appears to be an inverse relationship between the distribution of *Welfare* and *Neglect* Report types (eg West has the highest percentage of its Reports as Welfare cases and the lowest percentage of its Reports as Neglect, while Dublin North East's figures are the opposite). This may reflect differences in perceptions of when a case can trigger a welfare or protection response but equally may reflect other factors such as differences in the accessibility of resources: this is not well understood at present.

Figure 5: Distribution of Report types by each Region (Dec 31 2009)



The HSE Social Work and Survey Family Support Survey 2008 (HSE 2009c) noted that, while over 50% of Reports to social work departments are in the welfare category, the focus of intervention is on child protection: “The need to rebalance services with an emphasis on primary prevention and family support is apparent”. Feedback from Child Care Managers also identified the need for an agreed model for early intervention in families identified as being at risk that combines and engages the resources of both statutory and voluntary agencies as partners in the delivery of services to children and families in need. A small number of HSE Children and Families Services social work departments are trying to develop such an approach to their work, but it is too early to be able to evaluate the success and effectiveness of such a change in focus.

Feedback from Child Care Managers in 2009 was in accordance with these developments, emphasising:

- the need for National Standards in child protection and resulting audit criteria for quality assuring child protection and social work;
- the need for the adoption of a national framework for assessment.

#### 5.4.3 Attrition

Tables 7 to 9 might be read as suggesting that a lot of time and activity in child protection is expended in processing Reports but with an apparent ‘attrition’ between the 26,888 Reports received (table 7), the much smaller 15,611 that went on to an Initial Assessment (table 8) and the number of 1,946 where abuse was confirmed (table 9).

Part of the explanation of the difference between the number of Reports and the number of Initial Assessments was definition: expectations of what an 'Initial Assessment' is or 'preliminary enquiries' and when they should be triggered varied across the country. This has been addressed by the development of Standardised Business Processes, which was developed and signed off in 2009 and will begin to be implemented in 2010. Under the Standardised Business Process:

- A screening process will take place that will identify which Reports do not belong within the remit of HSE Children and Families Services and divert these away. Many of these enquiries will be diverted to a more appropriate agency.
- For other Reports, preliminary enquiries will be made to confirm key information (eg verify reporter's contact details, child's address, nature of the concern, checks whether already known to the department). A preliminary enquiry is not an assessment. The aim of this process is to support and help the social worker to make a decision on the actions to take in response to information reported to determine the best outcome for the child who is the subject of the Report. Normally that decision or action will be an assessment or assessment plus action. The screening and preliminary enquiry process should take no more than 24 hours.
- The Initial Assessment is defined as a time-limited process to allow sufficient information to be gathered on the needs and risks within a case so that informed decision and recommendations can be made and actions that will result in better outcomes for children taken. They are expected to be carried out within a specific time frame (up to 20 working days although they may be completed much sooner), using standardised procedures and approved templates and forms. The Initial Assessment is normally centred around interviews and home or site visits, sometimes defined as direct work. Objectives of the Initial Assessment are to determine whether a further or more comprehensive assessment may be required and to enable if necessary a plan to be put in place for continued intervention or support.

There is an expectation that the implementation of the Standardised Business Processes for Reports and Initial Assessments will lead to substantial increase in the number of Reports that have an associated Initial Assessment in the future. This is not to say that children without an Initial Assessment currently are not having their needs assessed and receiving the support that they need: the opposite is likely to be true, the difference is that the *formal* process of applying a national standardised approach may not be happening and changing this is seen both as good practice and an effective method to promote the consistency that has been found to be lacking in the various reviews of the implementation of *Children First*.

The Standardised Business Process will also have an impact on the other apparent 'attrition' between Reports for abuse and the number of confirmed abuse cases. Rather than focussing on whether abuse is confirmed or not, which has an historic focus, emphasis will be placed on *current* risks and needs. Guidance within the Standardised Business Process on child protection conferences (the meeting that brings together key people from different agencies and disciplines with the family to address the continuing protection needs of a child) states that: "The main tasks of a child protection conference are to decide if a child continues to be at ongoing risk of significant harm as a result of risk of abuse or neglect and if so to formulate a child protection plan." The fact or otherwise of historical abuse will be subordinated to the requirement to address the current needs of the child, but this will not reduce vigilance in determining whether a criminal route may need to be taken with the abuser, in conjunction with An Garda Síochána.

## 5.5 Child Protection Inquiries

### 5.5.1 Implementation of the Ferns Report Recommendations

The *Ferns Enquiry* (Murphy et al. 2005) identified over 100 allegations of child sexual abuse made between 1962 and 2002 against 21 priests operating under the aegis of the Diocese of Ferns. A number of Working Groups were established to address the recommendations.

Feedback from Child Care Managers (CCMs) emphasised the importance of progressing the recommendations of the Ferns Report. Themes that CCMs commented on included:

- **Child sexual abuse assessment and treatment framework:** There is a need to develop clear and agreed national guidelines in relation to the investigation, assessment and treatment of Child Sexual Abuse through cooperative work by the Gardai and HSE professional staff. An Garda Síochána have developed specialist forensic interviews in regard to prosecutions.
- **Assessment services for child sexual abuse:** See below on the Ferns 4 Report.
- **Assessment and treatment of children and adults who sexually offend:** The treatment of perpetrators is an implicit part of the HSE's statutory responsibility for child welfare and protection under the Child Care Act, 1991, in that it contributes to prevention of child sexual abuse. There is however a lack of dedicated services to assess and treat children and adults who sexually offend. In one LHO Area there were 191 alleged perpetrators of sexual abuse on a waiting list for assessment. These issues will be addressed through the implementation of the 2007 Report from the HSE Ferns Project Group 5.

The Ferns 4 (Children) Working Group was tasked with examining the needs of children and young persons and their families who had been affected by sexual abuse. The report of the Ferns 4 (Children) Working Group, *Assessment, therapy and counselling needs of children who have been sexually abused, and their families* was completed in November 2009 (HSE 2009d). Key findings included:

- The absence of a standardised approach to assessment services, with these having developed locally following legacy health board boundaries.
- The absence of designated therapy services outside the two Dublin hospital-based units (St. Clare's and St. Louise). Elsewhere some HSE staff provided different types of therapy services or there was a reliance on Child and Adolescent Mental Health Services, most of which had significant waiting lists.
- These variations raised issues in relation to equity of access for children and families.
- The need for a framework of services spanning the entire country. In the first instance current services should be amalgamated cohesively at Regional level, incorporating HSE, hospital and NGO services.
- Some 16 recommendations for action were made.

These recommendations will be progressed from 2010 onwards.

### 5.5.2 Roscommon Child Care Inquiry

In 2009, HSE Children and Families Services established an independent inquiry into a specific case in Roscommon following a well-publicised case in which the presiding Judge felt that there had been failures on the part of the HSE and Western Health Board, particularly in relation to not taking the children into care

soon enough. The terms of reference for the inquiry were to: examine the entire management of the case from a care perspective; identify any shortcomings or deficits to the care management process; make a report on the findings and any learning arising from the investigation.

This Inquiry will report its findings and recommendations in 2010.

## 5.6 Other Issues of Concern Highlighted by HSE Child Care Managers

A number of other issues were identified by Child Care Managers when asked to consider the adequacy of Children and Families Services:

- **Administrative support and office accommodation:** Many LHO Areas reported that there was a lack of adequate administrative support. The absence of appropriate administrative systems to support social work practice has a direct impact on the quality and quantity of professional service delivery.
- **Therapeutic interventions with children and families:** Assessment and treatment services for children and families are provided in all Local Health Office areas. Further development of these services is required to address identified risk factors and support families. Assessment and treatment services can ensure that children are supported within their family and community environment and can, in some circumstances, prevent admissions to Care.
- **Low participation in Child Protection Conferences:** Some LHO Child Care Managers reported that there is a lack of engagement by key professionals in child protection conferences (CPCs). The absence of multi-disciplinary involvement (through attendance or even the submission of a written report) in CPCs reduces their effectiveness very significantly. Only some LHO Areas have Independent Chairpersons for child protection conferences, child care reviews, care planning conferences and fostering approvals committees. These comments mirrored the OMCYA's views on the effectiveness of child protection conferences (OMCYA 2008).

## 5.7 Examples of Innovative Practice

### ***Interagency and Child Protection Working Together***

HSE Child Care Managers highlighted the lack of clarity regarding interagency roles in relation to child protection and the need for a standardised approach to joint assessment with other HSE professionals and with non-HSE services and agencies. The Children Acts Advisory Board issued a document entitled *Guidance to Support Effective Inter-Agency Working across Irish Children's Services* in November 2009 (CAAB 2009), which lays out a useful roadmap for effective cooperation. The combination of the skills and resources of both statutory and voluntary sectors in child welfare and protection work is seen as being essential in providing effective responses to Reports of children and families who present as being at risk.

### ***Strengthening Families Pilot Programme***

Two Family Resource Centres in Wexford LHO brought together a large and diverse interagency group working with families and young people in the larger LHO area, and over two days trained 29 representatives to act as facilitators or referrers of families to the fourteen week Strengthening Families Programme. The aim of the programme is to reduce conflict in the household, help family members

communicate better and assist parents to improve their parenting skills. This interagency group included representatives from HSE Children and Families Services, Foroige, Ferns Diocesan Youth Service, Public Health Nurses, the local Drugs Task Force team, the Community Garda, Garda Juvenile Liaison Officers, the local Education Welfare Officer, Probation Service staff, substance misuse workers, Army (family worker) representatives, voluntary representatives from the Family Support Network and staff from both Family Resource Centres.

Nine families (48 parents and children) now meet each Wednesday evening for a sit down family meal before starting their family training sessions. Facilitators and trainers (either voluntary or whose time is donated by their agency as part of their support for the pilot) organise the groups into parent and teenage sessions. At the end of the evening all families have a group discussion on the activities and issues covered. Children under twelve (including babies) are also catered for as part of the evening and childcare workers run special activities for them while other family members attend training sessions.

### ***Early Warning Forums/Review Groups***

A number of LHO areas in Dublin Mid-Leinster have introduced forums to review cases presenting serious dilemmas and concerns. These monthly meetings are chaired by the Local Health Manager. There are also Child Care Review Meetings which are attended by senior management that focus on reviewing local child welfare and protection policy and procedures to ensure compliance with statutory obligations.

### ***Interagency consortium***

Carlow LHO has established an interagency consortium that includes regional Youth Services, Barnardos, and RAPID to work with vulnerable children, young people and families in a high risk disadvantaged area, resulting in earlier and targeted intervention in Child Protection cases. The Child Care Manager also chairs regular liaison meetings involving the Child and Adolescent Mental Health Service (CAMHS), the Principal Social Worker and Alternative Care Manager.

### ***Differential Response Model***

Dublin North was chosen to pilot the Differential Response Model (DRM). DRM provides a full child protection response at the point of intake for those Reports where there are high risk concerns, for example, child sexual abuse, non-accidental injury and chronic neglect. Typically, these represent only 10-20% of Reports received each year. All other accepted Reports (80-90%) receive an initial family assessment which focuses on the support needs of the family that may have prompted the Report of concern to HSE Children and Families Services. For medium-low risk Reports (unless serious child protection concerns emerge in the course of the initial assessment), the outcome is recorded as child welfare rather than a child protection concern. This approach has received increasing support in the context of the need to develop a new national service delivery model for children and family services.

### ***Sexual Assault Treatment Unit***

In Dublin Mid-Leinster a regional assessment and support service catering for young people aged between 14 and 18 years who have been sexually assaulted was opened in 2009 and operates a 24-hour service that is open all year.

### ***Quality Assurance***

A quality assurance capacity in child protection has been developed in Donegal LHO through the appointment of a Principal Social Worker to support improvements in delivery of service through auditing procedures and professional practices. In HSE West one LHO has developed and introduced a compliance

template for child protection and child welfare that incorporates recommendations from the Ryan Report Implementation Plan 2009, published reports of investigations of significant child abuse and reviews of *Children First*.

## 6 Alternative Care Services

### 6.1 Introduction to Alternative Care Services

The HSE has a statutory responsibility to provide alternative care services under the provisions the Child Care Act 1991, the Children Act, 2001 and the Child Care (Amendment) Act, 2007. Children who require admission to care are accommodated through placement in foster care, residential care, placement with relatives or adoption. Services are also 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* (DoHC 2003) and the *National Standards for Children's Residential Centres* (DoHC 2000b) 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.

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

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

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

- *National Children’s Strategy: Our Children – Their Lives* (DoHC 2000a).
- *National Standards for Children’s Residential Centres* (DoHC 2000b).
- *Foster Care - A Child Centred Partnership* (DoHC 2001a).
- *Youth Homelessness Strategy* (DoHC 2001c).
- *Our Duty to Care: The principles of good practice for the protection of children and young people* (DoHC 2002).
- *National Standards for Foster Care* (DoHC 2003).
- *Statement of Good Practice: Separated Children in Europe Programme* (Separated Children in Europe Programme 2009, 4<sup>th</sup> edition).

## 6.2 Admissions to Care

### 6.2.1 Trends in Admissions to Care

There were 2,372 children admitted into the care of the state in 2009. This represents a 17.8% increase of admissions to care compared to 2008 (n=2,013) and an 11.2% increase since 2007 (n=2,134). This is in contrast to the decrease of 5.6% in admissions to care between 2007 and 2008 admissions (see table 10).

Table 10: Admissions to care x Placement Type 2007-2009

Year	2007	2008	2009
<b>Placement type on admission</b>			
Residential care – general	239	221	281
Residential care – special care	32	29	4
Residential care – high support	17	24	19
Foster care – general	1,381	1,223	1,548
Foster care – relative	340	360	423
Foster care – special	1	2	2
Pre-adoptive placements	12	23	10
At home under Care Order	1	13	8
Other	111	118	77
<b>National</b>	<b>2,134</b>	<b>2,013</b>	<b>2,372</b>

### 6.2.2 Reason for Admission to Care

Some 43% of admissions to care were due to ‘neglect’ (n=386) or ‘parent unable to cope’ (n=639) which fall in the general area of family problems (see table 11). Around 6.5% (n=155) children were admitted due to physical abuse, 3.6% (n=85) because of emotional abuse and 2.1% (n=50) because of sexual abuse. The figures for sexual abuse are probably much smaller than public perceptions would have anticipated, illustrating that this is comparatively not as substantial an issue as it is sometimes portrayed to be. Taken with the information on the types of reports to social work departments already outlined in the Report there is evidence here that there is scope for examining how to arrange available resources so that more of a primary prevention focus can be taken to deal with ‘need’ when it presents.

Table 11: Number of admissions to care x Primary reason for admission to care (2009)

Primary reason for admission	Care status Emergency Court Order	Other Court Order	Admitted Voluntarily	Total	%
<b>ABUSE:</b>					
Physical Abuse	43	40	72	155	6.5%
Sexual Abuse	25	15	10	50	2.1%
Emotional Abuse	13	25	47	85	3.6%
Neglect	93	147	146	386	16.3%
<b>Sub Total (abuse)</b>	<b>174</b>	<b>227</b>	<b>275</b>	<b>676</b>	<b>28.5%</b>
<b>CHILD PROBLEMS:</b>					
Child with emotional/behavioural problems	13	21	146	180	7.6%
Child abusing drugs/alcohol	3	10	14	27	1.1%
Child involved in crime	2	1	7	10	0.4%
Child pregnancy	2	0	5	7	0.3%
Physical illness/disability in child	6	1	8	15	0.6%
Mental Health problem/intellectual disability in child	2	1	7	10	0.4%
Other - Please specify	9	32	32	73	3.1%
<b>Sub Total (child problems)</b>	<b>37</b>	<b>66</b>	<b>219</b>	<b>322</b>	<b>13.6%</b>
<b>FAMILY PROBLEMS:</b>					
Parent unable to cope/family difficulty re housing/finance etc.	17	49	573	639	26.9%
Family member abusing drugs/alcohol	41	76	160	277	11.7%
Domestic violence	6	18	30	54	2.3%
Physical Illness/disability in other family member	2	2	46	50	2.1%
Mental Health problem/intellectual disability in other family member	39	26	75	140	5.9%
Asylum Seekers - Unaccompanied Minors	2	3	5	10	0.4%
Other - Please specify	17	36	151	204	8.6%
<b>Sub Total (family problems)</b>	<b>124</b>	<b>210</b>	<b>1,040</b>	<b>1,374</b>	<b>57.9%</b>
<b>Total</b>	<b>335</b>	<b>503</b>	<b>1,534</b>	<b>2,372</b>	<b>100.0%</b>

The majority of children (64.7%, n=1,534/2,372) were admitted voluntarily into Care in 2009 (see table 11). This is illustrative of a co-operative approach between families and social work in determining what is best for the child at a given point in time but it is equally important for HSE Children and Families Services not to see the admission of care as a long-term solution and to work with the family as much as possible to create the conditions for family reunification where this is in the best interest of the child.

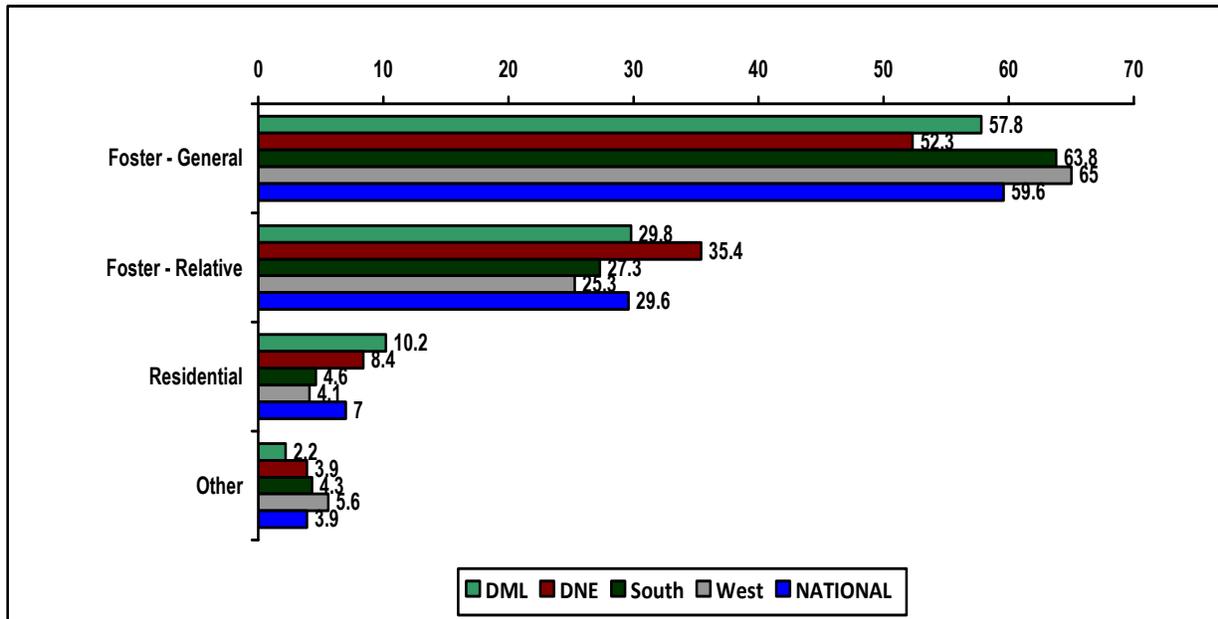
Voluntary care accounted for around half of the children admitted to care due to physical abuse (n=72/155) and over half of those admitted for emotional abuse (n=47/85). Only 20% (n=10/50) of admissions for

sexual abuse were on a voluntary basis, with 50% (n=25) on an emergency court order and 15 more on other court orders. Around 25.7% (n=174/676) of children admitted where abuse was the primary reason were on an emergency court order, compared to 9.5% (n=161/1,696) of those admitted for child or family problems although overall numbers were similar.

### 6.2.3 Placement Type at Admission

Around 89.2% of children who were admitted to care were admitted either to general foster care (59.6%) or relative care (29.6%). These figures compare favourably to other jurisdictions. There were, however, variations between HSE Regions (see figure 6).

Figure 6: Placement type x percentage of placements in each Region (Dec 31 2009)



### 6.3 Children in Care in December 2007, 2008, 2009

Since 2007, the number of children in care has risen by 6.9% (table 12).

Table 12: Number of children in care x Placement type (Dec 31<sup>st</sup> of each year)

Placement type	Year	2007	2008	2009	% of placements (2009)
Residential care - general		337	328	327	5.8%
Residential care – special care		21	30	30	0.5%
Residential care – high support		30	23	38	0.7%
Foster care - general		3,141	3,134	3,380	59.6%
Foster care - relative		1,552	1,581	1,678	29.6%
Foster care - special		31	27	42	0.7%
Pre-adoptive placements		26	24	17	0.3%
At home under Care Order		41	38	38	0.7%
Other		128	172	124	2.2%
<b>National</b>		<b>5,307</b>	<b>5,347</b>	<b>5,674</b>	<b>100%</b>

#### 6.3.1 Length of Stay

The Strategy Review (HSE/PA Consulting 2009) highlighted the need for an intelligence-led management information system that measures the ‘outcomes’ of children placed in care. Research suggests that the age of entry and the time span between either returning the child home or finding long term permanency options for the child are critical in achieving the best outcomes for children in the care system. The number of children in care by length of stay, placement type and Region is shown in the tables 13-16. In general it is not good practice for a child to be in residential care for five years or more: this was the case for a small number of children (n=24) with the majority being in the care of Dublin Mid-Leinster (n=13) and Dublin North East (n=9).

Table 13: Number of children in care x Length of stay (Dublin Mid-Leinster, Dec 2009)

Placement type	Length of stay	Less than one year	One to five years	More than 5 years	Total
Foster care general		210	307	365	882
Children with special or extra supports		0	0	0	0
Foster care with relatives		79	207	168	454
Pre-adoptive foster placement		0	0	0	0
Residential general centre		56	70	13	139
Residential special residential		2	2	0	4
Residential high support		5	9	0	14
At home under a care order		3	2	0	5
Other		11	16	2	29
<b>Total</b>		<b>366</b>	<b>613</b>	<b>548</b>	<b>1,527</b>

Table 14: Number of children in care x Length of stay (Dublin North East, Dec 2009)

Placement type	Length of stay	Less than one year	One to five years	More than 5 years	Total
Foster care general		171	278	273	722
Children with special or extra supports		0	0	8	8
Foster care with relatives		95	231	169	495
Pre-adoptive foster placement		0	0	1	1
Residential general centre		55	46	9	110
Residential special residential		6	1	0	7
Residential high support		0	0	0	0
At home under a care order		2	3	1	6
Other		23	20	5	48
<b>Total</b>		<b>352</b>	<b>579</b>	<b>466</b>	<b>1,397</b>

Table 15: Number of children in care x Length of stay (South, Dec 2009)

Placement type	Length of stay	Less than one year	One to five years	More than 5 years	Total
Foster care general		327	346	281	954
Children with special or extra supports		4	6	0	10
Foster care with relatives		146	166	79	391
Pre-adoptive foster placement		4	5	0	9
Residential general centre		28	19	1	48
Residential special residential		1	5	1	7
Residential high support		7	3	0	10
At home under a care order		8	6	0	14
Other		23	14	1	38
<b>Total</b>		<b>548</b>	<b>570</b>	<b>363</b>	<b>1,481</b>

Table 16: Number of children in care x Length of stay (West, Dec 2009)

Placement type	Length of stay	Less than one year	One to five years	More than 5 years	Total
Foster care general		146	251	323	720
Children with special or extra supports		2	3	13	18
Foster care with relatives		63	128	107	298
Pre-adoptive foster placement		2	3	2	7
Residential general centre		15	9	1	25
Residential special residential		3	5	0	8
Residential high support		8	5	0	13
At home under a care order		8	3	0	11
Other		7	6	2	15
<b>Total</b>		<b>254</b>	<b>413</b>	<b>448</b>	<b>1,115</b>

As table 17 shows, West had a higher percentage of children who have been in care for more than five years than the other Regions (40% compared to a National average of 33%). South had children in care for the least length of time, with 37% having been in care for less than one year (compared to a national average of 28% of children in care for less than one year).

**Table 17: Length of stay for children in care – Percentage breakdown (Dec 2009)**

Region	Length of stay	Less than one year	One to five years	More than 5 years
Dublin Mid-Leinster		24%	40%	36%
Dublin North East		25%	41%	33%
South		37%	38%	25%
West		23%	37%	40%
<b>National</b>		<b>28%</b>	<b>39%</b>	<b>33%</b>

### 6.3.2 Residential Care

Residential care refers to care that can be provided in a home (for children in the care of HSE Children and Families Services) staffed by care staff. The home or centre is referred to as a children’s residential centre. Residential care may be provided in HSE-run children’s residential centres, in a home run by voluntary organisations on a not-for-profit basis, or in the private sector. There has been a growth in recent years of organisations providing residential care for young people on a for-profit basis.

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. The majority of residential care placements are mainstream placements (residential general) but there are also options to place a child in a secure, locked placement for a short period of time where needs are acute (see below on special care) or in a residential high support placement. High support units offer a residential service to children and young people who are in need of specialised targeted intervention: they are ‘open’ in that the young person is not detained. High support units aim to assist young people in developing internal controls of behaviour, and to enhance self-esteem, facilitate personal abilities and strengths, and build a capacity for constructive choice, resilience and responsibility. There are high supports units that are managed locally and two high support units that are managed nationally.

There were 383 children in residential care in December 2009, accounting for 6.8% of all children in care. Although figures indicate that the numbers in care have been increasing, trends indicate that the percentage of children in residential care as a proportion of overall figure remain constant. The *HSE National Service Plan 2009* (HSE 2009b) set an upper limit target for no more than 7% of children in care to be in residential care with a target to reduce this figure to 5% by 2013.

During 2009 the OMCYA also drew up a *National Policy in Relation to the Placement of Children aged 12 Years and Under in the Care or Custody of the Health Service Executive* (OMCYA, 2009a). The intention here was to reduce the number and percentage of children aged under 12 who were in residential care, prompted by an SSI finding that from October 2006 to January 2007 that children of this age comprised around 20% of the population of children in residential care. Family-based care such as foster care and relative care is felt to be more appropriate for children of this age. The *HSE National Service Plan 2009* included a commitment to monitor the placement of children aged 12 and under to ensure that they are

placed appropriately. Table 18 shows the position in December 2009, with the national average standing at 12.6% of residential placements being for children aged under 12.

**Table 18: Number and percentage of children in residential care aged under 12 (Dec 2009)**

Region	Number aged under 12	Total in residential care	% in residential care aged under 12
Dublin Mid-Leinster	25	160	15.6%
Dublin North East	10	120	8.3%
South	10	86	11.6%
West	8	53	15.1%
<b>National</b>	<b>53</b>	<b>419</b>	<b>12.6%</b>

In October 2009, the Social Services Inspectorate in the Health Information and Quality Authority (HIQA) undertook an audit of residential centres for children in care (HIQA 2010b). On 24 October 2009 there were 104 children's residential centres classified as community-based children's residential centres. The non-statutory sector ran 53 of these (37 of which were in the private sector). The census was returned by 96 of the 104 centres. Table 19 shows the number of designated and occupied places by Region (across all sectors – data for HSE provision alone was not available).

**Table 19: Designated and occupied places in children's residential centres – all sectors (Oct 2009)**

Region	No. centres providing a return	Designated places	Occupied places	% Occupied	Avg designated places per centre	Avg occupied places per centre
Dublin Mid-Leinster	36	149	109	73%	4.1	3.0
Dublin North East	31	138	95	69%	4.5	3.1
South	23	115	83	72%	5.0	3.6
West	6	25	18	72%	4.2	3.0
<b>National</b>	<b>96</b>	<b>427</b>	<b>305</b>	<b>71%</b>	<b>4.4</b>	<b>3.2</b>

### 6.3.3 Special Care

Special care refers to a type of care that is provided to children and young people who are in need of special care or protection by the HSE and would usually be placed in a 'special care unit'. These units are purpose built secure locked facilities, managed by HSE Children and Families Services (there is one in Dublin, one in Limerick and one in Cork). This means that children/young people placed by order of the High Court cannot leave of their own accord.

A child requiring special care will display behaviour that is considered to be putting him or her at real and substantive risk to their health, safety, development or welfare that can only be met through such care. Special care is intended to:

- provide a short-term period of safe and secure care, in an environment where a young person's emotional and behavioural needs can only be met in a special care setting;
- help stabilise an 'extreme' situation which has been persistent and severe;
- provide a controlled and safe environment in which care and appropriate intervention can be given;

- improve the welfare and development of young people in a model of care based on relationships, containment and positive reinforcement;
- provide a model of care which promotes consistency, predictability, dignity, meaningful controls and external structure which will assist young people in developing internal controls of behaviour, self-esteem, personal abilities and strengths and capacity for constructive choice and responsibility.

It is intended to be for as short a period as possible, enabling risks and needs to be stabilised so that the child/young person can have their future needs met in a non-secure placement.

Applications for admission to Special Care are considered by the National Special Care Admissions and Discharges Committee on the basis of the *Criteria for the Appropriate Use of Special Care Units* (CAAB/HSE 2008). These criteria had been amended in September 2008 in the light of a range of High Court judgements in 2007 and 2008, in particular to clarify that placement in special care was not deemed appropriate where criminal matters were before a district court. The revised criteria stated:

- (a) A previous criminal conviction does not itself preclude an application for special care;
- (b) A special care order cannot be made in situations where the child/young person is subject to criminal charges (and is before the courts), and where these charges have not been dealt with or decided by the courts.

In other words, if there were ongoing criminal proceedings against a child, that child could not be admitted to special care until those proceedings were resolved. Table 20 shows that the number of admissions to Special Care declined between 2007 and 2009, with the criteria relating to ongoing criminal charges being a significant reason for this.

**Table 20: Applications and admissions to Special Care in 2009**

Year	Applications received	Applications approved	Admissions
2007	68	32	31
2008	48	27	26
2009	57	21	20

During 2009, the introduction of the Child Care (Amendment) Bill introduced provision that, should they be enacted, would amend this and might lead to an increase in children in the future who meet the criteria. Guidance to the Bill stated (Oireachtas 2009): *“A child convicted of a criminal offence may be placed in a special care unit where s/he has not been sentenced to a custodial sentence which would take effect at the same time as the special care order. Conviction of an offence is not the defining issue; rather it is the type of sentence received. Generally, unless a child has been remanded in custody or received a custodial sentence the HSE can apply for a special care order or an extension of the original order and continue to detain a child in a special care unit. Where a child is remanded in custody or given a custodial sentence the HSE can withdraw its application or apply to have the special care order discharged immediately.”*

In the second half of 2009, HSE Children and Families Services joined with the Children’s Act Advisory Board (CAAB) and the OMCYA for a CAAB-commissioned piece of work to look at outcomes for children who were subject to applications for special care in 2007. This research was undertaken by Mark Brierley of *Social Information Systems Ltd* and HSE Children and Families Services contributed through

participation in the steering group for the research and enabling the researcher to interview social work and special care unit staff on the 70 applications covered by the research. All case information provided to the researcher was anonymised. The final report will be published by CAAB in 2010.

#### **6.3.4 Placement of Children Abroad**

In some very limited circumstances there is no suitable placement available for a child within the jurisdiction of Ireland. In those circumstances the HSE National Protocol for Special Arrangements applies.

In keeping with the principle of placing children with family members, a number of children in need of care are placed with relatives who live abroad, under the Child Care (Placement of Children with Relatives) Regulations, 1995.

Children are also placed abroad whose care plan has outlined their need for specialised treatment and care. These children most commonly have severe behaviour difficulties, in some cases as a result of injury or accident, in others due to their childhood experiences. Some children require long term placements. These difficulties frequently manifest in ways that make the children a danger to themselves and others. HSE Children and Families Services seeks to place children with severe challenging behaviour in specialist foster care and high support and special care units within Ireland and in the majority of instances this is achieved. However, where HSE Children and Families Services is seeking a specialist placement to cater for a rare behavioural diagnosis, it prioritises the needs of the child over the location of the placement.

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

The HSE protocol provides for out of state placements for children in care other than for medical treatment. Decisions regarding 'special arrangements' are made by a Regional Panel comprising the Regional Specialist for Children and Family Social Services, a Principal Psychologist, General Manager and other professionals as required. The purpose of the Panel is to make decisions regarding applicants to ensure the proper utilisation of HSE resources, that placements are compliant with regulations, standards and best practice and support an equity of access to placements across all HSE areas. Additionally, the Panel acts to ensure a standardised approach to special arrangements across HSE Children and Families Services.

Placements outside the jurisdiction, excluding Northern Ireland, should only be permitted in circumstances where:

1. the child has a parent/family connection with that jurisdiction;
2. in exceptional circumstances where the child has been assessed as having a condition or needs for which no service is provided in Ireland.

All placements outside the jurisdiction are made in the best interests of the child. Funding for such placements is provided on a case by case basis as required.

**Table 21: Principal reason for placement of children in care outside HSE (Dec 2009)**

Region	Principal reason	Relative placement	Specialised needs	Other	Total
Dublin Mid-Leinster		3	0	0	3
Dublin North East		0	3	0	3
South		1	3	1	5
West		0	2	0	2
<b>National</b>		<b>4</b>	<b>8</b>	<b>1</b>	<b>13</b>

#### **6.4 Discharge from Care**

HSE Children and Families Services does not currently collect data on the profile of children when they are discharged from care. Information such as the age of children at the point of discharge and the length of time that they had been in care would be useful to illustrate the success or otherwise of attempts to reunify families where this is regarded in the care plan as being in the best interests of the child. The development of a Standardised Business Process at the point of discharge from care, plus the National Child Care Information System will help to address this in the future.

It remains possible to calculate basic numbers of children discharged from care:

Dec 2008: 5,347 children in care (A) (from table 12).  
 During 2009: 2,372 children admitted to care (B) (from table 10).  
 Dec 2009: 5,674 children in care (C) (from table 12).

This means that during 2009 2,045 children must have been discharged from care (A+B-C). The figure of 5,674 at December 2009 therefore hides the considerable amount of work involved in either admitting a new child to care or discharging them.

Tables 13-16 also show that in December 2009 there were 1,520 children who had been in care for less than a year (Dublin Mid-Leinster n=366, Dublin North East n=352, South n=548, West n=254). This means that, of the 2,372 admitted to care during 2009, only 1,520 were still in care by December 2009 and 832 (36% of the new admissions) had been discharged from care within the year.

#### **6.5 Aftercare**

Aftercare is a process of preparation for leaving care, follow up and support in moving towards independence for all those young people who are eligible. It is a *through care process*, in consultation with the young person, beginning from reception into care and including comprehensive assessments, care plans and reviews. Section 45 of the Child Care Act, 1991 outlines how a care leaver may be supported upon reaching his/her 18<sup>th</sup> birthday. This section also permits the HSE to support the young person up to the age of 21 or where the person is involved in a course of education until the young person completes the course.

The relevant regulatory documents include:

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

HSE Children and Families Services may assist a person under Section 45 in one or more of the following ways:

- by causing him to be assisted or visited;
- by arranging for the completion of his education and by contributing towards his maintenance while he is completing his education;
- by placing him in a suitable trade, calling or business and paying such fee or sum as may be requisite for that purpose;
- by arranging hostel or other forms of accommodation for him;
- by co-operating with housing authorities in planning accommodation for children leaving care on reaching the age of 18 years.

At present HSE Children and Families Services can provide further assistance to young people up to the age of 21 who have been in care or where the person is involved in a course of education until the young person completes the course. This assistance may include arranging accommodation or contributing towards maintenance which continues at school or college.

Table 22 shows the number of young people aged 19 or over who were receiving aftercare support in December 2009.

**Table 22: Number aged 19 or over receiving Aftercare support (Dec 2009)**

	Male	Female	Total	Number receiving educational /training support	% receiving educational /training support
Foster Care	180	228	408	324	79.4%
Residential Care	61	51	112	79	70.5%
Supported Lodgings/assisted independent accommodation	82	64	146	100	68.5%
Other <sup>3</sup>	94	87	181	84	46.4%
<b>National</b>	<b>417</b>	<b>430</b>	<b>847</b>	<b>587</b>	<b>69.3%</b>

Aftercare policies, procedures and services were in 2009 in place primarily on a legacy Health Board basis. In keeping with the change agenda, these need to be looked at in the future in order to develop a standardised national approach to ensure equity of services. A priority for 2010-11 will be to develop national policies and procedures for aftercare services.

<sup>3</sup> The categories included in this table comprise the data that is collated at national level although more detail will be collected at LHO level. The usefulness of the data collected at national level may need to be revisited in the future, particularly given the size of the 'other' category.

## **6.6 Key Statutory Responsibilities**

### **6.6.1 Allocated Social Workers for Children in Care**

In December 2009, 83% of children in care had an allocated social worker (HSE 2010a). This was below the target figure of 88%. The target set in the *HSE National Service Plan 2010* (HSE 2010a) for 2010 is 100%.

### **6.6.2 Written Care Plans for Children in Care**

In December 2009 (84.7%) of children in HSE care had a written care plan, a substantial improvement compared to December 2008 (78%). The *HSE National Service Plan 2009* (HSE 2009b) set a target for 2009 of 82% so performance exceeded this target. For 2010, HSE Children and Families Services have a target for 100% of children in care to have a written care plan (HSE 2010a).

## **6.7 Foster Care Services**

The vast majority of children who are in care in Ireland are cared for either by relatives as Relative Foster Carers or by foster carers to whom they are not related. HSE Children and Families Services, alongside its partner the Irish Foster Care Association (IFCA) provides training and support to foster carers. Some foster carers may be provided via private sector fostering agencies. HSE Children and Families Services has an obligation to assess and approve foster carers.

### **6.7.1 National Audit of Foster Care Services**

During 2009 HSE Children and Families Services undertook a National Audit of Foster Care Services. The purpose of this research was to benchmark HSE compliance with statutory obligations in relation to foster care and relative care as prescribed in the Child Care (Placement of Children in Foster Care) Regulations, 1995, the Child Care (Placement of Children with Relatives) Regulations, 1995, and the *National Standards for Foster Care* (DoHC 2003).

A detailed questionnaire was issued to the 32 LHOs with a return date of October 2009. Findings, recommendations and actions relating to this study will be reported in the Review of Adequacy for 2010.

### **6.7.2 Allocated Social Workers for Foster Carers**

There are some deficits in support to foster carers due to unfilled vacancies in social work posts and insufficient capacity of social work posts. Where there are immediate operational difficulties in assigning a social worker to a family, because of other priority child protection workloads within an area or staff availability, social workers are assigned based upon a needs assessment and prioritisation. Some of these cases relate to children in very stable fostering placements, provided perhaps by a relative. In other situations it is acknowledged that the availability of a dedicated social worker would be supportive to foster parents and the child through home visits and regular telephone contact. Where a social worker is not assigned for a period practice has been to support foster placements through the regular social work duty system. In addition, in certain HSE areas specific initiatives have been introduced to address the needs of children in foster care and their carers. These issues will be considered in more depth in the National Audit of Foster Care Services.

**Table 23: Approved foster carers with an allocated social worker (Dec 2009)**

Region	Principal reason	Number of approved foster carers	Number of approved foster carers with an allocated social worker	% of approved foster carers with an allocated social worker
Dublin Mid-Leinster		923	652	71%
Dublin North East		593	512	86%
South		1,059	953	90%
West		780	521	67%
<b>National</b>		<b>3,355</b>	<b>2,638</b>	<b>79%</b>

### 6.7.3 Monitoring Breakdowns in Placements

A Performance Indicator will be developed in the future to provide management information in regard to foster care breakdown. This will facilitate the planning and development of support services for foster care.

## 6.8 Out of Hours Services

### 6.8.1 Crisis Intervention Service

The Crisis Intervention Service provides the emergency out of hours service to the Dublin, Kildare and Wicklow areas (the former Eastern Regional Health Authority area). The service comprises:

- A Day Social Work Team.
- An Emergency Social Work Service available from Monday to Sunday between 6pm and 6am and each Saturday, Sunday and public holiday from 9am to 5pm.
- A night reception centre provided by Lefroy House for young people who regularly present to the out of hours service. This service is available from 8pm to 2am. All young people who present are met and assessed by Out of Hours Social Work Staff and are either placed in emergency accommodation or returned to family/relative care. The service also provides one-to-one support with meals and showers for young people.
- Emergency Foster Care Families who are available to provide a place of safety as required for three nights for children under the age of 12 years of age.
- Eight emergency residential beds are available on a night by night basis for young people aged between 12 to 17 years of age, seven at Lefroy and one at Sherrard House.
- Eight emergency beds available for a period of four weeks at Grove Lodge, Portrane in North Dublin.
- Nineteen residential beds available for up to six months at Sherrard House (female 12-17 years), Off the Streets (male and female 16-17 years), Echlin House (male 12-17 years).
- Seven After Care Support Flats available to both male and female aged 17½ years for a period of six to twelve months.

The Crisis Intervention Service provides an emergency response. All details of contact with children are passed to the relevant local social work team by the start of the following day. The local social work team are the case managers and will follow up with further assessments or interventions as necessary. While some of the children and young people who present to the CIS will be homeless, many are not.

The Crisis Intervention Partnership (CISP) is delivered in partnership between HSE Children and Families Services and Focus Ireland and was developed to ensure that there is a comprehensive range of services available to support young people out of home or availing of emergency accommodation. These services include practical day to day supports for young people while they are out of home such as meals, showers, and laundry services. The service also provides a key worker service to provide one-to-one support and facilitates and supports contacts between the young person and their family with a view to reunification with their family where appropriate. The service works closely with Focus Ireland Outreach to provide out of hours supports pending placement in emergency accommodation.

The Focus Ireland Outreach Service provides a wrap-around service for vulnerable young people and newly presenting referrals. The service operates from 5pm to 8pm Monday to Friday, and from 1.30pm to 8.00pm on Saturday and Sunday. The service seeks to assist in meeting the needs of young people requiring assistance when the day services finishes at 5pm until the availability of services from Lefroy House at 8pm. In addition the Outreach service also engages in street work, whereby staff seek to identify any young people who may be on the streets in the city centre and direct them towards accessing emergency services.

Extended use of the out of hours service is not encouraged generally as it carries a range of risks for the children and young people involved:

- increased risk of disengaging with services;
- becoming encultured in street life;
- continual erosion of family relationships and relationships in the community;
- increase in school absenteeism;
- introduction/increase in substance use;
- pathway to adult homelessness;
- pathway to juvenile justice;
- engagement in high risk sexual activity;
- involvement in bullying/being bullied.

A tiering system was established to divert the more vulnerable young person from the more experienced service user. The experience has been that many young people accessing the services form networks by seeking each other out and forming alliances and friendships. This has somewhat hampered the overall effectiveness of the tiering system, in seeking to segregate the more experienced users from the newer more vulnerable service users. In addition a contributing factor has been the concentration of many of these services in the city centre. HSE Children and Families Services has sought to address this issue with the establishment in January 2009 of Grove Lodge in Portrane in North Dublin, and the transfer in November 2008 of Crosscare Eccles Street to Echlin House in the South Circular Road.

The absence of residential placements in their local community can be a referring factor for many young people. In addition it can also result in young people remaining in placements for extended periods. As the CIS has a regional brief which covers the ten LHO areas comprising the former ERHA and this can result in young people from rural communities coming in crisis to placements in Dublin.

The Crisis Intervention Service is often relied upon as an interim measure pending applications being made for placements in these more appropriate services. The absence of such placements being available further

exacerbates the situation and increases the risk of the young person engaging in high risk activity.

The reliance on Garda Stations as a venue for the point of contact with the Out of Hours Social Work Service has been criticised, on the basis of safety issues and the chaotic environment which sometimes ensues particularly late at night. In addition some young people in need of services may have outstanding warrants in respect of past offences, and are reluctant to present at Garda Stations for fear of being arrested.

### **6.8.2 Emergency Place of Safety Service**

In June 2009 HSE Children and Families Services established the Emergency Place of Safety (EPSS) service whereby Gardaí can access an appropriate place of safety for children found to be at risk out of hours (outside normal working hours, 5pm-9am Monday to Friday and weekends and bank holidays) under Section 12 of the Child Care Act, 1991. The children who are the recipients of the service will include children who present as homeless but figures for service users should not be interpreted as exclusively being homeless children. Under the Child Care Act, 1991 an Garda Síochána has sole legal responsibility where there is an immediate and serious risk to the health or welfare of a child, and it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by the HSE under section 13, to remove the child to safety.

The Emergency Place of Safety service provides a standardised response across the country for children who can be appropriately placed in a family setting but does not operate in the Dublin, Kildare and Wicklow areas where the Crisis Intervention Service operates. The service conforms with relevant Child Care Regulations and with the National Standards for Foster Care.

A Joint HSE/Garda Protocol provides a code of conduct and set of standardised procedures for staff of HSE Children and Families Services and members of the Garda Síochána in the placement of children with Five Rivers Ireland in the operation of this service. This draft protocol outlines an agreed procedure between the Health Service Executive and the Garda Síochána and clarifies the roles and requirements of the agencies in relation to the placement of children out of hours by the Garda Síochána under Section 12 of the Child Care Act, 1991.

From June to December 2009, 66 children were placed by the EPSS.

### **6.8.3 Youth Homeless Data**

There are two major providers of hostel services to homeless young people in Ireland: the Crisis Intervention Service in Dublin and Liberty House in Cork. Homeless young people may be placed in accommodation by these services under Section 5 of the Child Care Act, 1991. Outside of these major conurbations, when children present as homeless outside social work department office hours the EPSS may place them within its own accommodation options.

The *Youth Homeless Strategy 2001* (HSE 2001d) adopted the following definition of youth homelessness:

*"Those who are sleeping on the streets or in other places not intended for night-time accommodation or not providing safe protection from the elements or those whose usual night-time residence is a public or private shelter, emergency lodging, B&B or such, providing protection from the elements but lacking the other characteristics of a home and/or intended only for a short stay."*

Included within this meaning was "young people who look for accommodation from the Eastern Health Board Out of Hours Service<sup>4</sup>" and "those in insecure accommodation with relatives or friends regarded as inappropriate, that is to say where the young person is placed at risk or where he or she is not in a position to remain".

In response to this strategy, Youth Homeless Contact Forms (YHCF) were introduced to record the needs of children who present as homeless and response to them. However, the *Report of the National HSE Children and Family Services Working Group on Youth Homelessness* (HSE 2008b) noted that there were difficulties with both the definition of youth homelessness and the YHCFs based on that: "To define all young people referring to the CIS Out of Hours Service as homeless is misleading, referral to the Out of Hours Service is a description of the use of the service not a young person's situation. It may be the case that a young person refers to the Out of Hours Service and is in fact returned home or to their original care placement. Furthermore a significant number of young people placed within a short term residential unit on first referral to the Out of Hours Service remain within that accommodation until they either return home or are placed in long term accommodation. To describe such young people as homeless is inaccurate as they are in fact young people within the care system with the service supports that implies i.e. key worker, care plan, work with family, case reviews etc."

This means that the data currently collected on YHCFs cannot be relied upon as an indicator of homelessness and will be substantially inflated. Nor do the existing YHCFs adequately distinguish between the number of children who present and the number of occasions that they present, as a YHCF is completed on each presentation.

These inadequacies will be addressed in 2010. Work will be undertaken on new national Performance Indicators for 2010 that will help to standardise the definition of youth homelessness in practice and produce more accurate data in the future on the number of children who present as youth homeless.

## **6.9 Separated Children Seeking Asylum**

### **6.9.1 Equity of Care Policy on Separated Children Seeking Asylum**

In 2008 HSE Children and Families Services implemented the Equity of Care Policy (HSE 2008a). The aim of the policy is to achieve equity and equality of services for Separated Children Seeking Asylum (SCSA) and to ensure that there is no differentiation of care provision, care practice, care priorities, standards or protocols to indigenous children in receipt of out of home care provision.

Since 2000, accommodation for Separated Children Seeking Asylum has been provided mainly in hostel accommodation or in the one residential unit. Younger children were usually placed in foster care. Action 31 of the Ryan Report Implementation Plan (OMCYA 2009b) recommended that the practice of accommodating SCSA in Hostels was to cease by December 2010 and a plan has been put in place to progress this. During 2009 three hostels were closed as part of this process. In December 2009 there were 70 young people and six babies in hostel accommodation.

Also in 2009 HSE Children and Families Services received the Ombudsman's report on *Separated Children*

<sup>4</sup> That is, the Crisis Intervention Service.

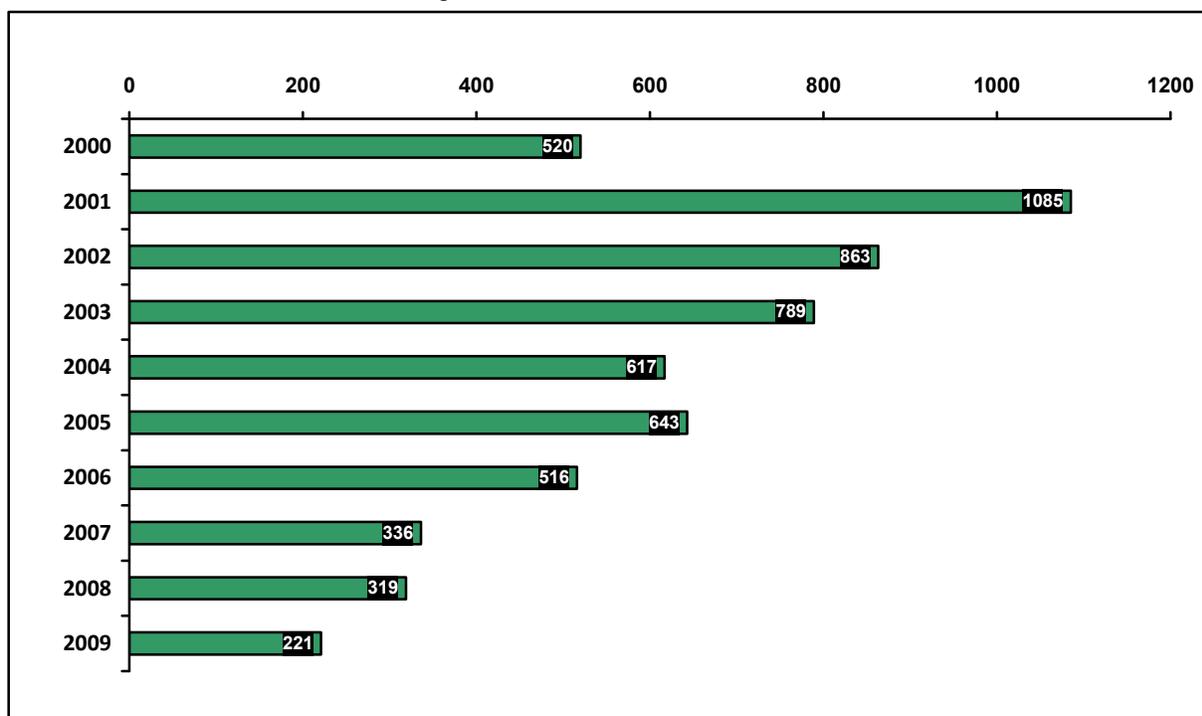
*Living in Ireland* (OCO 2009). The report was concerned with the perceived inequity in the service whereby many of the children received into care were receiving a different type of care provision and care practices that would not be afforded indigenous children. Full implementation of the Equity of Care Policy should address these issues.

### 6.9.2 Service Activity

In the context of a national service the Dublin based SCSA Intake and Assessment Team provides intake, assessment support and short term placement services. This team is based at Baggot St Hospital. Children requiring medium to long term placements will be placed in Fostering or Supported Lodgings placements located in areas where there is access to local support services to assist separated children to adapt to a new environment. It is the strategic policy that that this group of young people will be placed in clusters to enable young people build up peer supports as well as assisting local areas build up a level of expertise in working with this client group.

During 2009 an average of 12 young separated children were received into care of HSE Children and Families Services per month. The number of Separated Children Seeking Asylum (SCSA) has declined steadily since its peak in 2001 (figure 7). This reflects the overall decline in levels of immigration.

Figure 7: Number of SCSA – 2000-2009



Children who are not reunited with their families are received into the care of HSE Children and Families Services, either on a voluntary basis or through the courts. In total 221 young people were referred with 133 placed in the care of HSE Children and Families Services. The majority of young people were placed in placed four registered Children's homes operating specifically for the separated children's service.

**Table 24: Outcomes for Separated Children Seeking Asylum (2009)**

Outcome	Gender	Males	Female	Total
Reunited with Family		24	24	48
Placed in care		66	67	133
Found not to be a minor		16	10	26
Other (please specify)		6	8	14
<b>Total</b>		<b>112</b>	<b>109</b>	<b>221</b>

## 6.10 Inspection Activity and Monitoring

The SSI inspectorate is established on a statutory basis as the Office of the Chief Inspector of Social Services within the Health Information and Quality Authority (HIQA). The SSI inspect HSE children's residential centres, special care units and foster care settings against the National Standards produced by the Department of Health and Children (DoHC 1999b; DoHC 2000b; DoHC 2003). These Standards set out how children should be looked after in these settings and are available on HIQA's website ([www.hiqa.ie](http://www.hiqa.ie)).

In addition, the HSE has a responsibility to conduct inspection and monitoring visits of voluntary and private sector providers. These inspections are undertaken using the same National Standards as used by HIQA.

### 6.10.1 HIQA Inspections

In 2009 HIQA focused on the inspection of residential services while continuing with the inspection of foster care services and detention schools. The key objective was to achieve improvement in the quality of care for children in care while incorporating their views in the decisions that affected their daily lives. A foster care inspection was commenced in three HSE Dublin LHOs in July 2009. Preliminary information returned from the HSE foster care services highlighted the need for a detailed foster care inspection in these areas. Inspection fieldwork was carried out in the final quarter of 2009. A report on this work will be available in 2010. Table 25 provides details on inspection activity in children's services.

**Table 25: Number of inspections completed in 2009 for Children's Services (HIQA 2010a)**

Inspection type	Public announced	Public unannounced	Total
Children Detention Schools	2	-	2
Special Care Units	2	2	4
Children's Community Residential Centres	20	19	39
Foster care	-	7	7
Follow up	-	-	40
<b>National</b>	<b>44</b>	<b>28</b>	<b>92</b>

### 6.10.2 HSE Monitoring and Inspections

In 2009 there were five HSE Children and Families Services monitoring and inspection teams throughout country: two in the South (one for the area of the former Southern Health board, one for the area of the former South Eastern Health Board), two in the West (one for the area of the former Health Boards in the North West and West, one for area of the former Mid-West Health Board) and the largest one in the East

(former Eastern Region area, former North Eastern Health Board area, former Midland Health Board area).

From 2009 onwards, a key focus was on standardising approaches across the teams, with an initial focus on developing a similar structure for inspection reports, followed by the development of Standardised Business Processes. The development of a database to monitor and report on monitoring and inspection activities is a longer term priority and such data was not readily available for the 2009 Review of Adequacy.

## **6.11 Adoption**

### **6.11.1 Adoption Services**

Adoption is the process which creates a permanent, legal relationship between the adoptive parents and the child/ren.

**Domestic Adoption** means the transfer on a permanent basis of parental rights and duties for children from birth parents to adoptive parents. Adoption is therefore a permanent legal relationship between the adoptive parents and the child. The child has the same legal rights as if they were born in the adoptive family. Only Registered Adoption Societies by the Adoption Board and the HSE are legally entitled to place children for adoption.

The HSE plays an important role in assessing prospective adoptive parents in accordance with the Adoption Acts. It also provides information and tracing services to people who were previously adopted or fostered and may wish to trace their birth family. In 2009 there were 52 children adopted domestically in Ireland. In recent years, the numbers of Irish children becoming available for adoption has decreased.

Many prospective parents now look abroad to adopt a child. This process is called **Intercountry Adoption**. There were 396 Intercountry Adoption Assessments completed in 2009. Of these 272 Intercountry Adoptions were a First Time Assessment for newly adoptive parents and 124 were for Second Assessments for families who have already adopted a child. During the same year there were 257 assessment applications deferred. Of these 257 applicants, 193 withdrew from the process prior to the preparation course. 40 applicants withdrew following the preparation group and a further 16 withdrew following the Home study assessment. The HSE undertakes an education, preparation and assessment programme with all applicants who are eligible to adopt.

### **6.11.2 Waiting Times**

The projected waiting time from receipt of application to assessment was improved during the year. In some parts of the eastern regions waiting times were down from 18 months to 6 months. There were 1,282 post placement reports completed in respect of 1,142 children during 2009. These are required after a child has been placed, prior to their final validating/granting of the adoption order. In Intercountry Adoption some countries stipulate the follow up of children over a specified period to ensure the adoption is the most appropriate placement for the child.

### **6.11.3 Adoption Bill, 2009**

The Adoption Bill was published in 2009 which will consolidate all previous Adoption Acts into one single Act if enacted. HSE Children and Families Services will take on new roles and responsibilities in relation to the processing of Domestic Adoption applications in particular the assessing of step-parent adoption

applications. HSE Children and Families Services set up a project group to begin preparing for the enactment of the new Bill during 2009

## **6.12 Challenges to the provision of Alternative Care Services**

### **6.12.1 Residential Services**

#### ***Lack of capacity of HSE residential services***

HSE Children and Families Services is committed to undertake a review of capacity of HSE residential services and to deliver more effective services for this group of children with complex needs. Issues such as staffing and the deployment of staff (management of rosters) have led to centres being unable to accept admissions of children and young people with challenging behaviours.

#### ***Increased Use of Private 'For Profit' Service Providers***

There has been an increase in residential services provided by for-profit agencies. There is a need to provide a national approach to the management of this sector to insure effective delivery of services and value for money.

### **6.12.2 CAMHS and Psychological Services for Children in Care**

Child and Adolescent Mental Health Services provide valuable therapeutic services for children in care. Access to these services varies across the country. There is need for regional inpatient psychiatric services for young people aged 16-18 years as currently they are often placed inappropriately in adult mental health services.

## **6.13 Examples of Good Practice in Alternative Care**

### **6.13.1 Foster Care**

#### ***Training for Foster Carers***

Despite limited resources, training for foster carers has continued. One welcome development was the introduction of some training programmes for foster carers providing placements to children with particularly challenging needs. It would be useful to replicate this across the HSE.

#### ***Foster Care Forum***

HSE West: An LHO has established a fostering forum with local foster care representatives to examine issues that are pertinent in the area. The foster carers can use this forum to express their concerns about unallocated cases and the lack of link social workers amongst other issues.

#### ***Therapeutic Foster Care***

HSE Dublin North East: A new Multidimensional Therapeutic Foster Care (Time Wise) service set up in 2009 service commenced and three children from the LHO North Dublin area were placed within this service by the end of December 2009. This will cater for children with more challenging needs.

#### ***The Foster Care Therapy Service***

HSE West: The Foster Care Therapy Service (formerly called IMSR, Integrated Model of Self-Regulation) is a therapeutic service for children in the care of HSE Children and Families Services in Donegal. It is an

inter-disciplinary service with a theoretical base which includes Attachment Theory, Sensory Integration Theory and compatible models of Child Development. The service has been in place for many years and has expanded its work to include the following services: Assessments of children and families, treatment programmes, bridging support in foster care and training. For many years the Integrated Model of Self-Regulation programme has delivered a therapeutic support service to children in foster care and their foster carers. In 2009, 31 children and their carers received one or more of a range of support services including assessments of attachment, sensory integration therapy, sand play and symbolic play therapies. Reports from carers indicate that in the absence of such support they would have been unable to sustain a number of these placements.

### **6.13.2 Residential Care**

#### ***Critical Incident Monitoring Group***

Some LHO Areas have Critical Incident Monitoring Groups in place which examine all critical incidents in residential units, including incidents of Therapeutic Crisis Intervention (TCI) restraints or physical interventions. Concerns are highlighted and commendations are made as required.

#### ***Standardised Polices for Residential Care***

HSE Dublin North East launched a manual that is an amalgamation of the policies and procedures manuals for children's residential centres in the former North Eastern Health Board and the former Northern Area Health Board. The policies and procedures in this manual are intended to ensure the efficiency and effectiveness of individual residential centres and the service sector as a whole. This manual is intended for use by all staff members working in both statutory and non-statutory children's residential centres in the HSE Dublin North East Region. It is a move towards standardisation that may be the first step towards standardised policies and procedures on a national basis. There is also a young person's friendly version developed by the Irish Association of Young People In Care (IAYPIC).

#### ***Residential Support Team***

In HSE South a Residential Support Team offers a service for young people who are an immediate risk of going into care. The Service operates from a family systems theory approach which works with the family as a whole and not just the young person in isolation. The Service involves working with families, usually in their home at a time which is convenient and on the issues that are important to them. The range of issues that might be addressed include: parental support, school refusal, anger management, self-esteem, loss and bereavement, and substance misuse. This service is offered on a seven day basis and is available after 5 o'clock if required. On average two visits per week are arranged. Regular review meetings are held with the family, Social Work Department and other services to ensure the work stays focused. In addition the service runs a number of group parenting courses as well as group adolescent sexual health programmes throughout the year. A 24-hour telephone support service is also offered to families within the service. This has proved extremely popular especially at weekends when other services are not available to the family.

### **6.13.3 Leaving Care and Aftercare**

#### ***Transition from Care to Aftercare***

In Dublin Mid-Leinster an LHO has engaged a private provider to facilitate the transition from care to Aftercare. The service provides a night steward service in addition to a wrap round day service which is proving very successful in supporting young people to adjust to independent living.

### ***Leaving Care/Aftercare Steering Committee***

In HSE South an LHO Area has set up a Leaving Care/Aftercare Steering Committee comprising of HSE and voluntary sector representatives. The committee reviews the needs of young people availing of services, discusses possible collective responses, and has a role in identifying gaps which are reported to the appropriate manager.

### ***Adequacy of Aftercare Services for Young People Aged 16-21***

HSE West offers a pre-leaving care package that is based on a clear assessment and planning process. An initial Needs Assessment is undertaken using a standard template. This informs the Preparation for Leaving Care Plan while the young person is in care. An Aftercare Plan is put in place at 18 years of age or when the young person leaves care. A financial assessment is part of the Aftercare Plan. Financial support is available to all young people in foster care, in education/training/courses. Each young person in residential care requires a separate application for education/training/courses.

### ***6.13.4 Quality Assurance/Monitoring***

HSE Dublin Mid-Leinster has established a post of Child Advocate, Monitor and Inspector reporting to an Audit Inspector. The main role of the Audit Inspector is to audit, monitor and advise local senior management on best practice standards, National Guidelines and legislation to ensure that cared for children reach their full potential. The Inspector is also responsible for the inspection and registration of children's private residential centres within the area. Primarily the role of the Child Advocate, Monitor and Inspector is to monitor the statutory residential placements of all children regardless of location of placement and to advocate for children in care.

## **6.14 Recommendations for the Further Development of Alternative Care Services**

### ***Policy Issues***

There is a need to develop national policies and procedures in a number of critical areas.

1. An agreed national format for a comprehensive needs assessment.
2. A framework for the review and support of foster carers.
3. The integration of the Quality and Risk Management Framework within the Critical Incident Committee for Residential care.
4. A National Leaving Care/Aftercare Policy.

### ***Resource Allocation***

The balance of resource allocation to preventative services with provision for 'out of home services' for children is seen as critical. There is a need for strategies for early intervention, with children and families who are identified as being 'at risk', for example, regionally based specialised family support services. The data collected on alternative care services does not reflect the number of children in foster care and residential care who are receiving this diversionary and outreach support services in an attempt to maintain their placements. There is also a need to collect data on placement breakdown and transfer between placements.

## 7 Child Care Training Services

### 7.1 Introduction to Child Care Training

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 and long term outcomes of service users.

Childcare Training operates within the backdrop of the following:

- *Children First, National Guidelines for the Protection and Welfare of Children* (DoHC 1999a).
- *National Children's Strategy* (DoHC 2001a).
- *National Standards for Children's Residential Centres* (DoHC 2000b).
- *National Standards for Foster Care* (DoHC 2003).

Staff training and development is essential to ensure consistent delivery of service and effective interventions in the care of children. In 2009, training was provided primarily by Training Officers, Children First Training Officers, and Children First Information and Advice Persons. Other staff are involved in the training function based on knowledge and particular expertise. Data on training is held on local databases but is not standardised so national aggregate data on training activity is difficult to produce at present.

As part of the change agenda, a more standardised national approach to child care training will be required for the future by HSE Children and Families Services and in November 2009 a National Specialist was appointed for Education, Research, Training and Policy. The National Specialist will develop approaches to education, training and research that are coherent with the HSE's own principles for this, as developed in December 2009 (HSE 2009a).

A national directive was issued on January 1<sup>st</sup> 2009 that only mandatory training was to be attended as the defined budget for child care training was cut due to efficiency measures. This along with a cost containment target in relation to travel meant that the provision and delivery of child care training in 2009 was challenging.

### 7.2 Local Policies/Guidelines Child Care Training Services

The focus of all training in 2009 was on core statutory functions and training was provided for staff in HSE Children and Family Services as well as other HSE staff. Training was also provided for staff from other agencies, statutory and non-statutory agencies, and where appropriate on a joint basis.

The key areas for training were induction, Children First, Children Act 1991, Child Protection, Alternative Care and Family Support and a wide range of training programmes are provided in these areas.

The Training Officers recognised that most services had difficulty releasing staff to attend training and took this into consideration when planning and delivering courses. The Training Officers nationally made a concerted effort to deliver the training in a various geographical locations, to minimise the need for staff to travel long distances. They also, where appropriate, split training days into shorter modules and offered them over a longer period of time, in an effort to maximise attendance. They also continued to respond to requests from teams/departments to deliver training on site. The demand for training remained consistent throughout 2009 and indeed, appeared to have increased during the later half of 2009, particularly in relation to Children First and associated programmes.

### **7.3 Examples of Good Practice**

A Training Officer from the Dublin North East region worked as a member of a National HSE group on the development of a HSE policy on Domestic and Sexual Violence. A Training Officer further developed the Implementation of the Assessment Framework for vulnerable children and families, with multi-disciplinary staff groups in Dundalk, Drogheda and Monaghan. This included:

- multi-Disciplinary Referrals meetings;
- Initial Core Group meetings;
- Core groups meetings;
- assessment meeting;
- family meetings;
- Family Assessment Meetings and Family Reviews.

A Training Officer facilitated a Reflective Practice Group for Community based Social Care Leaders during 2009. Development Work was undertaken with Meath Social Work Department on the design and delivery of training in response to HIQA Inspection i.e. contact and access; cultural awareness; managing allegations in foster care.

In the HSE West the Donegal and Sligo Child Care Training Unit will be undertaking a review of internal and external reviews and reports, including Consumer Services feedback and the West of Ireland Farmer Report, collating all findings and recommendations into a single analysis. This analysis will be used to benchmark current service delivery across arrange of professions in the area of child protection

Development work was undertaken in Roscommon with staff on UK learning together to Safeguard Children Policy. Specialist training was developed with the Strengthening Families programme.

In HSE South the Children First Information and Advice Officers piloted Designated Persons Training for Designated Persons in voluntary and community organisations.

In HSE West the Galway Child Care Training Unit was invited by the Irish Primary Principals Network (IPPN) to provide input on child protection at a regional conference. The training sought to clarify reporting and liaison procedures between schools and the HSE and promote inter-agency working. Links were maintained by the Child Care Training Unit with other HSE child care training departments in the country through the National Trainer's Network. The Network continued to play a co-coordinating role in

standardising child care training in different HSE areas across the country. The need for Therapeutic Crisis Intervention training for a small number of specifically identified foster parents both regionally and nationally has been identified. There is a requirement for additional training for new members of the Child Assessment Team to assist them in completing assessments into allegations of child sexual abuse. Due to difficulties assessing this specialised training it remains outstanding.

## **7.4 Challenges**

### **7.4.1 National Co-ordination of Responses to Voluntary Sector and Government Departments**

There is a recognised need to co-ordinate a national HSE response to requests from large voluntary organisations and government departments. This would assist in developing closer working relationship with the Training and Development Officer which facilitates inter-agency training between statutory and voluntary services.

### **7.4.2 Consistency in Delivery of Keeping Safe Training**

Maintaining consistency in the standard of delivery of Keeping Safe training is a challenge. This is promoted by regular links and good working relationships between Information and Advice Officers across the country.

## **7.5 Recommendations for Future Development**

It is anticipated that the development of the national office for Children and Families will assist in developing a national blueprint for the development of training in childcare for both statutory requirements and professional development

Closer links are being made with Universities to evaluate work, provide research and underpin evidence based practice. NUI Galway is working with the Children's Services Committee Initiative to measure outcomes. NUI Maynooth is undertaking research on Incredible Years Programme. Trinity College has been instrumental in the review of the Task Force 2008 study. HSE Children and Families Services actively promotes closer connections with Social Work under-graduate and post-graduate training programs to assist in building relevant evidenced based social work research initiatives. This is seen as a vital role in the development of quality assurance frameworks and the roll out of best practice in the field of children's services.

## 8 Conclusions

### **Change Programme**

A priority for the HSE is to modernise the way that Children and Families Services are planned and delivered so that, within the resources available we can meet all the regulatory and statutory requirements and provide high quality services for children and families. Both at strategic and operational level, a key driver is the requirement to produce a national, unified service by addressing the inconsistencies in structure and practice that have arisen from the 2005 process of merging ten Health Boards and Eastern Regional Health Authority into a single organisation.

### **Strategic Change**

In 2009 the national office for Children and Families Services was strengthened by the appointment of an Assistant National Director for Children's Services and four National Specialists for Family Support, Child Protection, Alternative Care, and Education, Training, Policy and Research. The *Strategic Review* (HSE/PA Consulting 2009) set out a comprehensive programme of change for the service with recommendations relating to:

1. The development of strategy governing children and families.
2. The delivery of children and family services.
3. Developing an intelligence-led system to govern service delivery.
4. Simplifying and streamlining the organisational structure for delivery the service to make it clearer and more accountable.

Stronger linkage between the national office, the Regions, and individual Local Health Offices is required to promote a national unified approach to the planning and delivery of services. In addition, services need to be considered as part of a continuum rather than in isolation.

### **Standardisation in Policy and Practice**

Various reviews of compliance with *Children First* (DoHC 1999a; OMCYA 2008; HSE 2010c; OCO 2010)<sup>5</sup> emphasised inconsistent operational practice across the country. The development of more standardised approaches is a key theme throughout this Review of Adequacy and will continue to be a key driver under the Change Programme for the years ahead.

The Task Force on Children and Family Services examined all child protection and welfare processes nationally, and carried out extensive consultation with hundreds of professional and managerial staff. Its subgroups were focussed on:

- completion of the National Social Work and Family Support Survey; and examination of HSE compliance with *Children First*;
- development of formal child protection protocols to ensure standardised and consistent practice by HSE staff;
- development of standardised business processes for Family Support Services, Family Welfare

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<sup>5</sup> For the reports referenced here that were published in 2010, their emerging findings were known to HSE Children and Families Services in 2009 and influenced thinking.

Conferences and Children in Care;

- undertake a due diligence examination of existing child protection systems in order to develop a self-assessment framework to manage risk and to provide early warning of difficulties;
- clarification of governance arrangements in child protection, including the roles and responsibilities of staff;
- standardise and disseminate approved HSE National Policies for children and families services, and identify additional policies required;
- review existing performance measures and outcome measures, and identify changes required;
- develop a standardised approach to statutory care planning.

The Standardised Business Process initiative, which will promote consistency in operational practice and a common set of templates nationally, has concluded its development work and is ready to be rolled-out in phases from 2010. Similarly the business case and specification for a National Child Care Information System has been made and sent to peer review to determine whether it will proceed. This will both support case management and improve management information available to the service.

Bringing consistency to our services will produce more effective services for children and families, a unified national approach and better information.

### ***Responding to Reviews and Inquiries***

HSE Children and Families Services is committed to being a learning organisation that responds to the findings from internal and external reviews and inquiries. In addition to responding to the various reviews of *Children First*, during 2009 HSE Children and Families Services worked with the OMCYA in developing the Ryan Implementation Plan (OMCYA 2009b), published a report from the Ferns 4 Working Group on assessment, therapy and counselling for children who have been sexually abused (HSE 2009d) and initiated the Roscommon Child Care Inquiry.

### ***Intelligence-Led Management Information Systems***

In the absence of comprehensive qualitative and quantitative information, the former health boards were not in a position to adequately gauge the number of social work staff needed to discharge their statutory responsibilities nor to predict future staffing level requirements based on service level projections. The absence of a robust Resource Allocation Model has hampered the development of services in those geographic areas of highest levels of need. Any comparative analysis of child care and family support services across all LHOs in HSE Children and Families Services, or with other jurisdictions, must have regard to several key variables such as population, demographic profile, deprivation indices, work force numbers, and the availability of services in order to achieve an accurate profile of the actual situation. However, further work is required in order demonstrate the correlation between demographic and socio-economic indices in each LHO and its local child welfare and protection needs.

There is scope for examining how to arrange available resources so that more of a primary prevention focus (family support) can be taken to deal with presenting needs rather than the predominately secondary (child protection assessments and intervention) and tertiary (removal to care) focus that Social Work Departments have been required to take. Many of the reports published on HSE Children and Families Services in 2009 highlighted the lack of coordination of family support services and the various specialist support services for the more complex needs of vulnerable children. The Task Force report suggests the gathering of more detailed data on the outcomes of family support by highlighting specific factors related to parenting capacity together with more detailed data on the environmental/parenting factors associated with

Reports to the social work service.

### ***Interagency Working***

Considering child care only in terms of social work and social workers is limiting and undermines attempts to have child welfare and protection responsibilities shared across professional disciplines and services within the HSE.

Tackling the obstacles to interagency co-operation needs to acknowledge that difficulties are related to structures, professional identities, hierarchies and gatekeeping of resources. It is envisaged that the future re-launch of the Children First Guidelines by the OMYCA will add greater compliance of all government bodies that provide or commission child and family services. In addition there is widespread consensus that the Guidelines be placed on a statutory bases which will assist in the development of interagency agreements and protocols. The establishment of Primary Care Teams and the strategic planning to provide an integrated models of service delivery for all the HSE will also provide opportunities for greater inter disciplinary engagement as part of a proactive approach to development of a whole systems approach to the safeguarding of children's welfare. The expansion of Children's Services Committees will also help to promote interagency co-operation.

### ***Summary***

In 2009 historical failures to protect children were the subject of harrowing reports, while deficits in current statutory provision were highlighted with a vigour not previously experienced. This happened at a time when the HSE was challenged with cuts in funding, the impact of the Public Service moratorium on recruitment, the growing impact of the economic recession and the increased demands for personal social services that this generated. It was a difficult year in which to attempt to bring about improvements in service planning, coordination and delivery. However, focus on integrating local-regional-national structures together at strategic level, and the emphasis on standardisation of operations and procedures that is embedded in the developments outlined in this report, means that HSE Children and Families Services are looking to a future where services can be provided across the country in a much more coherent and consistent manner, improving the quality and equity of services received by children and families in Ireland.

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## BIBLIOGRAPHY

Note: Acts and Regulations are generally available from [www.irishstatutebook.ie](http://www.irishstatutebook.ie). Acts can be found under *Acts of the Oireachtas* and Regulations under *Statutory Instruments*.

Adoption Act, 1952.

Adoption Act, 1991.

Adoption Act, 1988.

Adoption Act, 1998.

Adoption Bill, 2009.

Central Statistics Office (CSO 2007). *Census 2006 Volume 1 – Population Classified by Area*.

Central Statistics Office (CSO 2009a). *Children and Young People in Ireland 2008*.

Central Statistics Office (CSO 2009b). *Population and Migration Estimates April 2009*.

Central Statistics Office (CSO 2010). *Vital Statistics: Fourth Quarter and Yearly Summary 2009*.

Child Abduction and Enforcement of Custody Orders Act, 1991.

Child Care (Amendment) Act, 2007.

Child Care (Amendment) Bill 2009.

Child Care (Placement of Children in Foster Care) Regulations, 1995.

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

Child Care (Placement of Children with Relatives) Regulations, 1995.

Child Care (Special Care) Regulations, 2004.

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

Child Care Act, 1991.

Child Trafficking and Pornography Act, 1998.

Children Acts Advisory Board and Health Service Executive (CAAB/HSE 2008). *Criteria for the Appropriate Use of Special Care Units*.

Children (Family Welfare Conference) Regulations, 2004.

Children Act, 2001.

Children Acts Advisory Board (2009). *Guidance to Support Effective Inter-Agency Working across Irish Children's Services*. Dublin: Children Acts Advisory Board.

Commission of the Inquiry into Child Abuse (2009). *Report of the Commission to Inquire into Child Abuse*. Available at: [www.childabusecommission.ie](http://www.childabusecommission.ie)

Commission on the Family (1998). *Final Report to the Minister for Social, Community and Family Affairs: Strengthening Families for Life*. Dublin: Stationery Office.

Data Protection Act, 1988 & Data Protection (Amendment) Act, 2003.

Denyer, S., Thornton, L and Pelly, H. (1999). *Best Health for Children: Developing a partnership with Families*. Manorhamilton: National Conjoint Child Health Committee, Health Board Chief Executive Officers.

Department of Health and Children (DoHC 1998). *Pilot Projects for Children at Risk: Guidelines for Preparation of Proposals*. Dublin: Department of Health and Children

Department of Health and Children (DoHC 1999a). *Children First, National Guidelines for the Protection and Welfare of Children*. Dublin: Stationery Office.

Department of Health and Children (DoHC 1999b). *National Standards for Special Care Units*. Dublin: Stationery Office.

Department of Health and Children (DoHC 1999c). *Towards a Standardised Framework for Inter-Country Adoption Assessment Procedures*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2000a). *National Children's Strategy*.

Department of Health and Children (DoHC 2000b). *National Standards for Children's Residential Centres*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2001a). *Foster Care - A Child Centred Partnership*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2001b). *Quality and Fairness, A Health System for You*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2001c). *Youth Homeless Strategy*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2002). *Our Duty to Care: The principles of good practice for the protection of children and young people*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2003). *National Standards for Foster Care*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2007). *Child Care (Standards in Children's Residential Centres) Regulations 1996 and Guide to Good Practice in Children's Residential Centres*. Dublin: Stationery Office.

Department of Health and Children (DoHC 2008). *The Monageer Inquiry*. Dublin: Stationery Office.

Department of the Taoiseach (2006). *Towards 2016 – Ten Year Framework Social Partnership Agreement 2006-15*.

Disability Act, 2006.

Domestic Violence Act, 1996.

Education Act, 1998.

Family Law Act, 1995.

Fox, M., and McTeigue, D. (1999). *Standards and Criteria for the Inspection of Children's Residential Centres*.

Francis D. Murphy, Helen Buckley, and Larain Joyce. (2005). *The Ferns Report, presented by the Ferns Inquiry to the Minister for Health and Children*.

Freedom of Information Act, 1997 & Freedom of Information (Amendment Act) 2003.

Hardiker, P., Exton, K., and Barker, M. The Social Policy Contexts of Prevention in Child Care. In (1991) *British Journal of Social Work* 21 (4). Pp 341-359.

Health Act, 2007.

HIQA (2010a). *Health Information and Quality Authority Annual Report*.

HIQA (2010b). *Summary of Findings from Census of Residential Centres for Children in Care 2009*. (unpublished).

HSE (HSE 2008a). *HSE Equity of Care Policy*.

HSE (HSE 2008b). *Report of the National HSE Children and Family Services Working Group on Youth Homelessness*.

HSE (HSE 2009a). *Education, Training and Research: Principles and Recommendations*.

HSE (HSE 2009b). *HSE National Service Plan 2009*.

HSE (HSE 2009c). *HSE Social Work and Family Support Survey 2008*.

HSE (HSE 2009d). *Report of the Ferns 4 (Children) Working Group: Assessment, therapy and counselling needs of children who have been sexually abused, and their families*.

HSE (HSE 2010a). *HSE National Service Plan 2010*.

HSE (HSE 2010b). *National Audit of Foster Care Services*.

HSE (HSE 2010c). *Report of the Task Force for Children & Family Services: Principles and Practice*.

HSE (HSE 2010d). *Second Annual Child & Adolescent Mental Health Service Report 2009-2010*.

HSE/PA Consulting (2009). *Improving Confidence in Children and Families Services. Putting Children First and Meaning It – Strategic Review of the Delivery and Management of Children and Families Services*.

Mental Health Act, 2001.

National Core Child Health Programme Review Group (2005). *Best Health for Children Revisited: Report from the National Core Child Health Programme Review Group to the Health Service Executive*.

National Social Work Qualifications Board (NSWQB 2006). *Social Work Posts in Ireland 2005 Report No. 3*. [Report no longer available on the internet since the dissolution of the NSWQB].

Non-Fatal Offences Against the Person Act, 1997.

Office for Social Inclusion (2002). *Building an Inclusive Society*.

Office for Social Inclusion (2003). *National Action Plan Against Poverty and Social Exclusion 2003-05*.

Office of the Minister for Children and Youth Affairs (OMCYA 2006). *Family Support Strategy*.

Office of the Minister for Children and Youth Affairs (OMCYA 2007). *The Agenda for Children's Services: A Policy Handbook*. Dublin: Stationery Office.

Office of the Minister for Children and Youth Affairs (OMCYA 2008). *National Review of Compliance with Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: OMCYA.

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

Office of the Minister for Children and Youth Affairs (OMCYA 2009b). *Report of the Commission to Inquire into Child Abuse, 2009: Implementation Plan*. Dublin: OMCYA.

Oireachtas Library and Research Service (Oireachtas 2009). *Bills Digest: Child Care (Amendment) Bill, 2009*. Dublin: Oireachtas Library and Research Service.

Ombudsman for Children Act, 2002.

Ombudsman for Children's Office (OCO 2009). *Separated Children Living in Ireland*. Dublin: Ombudsman for Children's Office.

Ombudsman for Children's Office (OCO 2010). *A report based in an investigation into the implementation of Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: Ombudsman for Children's Office.

Protection of Children (Hague Convention) Act, 2000.

Protections for Persons Reporting Child Abuse Act, 1998.

Refugee Act, 1996.

Separated Children in Europe Programme (2009, 4<sup>th</sup> edition). *Statement of Good Practice: Separated Children in Europe Programme*. Copenhagen: Save the Children.

UN Convention on the Rights of the Child, 1989.