



Report of the Commission to Inquire into Child Abuse, 2009 Implementation Plan

JULY 2009

OFFICE OF THE MINISTER FOR CHILDREN AND YOUTH AFFAIRS
Department of Health and Children

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Foreword

by the Minister for Children and Youth Affairs

'It is 11 years since I was in Artane and I don't forget one minute of it, neither do others, the injustice done to others and myself I will see won't happen to others.'

Artane survivor (1929-1935),
letter to the Department of Education, 6th November 1946
(Commission's Report, Volume I, p. 117)

The publication of the Report of the Commission to Inquire into Child Abuse (commonly known as the Ryan Report) on 20th May 2009 was a painful event in the history of modern Ireland. The litany of terrible wrongs inflicted on our children, who were placed by the State in residential institutions run by religious orders, was collated by the Commission and presented for Ireland and the world to read. The healing process involves listening to, understanding and consulting with survivors on how the wrongs of the past can be addressed and how their needs can be catered for into the future.

The Government, in accepting the full list of recommendations in the Commission's Report, took the decision to draft an implementation plan with the expressed aim of responding to each of the 20 individual recommendations. I was asked by An Taoiseach, Mr. Brian Cowen, TD, to prepare the implementation plan drawing on all relevant Government departments and public bodies. I believe that the implementation plan contained herein is an appropriate response to the Commission's Report. There is a danger in providing cast-iron assurances in the area of child welfare and protection. However, as a Government and a society, we must commit ourselves to giving the highest priority to the care of children, especially those placed in the care of the State. Where the child can no longer be adequately cared for by the family, the State must respond to the child's needs in a way that reflects the care and attention provided in a normal family environment. In effect, the State must adopt the role and responsibility of the 'corporate parent'.

In the course of all the public commentary that surrounded the publication of the Commission's Report, a phrase coined by survivor, disability campaigner and author, Paddy Doyle, resonated. He said, 'Nothing about us, without us'. The Taoiseach and members of the Cabinet in meeting survivor groups and addressing the recommendations have attempted to follow this advice.

The first four recommendations of the Commission's Report refer to the alleviation of the effects of abuse on those who have suffered. A memorial will be erected in consultation with survivor groups. To avoid a reoccurrence of past abuses, the State must assess how systems were allowed to fail and assess current practices to ensure today's standards are observed. Government will provide detailed proposals on improvements in child protection guidelines and improved protection for vulnerable adults with a disability currently in institutional care. The National Counselling Service will be enhanced to reflect the demand for counselling in the wake of the publication of the Commission's Report and in anticipation of the Report of the Dublin Archdiocese Commission of Investigation.

Mr. Justice Sean Ryan in writing the Commission's Report placed considerable emphasis on steps that should be taken to ensure children are listened to, respected as individuals and protected against any type of abuse. Much policy and legislative work has taken place in recent years to improve safeguards for children, both in and out of State care. These advances are acknowledged in the Commission's Report. However, a number of

themes continue to afflict our child care system. In particular, those with a care history continue to be over-represented among those who are, for example, accessing addiction services, coming into contact with the criminal justice system and experiencing homelessness in adulthood.

The Agenda for Children's Services is the overarching national policy for all children's health and social services. Interagency work lies at the heart of *The Agenda*. Just as Government and society share responsibility for children, all organisations, statutory and non-statutory, must work together to secure better outcomes for children. The Health Service Executive, An Garda Síochána, Local Authorities, Young Persons Probation, the National Educational Welfare Board and others must work together if children's outcomes are to improve.

There are many reasons why we were shocked by the Ryan Report. Not least of these was the sense that more could have been done and that many of us ignored warning signs. We need to challenge ourselves as a society to do more to protect children. Today, there are many children who would benefit from the help of ordinary citizens, whether through fostering, mentoring or support for NGOs working with children.

The sense of indifference that was all too obvious in the 20th century needs to be replaced by a sense of engagement.

Children in the care of the State are entitled by law to have an 'authorised person' (a social worker) who listens to them, makes a plan with them for their care, ensures they are safe and well looked after, and helps them keep contact with their family. Currently, not all children in care have a social worker. This plan seeks to ensure that every child in care is allocated a social worker.

Recognising that the vast majority of children in State care today live with foster families, social services must be shaped around providing support to children and families within the community. Social workers carry out a very onerous function and must be supported upon entering the profession and throughout their career. For the first time, it is proposed that newly qualified social workers will be allocated a limited caseload with greater supervision and support. Managers must be accountable for the quality of services and care. It is the responsibility of management to ensure national policy, legislation, regulations and standards are monitored and implemented.

Resources should and will be allocated on the basis of need, irrespective of simple geographical location and historical patterns. Underpinning these decisions must be an accurate assessment of current provision and demand for services. To date, the available data have not provided the detail necessary to make informed decisions on staff and resource deployment. The HSE will be tasked to carry out an audit of resources and need in order to direct resources effectively.

A recurring theme of the Commission's Report was the marked absence of an independent inspection process. While progress has been made in this area in recent years, this plan brings about independent inspection of services for all children in care. Inspection is only valuable if recommendations are implemented. This will be underpinned by the requirement of care centres to be registered in the future.

The need to support children when leaving care was highlighted by several submissions made to me and is referenced in the Commission's Report. The normal transition for young adults leaving the home is gradual and is supported. This is not the case for many children leaving care. This plan will strengthen the provision of aftercare. In addition, children on leaving care will be asked to share their ongoing experiences as they make their way through life.

The primary guidelines for child protection, *Children First: National Guidelines for the Protection and Welfare of Children*, first published in 1999, have been adjudged to be robust. However, implementation of the guidelines has been inconsistent. To strengthen the status of the guidelines, I plan to bring forward legislation to provide that staff of all publicly funded bodies will have a duty to comply with and implement these guidelines.

I remain committed to the holding of a referendum on the rights of the child. The Joint Committee on the Constitutional Amendment on Children, chaired by Mary O'Rourke, TD, is examining proposed wording that would elevate the rights of all children in the Constitution. The Committee is currently attempting to build cross-party consensus on the proposal contained in the Twenty-eighth Amendment of the Constitution Bill 2007.

Implementation of the measures identified in this plan will determine the adequacy of the Government's and society's response to the recommendations contained in the Commission's Report. I will chair a group drawing on representatives from the Office of the Minister for Children and Youth Affairs, the HSE, Irish Youth Justice Service, Department of Education and Science, An Garda Síochána and any others I consider necessary to monitor and evaluate the implementation of this plan.

The history of our country in the 20th century will be rewritten as a result of the Ryan Commission of Inquiry. As a consequence of the Commission's Report, institutions that we held to be beyond reproach have been challenged to their core. When the 1916 Proclamation of the Republic declared its resolve to cherish all of the children of the nation equally, it was not considered to be controversial and yet today it is clear that such idealism was misplaced.

It is now clear that our society was ordered in a way that permitted systematic and institutional neglect and abuse of children. Many different factors permitted this abuse to occur and to continue for so many years. The idealism of the Proclamation was suffocated by undue deference to religious orders and misplaced trust in certain persons in positions of authority.

The damage that is done to the lives of those who endure abuse is apparent to us all. There will, of course, be no peace for the survivors of such abuse unless we live up to the ambitions set out in the recommendations of the Ryan Commission's Report.

Barry Andrews, TD
Minister for Children and Youth Affairs

Acronyms used

CAAB	Children Acts Advisory Board
CSCs	Children's Services Committees
GAL	Guardian ad Litem
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
IAYPC	Irish Association of Young People in Care
IYJS	Irish Youth Justice Service
JCCAC	Joint Committee on the Constitutional Amendment on Children
NCS	National Counselling Service
NCCIS	National Child Care Information System
OMCYA	Office of the Minister for Children and Youth Affairs
RACS	Risk Assessment and Consultation Service
SASSY	Substance Abuse Service Specific to Youth
SSI	Social Services Inspectorate
VECs	Vocational Education Committees
YoDA	Youth Drug and Alcohol Service
YPP	Young Persons Probation

1. Background and Context

Overview of Commission's Report

The Report of the Commission to Inquire into Child Abuse was published on 20th May 2009, following a 10-year inquiry. The Commission's Report consists of five volumes, totalling some 2,500 pages, and is known collectively as the Ryan Report. Volumes I and II cover the individual industrial and reformatory schools run by the religious orders. Volume III is dedicated to the Report of the Confidential Committee. Volume IV deals with the Department of Education and its financing of the schools, as well as some general issues such as 'society and the schools' and 'residential child welfare in Ireland from 1965 to date'. Volume V deals with the 'role of the Irish Society for the Prevention of Cruelty to Children', 'gateways' and 'the psychological adjustment of adult survivors of institutional abuse', as well as 'health records' and a number of other matters including personnel and legislation.

The Commission's Report contains harrowing accounts of the lives of children in the institutions and details incidences of abuse of all types – physical, sexual, neglect and emotional. The Commission found that physical and emotional abuse and neglect were features of the institutions and that sexual abuse occurred in many of them. Physical abuse was pervasive and severe. Sexual abuse was particularly endemic in boys' institutions. The situation in girls' schools was different, although girls were subjected to predatory sexual abuse by male employees and visitors. The Commission found this to be systemic, that management of religious orders was aware of it and did not act or, in the case of sexual abuse, moved the perpetrators to other institutions even though the recidivist nature of such abuse was known. Neglect was evidenced by poor food and clothing, as well as spartan and bleak accommodation with primitive sanitation and poor general hygiene facilities. The Commission found a disturbing level of emotional abuse suffered by disadvantaged, neglected and abandoned children. It noted that some religious orders admitted that abuse took place, but did not accept congregational responsibility for it.

The Commission found that the Department of Education's deferential and submissive attitude towards the Congregations compromised its statutory duty to carry out inspection and monitoring of institutions. It stated that the inspection system was fundamentally flawed and incapable of being effective because it was not supported by regulatory authority, lacked independence from the Department, did not involve random inspections and did not talk to individual children.

The Commission's Report is critical of the manner in which the Department failed to develop policy or to impose changes that would have improved the lot of detained children. It noted that the Department did not keep up with best practice in place in other jurisdictions. The Commission also examined educational provision in the institutions and concluded that academic education was not seen as a priority for industrial school children and the industrial training provided served the institution rather than the needs of the child.

Government response

Following publication of the Commission's Report, the Government held a special meeting on 26th May 2009 to discuss the report. Following this meeting, a statement was issued by the Taoiseach that reiterated the apology, made in May 1999 on behalf of the Government, the State and all the citizens of Ireland, to the victims of childhood abuse for the collective failure to intervene, to detect their pain or to come to their rescue. The statement made clear that the Government accepted all the recommendations of the Commission and is committed to their implementation.

Two days later, 28th May, Dáil Éireann passed a unanimous motion that, inter alia, called on the Congregations to commit to making further substantial contributions by way of reparation, in the context of discussion with the State, including to a Trust to be set up and managed by the State for the support of victims and for other education and welfare purposes. In the week beginning 1st June, the Taoiseach, along with the Ministers for Education and Science, Health and Children, Justice, Equality and Law Reform, and Children and Youth Affairs, met representatives of the survivors' groups and representatives of the Congregations.

In accepting the findings and recommendations of the Commission, the Government undertook to honour the lives and memory of those children whose childhoods were irreparably damaged by the abuse perpetrated against them. The lessons of the past must impact on current attitudes, policies and practices to strengthen the central place of children in our society and to provide for the care and protection of all our children. The State has a particular role and responsibility to act as a parent, to the highest standards possible, to those children who, for whatever reason, are in State care.

Child welfare and protection services and youth justice services have developed significantly over the past three decades. During this timeframe, a number of policy and legislative developments have addressed many of the recommendations contained in previous reports. Some of these are listed in the Appendix to this report and include a 10-year children's strategy; legislation, regulations and national standards for children in care and detention; and reports on children's services and homeless children. A number of high profile reports, investigations and inquiries have taken place, which have impacted on how services have developed.

Scope of report

It is appropriate at the outset to state that Ireland has taken significant steps to improve the lives of vulnerable children and their families over the last number of years. The current policy and legislative framework is robust and skilled professionals deliver services to children in the community, in care and in detention, and are, in many instances, providing excellent services. That this work is often undertaken in difficult and highly pressured circumstances needs to be acknowledged.

The focus of this Implementation Plan is on the recommendations arising from the Report of the Commission to Inquire into Child Abuse. It does not provide a comprehensive overview of all services delivered nationally, but looks in particular at where services need to improve. While this inevitably leads to an emphasis being placed on service deficits, this should be understood to be in the context of the excellent work being done throughout the sector.

While the Commission's Report is focused on the Government departments and institutions responsible for services in the period in question, this Implementation Plan looks at the wider range of services provided to children at risk in the community (of neglect and abuse, and of offending behaviour), in the care of the State and detained by the State. In examining the Commission's 20 recommendations, it was decided to group them into six categories (*see Chapters 4-9*), as follows:

1. addressing the effects of past abuse;
2. national child care policy and evaluation of its implementation;
3. regulation and inspection;
4. management of children's services;
5. voice of the child;
6. *Children First*, the national guidelines for the protection and welfare of children.

In addition to these six categories, it was considered appropriate to have an additional section that spoke to the underlying theme of the Commission's Report and recommendations, which is that all possible steps should be taken to protect the safety and well-being of our children. Thus, Chapter 10 addresses action points for child welfare and protection services outside the Commission's specific recommendations. It is through this broadly based approach that Government feels it can best address the recommendations of the Commission, both explicit and implicit.

Overarching principles

The Report of the Commission to Inquire into Child Abuse in its investigation of past events still has relevance for us all today. Although the numbers of children in care and the services provided are now very different, there are still deficits. Where children are in the care of the State, there is a responsibility on the State as a 'corporate parent' to these children, over and above that of service delivery to other citizens, to advocate and care for the child as would a 'good' parent. To achieve this aim, it is essential that the focus at all times is on improving outcomes for children and that all policies, management structures, resources and external monitoring have the common aim of making the lives of children – already identified as some of the most vulnerable in our society – better.

The Office of the Minister for Children and Youth Affairs (OMCYA) has a key role to play in driving change in this sector. In this regard, the OMYCA needs to have the capacity to measure if and how services for children in care and at risk are improving.

Policy

... it was not until 2007 that the policy recommendations articulated in a series of reports and other documents, particularly the Kennedy Report and the Task Force on Child Care Services, were by and large fully implemented.

(Commission's Report, Volume IV, p. 423)

The national policy and legislative framework, which has largely been developed during the period since that covered by the Commission's Report, is of a good standard. Nevertheless, in order to be fully effective, each of these national policy documents should be accompanied by a statement of what exactly is required in terms of outputs and outcomes for children in order for the policy to be judged a success. It must also be recognised that there has been a serious deficit of implementation over the past decade in areas such as the allocation of social workers to children in care, care planning and aftercare services.

The Commission's Report outlines the evolution of policy, legislation and practice in relation to child welfare in Ireland, with particular emphasis on residential child care. The 1970 Kennedy Report is identified as a significant precursor to change: it recommended that significant reform was required in the organisation of child care. A further report undertaken by the Task Force on Child Care Services was submitted to the Government in the late 1980s; it raised concern about the lack of consensus on particular aspects of child care policy, such as the area of juvenile justice. These issues were revisited by the Department of Justice, Equality and Law Reform and the recommendations of its report, *Youth Justice Review* (2006), were accepted by Government and are largely implemented. The core recommendations of 1970s and 1980s reports were not realised until some decades later, with the enactment of the Child Care Act 1991, the Education and Welfare Act 2000 and

the Children Act 2001. These Acts divided ministerial responsibility for child care between three Government departments – Health, Education and Justice. A further key development was the establishment of the Office of the Ombudsman for Children, whose role is to undertake work in the area of independent complaints handling, communication and participation of children in matters of importance to them and to advise Government about what is best for children.

The Commission's Report further outlines how there has been a shift in the type of care placement used, with foster care now the more dominant form of alternative care offered to children. Residential care has become more specialised in Ireland in recent years; for example, the 1990s saw the establishment of high support and special care units for children who need specialist care. The number of children in detention schools has also decreased, which is most likely due to the increasing focus on diversion and restorative practices emphasised in the Children Act 2001.

Reform of management

The Commission's Report clearly states that all managers should be held accountable for the quality of the service they provide. Meeting this aim will present a significant challenge to all agencies involved in the delivery of children's services and the representative bodies of their staff. This will entail a significant shift in the culture of many organisations and individual practices. It will also require reliable information and standardised ways of dealing with children at risk and in care, and effective methods to ensure organisations and individuals do what is necessary to improve children's lives.

Resources

Funding and staff need to be reorganised to ensure areas with greatest need get the greatest resources. Considerable services are provided by the voluntary sector. The HSE needs to ensure that the services it funds are working to the same priorities as the HSE itself. In implementing as wide-ranging and comprehensive a report as the Commission's, it is only reasonable to expect that there will be a requirement for additional resources. However, any additional resources to be provided as a result of this Implementation Plan should only be put in place in the context of agreement around issues of significant service reform in areas such as:

- rationalisation of funding allocation to ensure that resources are targeted based on need rather than the historical geographical allocation;
- review of service arrangements by the HSE with voluntary bodies to underpin agreed priorities; these agreements should involve input from professional staff to ensure that realistic, service-led priorities are set;
- reform of the management structures and the delivery of child and family services to ensure they are fit for purpose and have clear lines of responsibility and accountability;
- more flexible work practices among staff working in child and family services;
- dissemination and adoption of best practice in service delivery.

External monitoring

Independent inspection should be extended to include all services for vulnerable children. All residential and detention placements should be inspected against standards developed for care and detention of children. Inspection findings should be implemented and reports published on the website of the Health Information and Quality Authority (www.hiqa.ie). Recommendations should be published and inspectors should check that these recommendations are acted upon.

Listening to children

Ways of listening to children who have experience of services and of being in care should continue to be developed and their views should help to inform policy and practice. In addition, young adults who were in care as children, who have the capacity and who wish to do so should be encouraged to provide mentoring to children presently in care.

2. Overview of children's services

Currently, there are children in need and at risk who may not have their needs met. The development and management of services for children and families, residential care and detention facilities have been significantly influenced by historical issues and traditional funding streams. Although many children and families receive services that are appropriate, the system clearly fails some children and, in these instances, reforms are necessary.

The task to change services and to better care for and protect all children is challenging. It requires strong leadership, management accountability, committed and flexible staff, independent inspection, responsible citizenship and adequate resources. It will be judged on the experiences of, and outcomes for, children who are identified now as being at risk or in State care. The State must ensure that the lessons set out in the Commission's Report inform both Government policy and the actions of individual citizens to strengthen children's rights and reform our care and child protection systems.

Such reform and action is needed to ensure that the State will never again be accused of not listening to children, not responding to abuse allegations and not behaving like a good parent to the children in its care. Agreed priorities between agencies are required and flexibility of the workforce is necessary to ensure that services benefit all children. Although enormous progress has been made for children at risk and in care since the conditions described in the Commission's Report, serious gaps remain.

As the statutory body for the provision of child protection and welfare services, the Health Service Executive (HSE) is given prominence throughout this document. However, the recommendations made here have relevance for all agencies and services that work with children and families on behalf of the State.

National policy for children's services

Background

The Commission's Report outlines the evolution of policy, legislation and practice in relation to child welfare in Ireland, with particular emphasis on residential care. The 1970 Kennedy Report recommended that reform was required in the organisation of child care in Ireland. The Report of the Task Force on Child Care Services, submitted to Government in the late 1980s, raised concern over the lack of consensus on particular aspects of policy in areas such as juvenile justice. The core recommendations of these reports were not realised until some decades later, with the enactment of the Child Care Act 1991, the Education and Welfare Act 2000 and the Children Act 2001. These Acts divided ministerial responsibility for child care between three Government departments – Health, Education and Justice. This structure contributes to divisions both in the perceptions of children's needs and the services available to them. Children's underlying developmental and social needs are the same, albeit their presentation of need may differ, irrespective of the agency that is dealing with them.

The Agenda for Children's Services (OMCYA, 2007) is the overarching national policy for all children's health and social services. It promotes a 'whole child – whole system' approach to meeting children's needs, with a clear focus on achieving better outcomes for children and families through the promotion of interagency work. It has relevance for *all* organisations that work with vulnerable children and families, including the criminal justice system and funded agencies.

There are seven National Service Outcomes for Children in Ireland set out in *The Agenda for Children's Services*. They are that all children should be –

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

The National Youth Justice Strategy (IYJS, 2008) covers the 3-year period 2008-2010 and focuses on children who have already had some contact with the criminal justice system. The strategy aims to divert children from crime, promote restorative justice, enforce community sanctions and facilitate rehabilitation, providing for detention only as a last resort.

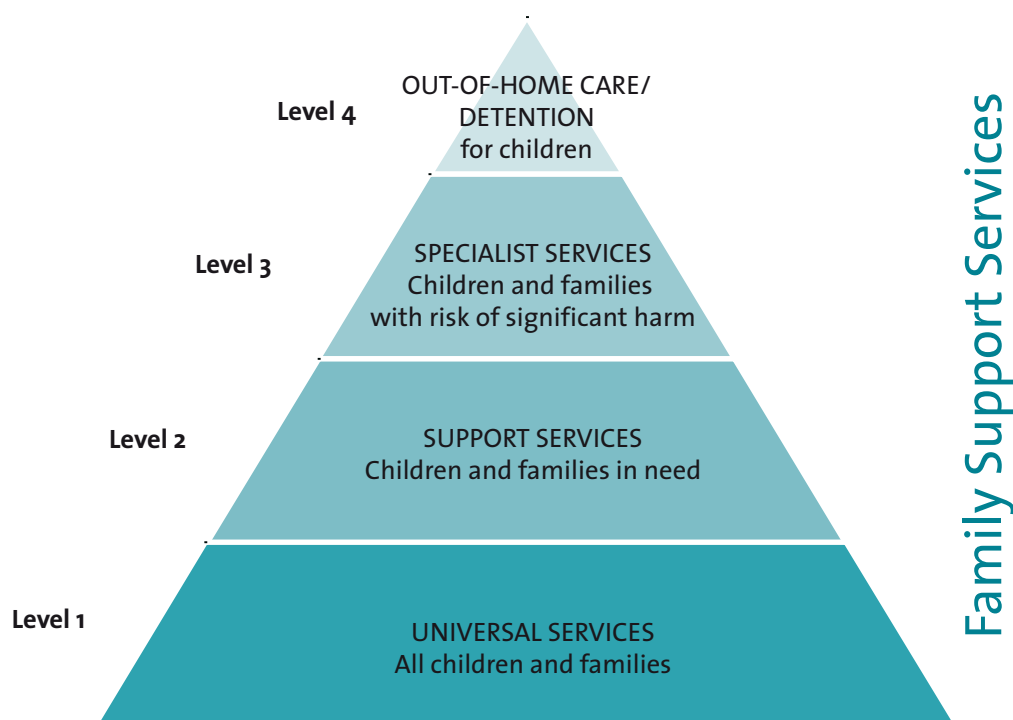
Services

Health and social care services are delivered by the HSE through its 32 local health areas and by non-statutory funded agencies. A key focus of the HSE's Transformation Programme 2007-2010 is the formation of primary care teams. These are multidisciplinary groups of health and social care professionals who manage and deliver services to a defined local population (HSE, 2006). The specific composition of primary care teams is determined based on local factors, but a typical team will include independent GPs and HSE-appointed staff, including nurses, speech and language therapists, occupational therapists, physiotherapists, social workers, addiction counsellors and psychologists. Although the composition of teams may vary, each team needs to offer a service across the age spectrum, from childhood to old age.

When fully established, the intention is that primary care teams will provide an integrated approach to health and social services for each HSE local health area's population. The majority of children and families will have their health and social care needs met by this local team, which will also be able to identify vulnerable children for referral to specialist services, such as child and adolescent mental health teams. Primary care teams can provide a generic social work service and will work with vulnerable families and families for whom there are child welfare concerns. Should a child protection concern come to their attention, it can be referred to the social work team for child protection.

Identifying need

All children in the State are entitled to certain services, for example, maternity care, child development checks, immunisations and access to education. These services, generally called universal services, are the first point of contact between a child and State services. Part of the function of the professionals delivering these services (GPs, public health nurses, teachers) is to identify parents who are having difficulties with the normal task of parenting and to offer help to support them in meeting their child's needs. There are a range of other services available depending on the level of support or need required (*see Figure 1*).

Figure 1: Levels of support for children and families

Source: Adapted from Hardiker *et al* (1991)

- **Level 1** provides universal services to children and families by public health nurses, maternity and GP services, with advice on, for example, good nutrition, hygiene and exercise.
- **Level 2** offers early intervention and support to children and families in need of welfare and support. Interventions follow parental request and professional concern, and include pre-schools, speech and language therapy, family support, youth services and home/school liaison workers.
- **Level 3** services deal with children who are chronically neglected or at risk of being harmed or of offending. Services include child protection social workers, Garda juvenile liaison officers, child and adolescent mental health services and educational welfare officers.
- **Level 4** services are for children who are assessed as needing to be placed away from their home or who are detained by the Courts. Services include fostering and residential care, children detention schools, St. Patrick's Institution, child protection social work and probation services.

Children in need of welfare and support

Children with welfare needs may suffer a number of disadvantages: they may intermittently be missing school due to not getting up in the morning (so-called 'poor morning routine'); they may have a poor diet, little regard for authority and a high level of accidents due to inadequate supervision. In general, such children are best served by community-based family support services that work directly with them and their families, offering, for example, pre-school places, school breakfast clubs, youth clubs, mentoring services and practical help with parenting. Healthcare professionals involved in these types of children's services operate across a range of settings, including in hospitals and the community, in early years and schools settings, in sport and recreational settings, in youth-based activities and in crime prevention programmes.

Children at risk of chronic neglect or harm

In the public mind, social workers are most often associated with referrals of concerns about physical and/or sexual abuse. However, much more common are referrals of concerns about neglect, which is often the main reason why a social work child protection team is brought in or for a child to be taken into the care of the State. The national guidelines for the protection and welfare of children, *Children First*, define neglect as *an omission*, where the child suffers significant harm or impairment of development by virtue of being deprived of food, clothing, warmth, hygiene, medical care, intellectual stimulation, supervision and safety, as well as attachment to and affection from adults (Department of Health and Children, 1999). In practice, there is likely to be a spectrum of neglect, ranging from short-term reactive to chronic neglect.

- Short-term reactive neglect, a welfare concern, is best dealt with at a primary care team level, with inputs from public health nursing, family support services, and youth or other community agencies.
- Children who suffer from chronic neglect often have unmet medical and developmental needs. They can be at extreme risk, with the possibility of fatal consequences if the neglect is left unchallenged. Specialist social work child protection teams need to assess these children and their circumstances in the same way as they do where concerns of physical and/or sexual abuse are raised. Social workers take the lead in these cases, but rely on contributions from other professionals, such as assessments by a paediatrician or a sexual abuse validation team.

It is not possible at present to get a national picture of children at risk because the data currently collected by the HSE on social work referrals for children at risk and on allocated cases are not comparable across areas due to definitional differences (data are collected for individual areas and used for local management purposes). This is an historical problem arising from the existence of 11 former Health Boards and needs to be addressed by the HSE.

Children at risk of offending

The age of criminal responsibility in Ireland is generally 12 years. The Children Act 2001 (as amended) emphasises that, where appropriate, a child should be diverted from formal criminal proceedings and that in the event of a child going before the Court, detention should be used only as a last resort.

The Garda Juvenile Diversion Programme aims to divert children away from offending behaviour. It introduces the concept of restorative justice and has regard to the needs of victims. The aim is that children, aged 10-17, who accept responsibility for their criminal or anti-social behaviour are diverted from such behaviour through non-judicial measures. The main method is to administer a caution to the child and then offer them, and their families, guidance and support; if appropriate, they are placed under the supervision of a Garda juvenile liaison officer. Working in tandem with this programme are 100 Garda Youth Diversion Projects, funded through the Irish Youth Justice Service. In 2008, 3,800 children attended these projects. They are part of a crime prevention initiative designed to engage with children who have been identified as being at risk of involvement in criminal or anti-social behaviour. Each project is managed by a multi-agency and community-based committee, which is responsible for the strategic direction of the project.

Children who have been convicted by the Courts may receive a community sanction order instead of detention. These sanctions, operated by the Young Persons Probation (YPP) Service, include a range of measures, such as community service, intensive supervision, mentoring and restorative justice. The YPP provides assessments to the Courts and these advise on sanctions and other interventions. Through this identification of risk and need, detention is used as a last resort and every effort is made to help children avail of a community sanction. The YPP also administers a system of family conferencing as a diversionary and restorative measure, distinct from, but in addition to community sanctions.

Services for children in out-of-home care

HSE care placements

There were 5,589 children in the care of the State in April 2009, 376 of whom were in residential and hostel accommodation and 180 separated children seeking asylum in dedicated hostels (HSE, 2009c). The remainder were in foster care (*see below*).

Foster care

HSE figures from November 2008 show that about 90% of children in care are placed in the family setting of a foster home. Two-thirds of these children are placed with general foster carers (families unknown to the children previously) and one-third are placed in the care of a relative or neighbour with whom they have had a previous relationship.

Residential care

According to the HIQA's *Annual Census of Children's Residential Centres* conducted in October 2008, there were 161 children's residential centres, including 10 high support units, 3 special care units and 11 hostels. The HSE managed 81 of these and 80 were managed by the private and voluntary sectors.

Residential centres (excluding special care units and most high support units) are small community-based houses, indistinguishable from their neighbours, that accommodate 4-6 children. High support units care for children with more specialised needs; they have higher staff ratios, education on-site and some access to specialist supports, such as psychology, psychiatry and speech and language therapy. Special care units offer similar services to high support units, but detain children by order of the High Court for their own welfare and safety.

The 11 hostels, mainly in busy urban areas, offer emergency, crisis and short-term care to children who are homeless or in crisis. There were 4 centres offering care to young people preparing to leave care or after care.

Children with disabilities in residential care

There are approximately 150 centres offering residential or respite care to children with disabilities. Children who reside in these centres are not in the care of the State, although they are cared for by the State. The majority of these centres are run by voluntary organisations funded by the State and are excluded from inspection under the Child Care Act 1991.

Hostel accommodation

Separated children seeking asylum

The HSE is responsible for the care and accommodation of separated children seeking asylum (sometimes referred to as unaccompanied minors). The HSE recorded a total of 180 separated children seeking asylum in the care of the HSE in April 2009. In the main, these children are in the Dublin region. While some younger children are placed in foster care, the majority of older children are placed in hostel-type accommodation. Unlike other hostels run by the voluntary or private sector, these hostels are not registered and inspected by the HSE. As children in care, these asylum-seeking children should be allocated a social worker and be placed in accommodation suitable for their needs and inspected like any other children's hostels.

Homeless children

Part II, Section 5 of the Child Care Act 1991 allows for the placement of children who are homeless in suitable accommodation. In some instances under Section 5, homeless children are placed in hostel accommodation, and in some areas these children are not received into the care of the HSE, which would enable them to benefit from the allocation of a social worker, care planning and aftercare services. Hostel accommodation is not suitable for children except in an emergency or as a short-term placement.

Children Detention Schools and St. Patrick's Institution

There are four children detention schools in Ireland. Since March 2007, the Irish Youth Justice Service (IYJS) is responsible for their funding and overall policy, while the individual schools are operated by boards of management. The total capacity of the four schools is 77 children – boys under 16 and girls under 18. In 2008, the schools had on average 47 children – 13 on remand and 34 detained on committal (IYJS, 2009). The detention schools are inspected by the Social Services Inspectorate (SSI) of the HIQA and its report is submitted to the Minister for Children and Youth Affairs.

Boys aged 16 and 17 are detained in St. Patrick's Institution (which also accommodates young men up to the age of 21). On 1 July 2009, there were 58 children there, comprising a mix of those on remand and sentenced. It is inspected by the Inspector of Prisons and his report is submitted to the Minister for Justice, Equality and Law Reform.

In March 2008, the Government approved plans for the development of a new national detention facility to cater for *all* children on remand and detained on committal. It is anticipated that the first phase will be completed by 2012. St. Patrick's Institution will continue to be used for 16 and 17 year-old boys until the new detention facility is available.

The Children Act 2001, Section 149 amended by the Criminal Justice Act 2006 abolished the old sentencing regime, which meant that children were sentenced to a minimum of 2 years. The Courts can now impose the same period of detention as for an adult. These shorter sentence lengths highlight the importance of services following children through their time in detention back into the community.

While there is no published research on recidivism rates for young people under the age of 18 in Ireland, research among people released from Irish prisons has shown that youth (i.e. under the age of 21) and a prior criminal history (measured as a prior committal to prison) are among the strongest predictors of recidivism (O'Donnell *et al*, 2008). A history of child abuse is also associated with re-offending (Kingree *et al*, 2003). The IYJS have commissioned research on recidivism for under-18s, which should be completed in 2010.

Challenges to service organisation and delivery

Recent reports, investigations, policy and management reviews, research and inspection findings have all highlighted common deficits in the delivery of services and arrangements for vulnerable children and families. These problems place considerable challenges on agencies, managers and front-line staff to reform and improve their work. But improvements are essential for the welfare, development and safety of children. Some of these challenges are discussed below.

Effective joined-up services across statutory and non-statutory agencies, funded on the basis of need

The difficulties experienced in realising the recommendations of the Kennedy Report related not to a lack of effort by any party, but reflected that despite a broad consensus on what should be done in the area of child welfare, interested parties held opposing views on the precise mechanisms, principles and pace of change.

(Commission's Report, Volume IV, p. 247)

Historically, services of non-statutory agencies in the community and voluntary sectors have grown up without a strategic link to the statutory service. Administrative areas of the HSE (local health offices) could have up to 20 non-statutory agencies funded by different Government departments working with vulnerable children. These agencies, whilst valuable in themselves, may offer duplicate services or may not target a locality or category that has been identified by the HSE as a priority on the basis of welfare and risk to children.

This situation is now changing. Since 2009, new HSE contracts set out explicitly what service the HSE requires from the funded provider. Performance indicators and quality assurance measures are built into the contract. Funding is dependent on agencies demonstrating a commitment to national child care policy, to the *Children First* national guidelines and to effective complaints procedures. Flexibility should be built into service delivery by means of service arrangements between all funding bodies and non-statutory agencies to enable the effective and efficient use of public funding across both statutory and non-statutory agencies.

A further implication of the piecemeal historical development of services is that some areas have more resources than others. The current allocation of resources and posts for social workers, family support and alternative care services across the country does not reflect child population and levels of deprivation. Resources need to be targeted at levels of need and risk. These should be based on factors such as deprivation levels, rates of referrals to social workers, referrals to the Garda Juvenile Diversion Programme, levels of drug use and areas of high density local authority housing schemes. To target services for children at risk equitably across the regions, the HSE and other relevant agencies should undertake a national audit of risk and need for vulnerable children and their families. The results of this audit, together with current regional data, will allow for better planning, allocation of resources and staffing through a change management process.

Agencies and staff working together to promote child welfare and safety

Managers and staff of the various agencies working in an area with vulnerable children and families need to cooperate more effectively to ensure children's needs are met. While many areas have excellent cooperative working relations, there is no operational mandate on agencies to cooperate in their planning or delivery of services.

Generic services, such as youth services, have much to offer and should be involved at planning and operational level with those services that work with neglected children and those at risk. It is a failing of the current child care system that cooperation among agencies and staff is dependent on local leaders rather than on standard practice. Agencies working together with families for whom there are child welfare concerns should identify a key worker – not necessarily a social worker – to ensure duplication of services does not occur and the child's needs are met.

Reducing risk is not just about responding to problems; it is also about avoiding the circumstances that create risk in the first place. Access to social networks for young people at risk in the community and in care, such as youth and sporting organisations, is critical and contributes to their sense of inclusion and achievement of

positive outcomes. Research indicates that engagement with youth service providers can be one of the few constants in the lives of many young people in care. This, combined with the ability to maintain engagement with young people well beyond the age of 18 (either as service users or as leaders), means that youth services play an important part in supporting children and young people at risk.

A number of national youth work agencies have expressed commitment to the seven National Service Outcomes for Children, as set out by *The Agenda for Children's Services* (see page 7), and are concerned with all aspects of the lives of young people. As such, youth work is well placed to make an important contribution to the matrix of supports necessary for vulnerable children and young people.

The National Youth Work Development Plan 2003-2007 set out the major economic, technological and cultural changes in young people's lives in recent times (Department of Education and Science, 2003). While structures and procedures are needed for the most extreme situations, we need to recognise that young people's lives, contacts and interactions take place in normal socialising with their peers, in their schools and communities, in informal settings such as in sports, leisure activities and youth projects. Any improvements to systems of child protection must operate in the context of the lives that young people lead. Thus, supporting strong community, sporting and other settings for all young people is a valuable contribution to fostering a safe and secure environment for the most vulnerable, an environment where they can access trusted adults and peers to discuss any issues that may be related to abuse or neglect.

The development of effective local Children's Services Committees (CSCs) across the country should overcome many of the difficulties mentioned above. This new initiative, outlined in the current national social partnership agreement, *Towards 2016* (Department of the Taoiseach, 2006), has the specific role of promoting interagency work. Currently in development and pilot phase, each CSC will be county-based and devise its own work plan based on the needs of its area. It will be chaired jointly by the HSE and the local authority, and include representatives from all key statutory and non-statutory agencies working with children (e.g. the Gardaí, Department of Education and Science, National Educational Welfare Board, Young Persons Probation), as well as representatives from the community and voluntary sectors. The chairpersons of the CSCs report to the National Children's Strategy Implementation Group, which is overseen by one area of the OMCYA.

To date, four pilot CSCs have been set up around the country – in Dublin City Council, South Dublin County Council, Donegal County Council and Limerick City Council. Plans are underway for CSCs in a further six counties. Some of the innovative practices already coming from these CSCs include a protocol for interagency information/data sharing, an alternative response model for child welfare cases and the rollout of the Incredible Years Parenting Programme. As other CSCs are established in each part of the country, local needs can be addressed in a much more strategic way.

Services need strong leadership and effective management

Child welfare and protection services have to strive for excellence, such is the human cost when they fail. Excellent services need strong leadership and management, a clear mandate and committed and effective staff. They need reliable information based on standard procedures for planning, comparative and evaluating purposes. Managers of effective services need to be able to evaluate what works for children and families. Many of these organisational requirements are new to managers and staff in the area of social care, and there are some who remain unconvinced of the necessity for them.

The Report of the Task Force on the Public Service (2008) recommends that publicly funded services should operate more efficiently and effectively, and that a focus on performance and delivery is needed. The HSE and IYJS, as agencies that deliver and fund services for children, should be clear about their own goals and targets, and those of funded agencies. Outcomes should be related to national policy.

Residential care and detention services are costly and it is vital that they are effective in improving children's life chances. Given the complexity of the problems faced by children who require this level of intervention, this is challenging work. Detaining children is a grave responsibility and for the State to do other than the best for these children is to abdicate its responsibility.

Access to specialist services and education

Currently, children in care or detention are not prioritised for specialist health or psychological services or education. Many children in State care and in detention have common profiles of need. They may have experienced abandonment, abuse, physical violence, bereavement or neglect. Where children in care have to move placements, they may move from one catchment area to another and lose their place on a waiting list. They frequently require psychological, psychiatric and educational supports. Given the disadvantages for children in care and in detention, a dedicated team of specialists – including psychiatry, psychology, child psychotherapy, addictions counselling and speech and language therapy – should be available to work with them and their carers on a full-time basis.

Moving school is frequently associated with coming into care and with moving from placement to placement. It can cause disruption likely to lead to early school-leaving. Particular attention should be paid to the educational opportunities and supports in place for children in care. Research has identified that children in State care have better outcomes when supported to stay in school (Gilligan, 2007). Education for children in special care and in detention is provided by the Department of Education and Science through the Vocational Education Committees (VECs) for which a special educational framework is in development by the National Council for Curriculum Development.

Conclusion

Considerable progress has been made in improving care for children in State care and children at risk over the past 30 years. However, there remains a significant work agenda to provide more effective services and good care. The national policy and legislative framework is recognised as providing the structure for child-centred services. Significant challenges include the reform of management and accountability for services for children with welfare needs, deemed to be at risk of harm or offending, and in care and in detention. A rationalisation of funding and resources, improved information and manpower flexibility are needed.

It is necessary that the State, including all its agencies and professional staff, understands and accepts the special position it has in relation to children in State care. This is often referred to as 'corporate parenting'. Children in State care are not in the same position as other children because they do not have a parent to advocate on their behalf or to find ways to ensure their needs are met and that the disadvantage they have experienced is counterbalanced with opportunities. No child should leave the long-term care system without the ability to earn a living, live independently and form wholesome relationships. The State has a duty to ensure this as far as possible.

3. Overview of children in care, in detention and at risk

Civil society has a responsibility to ensure the safety of children. Many people, including extended family members, neighbours, staff in schools, hospitals and other health services, had some awareness of the abuse of children in schools and institutions in the past and failed to act to protect them.

(Commission's Report, Volume III, p. 396)

The children to whom the Commission's Report refers were placed in reformatories, industrial schools and orphanages. At the time, they were identified as in need of welfare, protection or correction. Residential placement or detention, in its different forms, was the identified solution.

Children today who are recognised as in need of welfare or protection, at risk of offending or having offended are offered a range of services and sentences, community and residentially based. In response to the Commission's recommendations, this report reviews State-funded services to children who come to the attention of the State with welfare and protection needs and offending behaviours. It uses the recommendations of the Commission's Report to measure current adequacy, identify deficits and name action points.

The Commission's Report affords the State an opportunity to renew its commitment to better care, to protect all children and to identify those whose needs are not fully met within their family and community. Reform and action is needed now to ensure that the State will never again be accused of not listening to children, not responding to neglect or abuse allegations and not behaving like 'a good parent' to the children in its care.

This chapter provides composite profiles of children. The purpose is to illustrate the complexity of typical referrals to social work, foster care and residential care, to outline optimum actions and to identify obstacles to achieving good outcomes for children.

Current national policy, legislation, regulations and national standards set a framework for child-centred services focused on prevention and the provision of support in the community. Legislation and standards for children in care, where implemented, provide appropriate and supportive services. Significant progress has been made for children at risk and in care since the conditions described in the Commission's Report. However, gaps remain in the implementation of national policy.

Children at risk of neglect

The HSE is required to offer child protection and welfare services under the Child Care Act 1991 and does so by the provision of services, including family support. In many areas, however, social workers are unable to accept referrals where welfare is the issue because of their large workload of referrals relating to chronic neglect or responsibilities to children already in care.

Profile 1 illustrates a typical family who might present to health and social services and whose needs could be met within Levels 1 and 2 (universal and support services) of the Hardiker model shown in Figure 1 (*see page 8*).

Profile 1

A referral is made to the social work department by the public health nurse in respect of Jane and Dean, parents of two children – Dylan aged 6 and Jamie aged 3 months.

The public health nurse visited the family this morning and Jane, who has a heroin addiction, was clearly under the influence of a substance. Dylan has speech delay and is displaying aggressive behaviour in school. Jamie is underweight. Concerns were reported in respect of both children's hygiene. Dean is currently in prison.

A typical plan of management by the public health nurse to meet the needs of these children might be:

- Initial consultation with the HSE social work department indicates that a child protection assessment is not indicated at this stage. The children's needs should be met within Levels 1 and 2 (universal and support services).
- Full developmental assessment of both children by the public health nurse and, if necessary, paediatric assessment of both children.
- Jane advised to attend her GP for referral to addiction services to address her heroin problem.
- Refer Dylan for psychological assessment and speech and language therapy.
- Refer Jane to family support to assist her in managing Dylan's behaviour and developing daily routines for feeding, bathing, bedtimes and school attendance.
- Refer Jamie for crèche care.
- Public health nurse to monitor situation and refer to social work child protection if inadequate improvement noted.

Some obstacles to meeting the children's needs might be:

- Parents may not share the public health nurse's concerns in respect of their children and their own needs, and may not wish to cooperate with services.
- There may be no local addiction service.
- Jane may not attend the addiction service, or only do so intermittently, and may not reduce her heroin intake.
- Dylan may be on a waiting list for speech and language assessment (up to 2 years).
- Dylan may be on a waiting list for a psychological assessment (up to 2 years).
- Parents may not want a family support worker calling to their home.
- There may be no public crèche place for Jamie.

Children who come into conflict with the law

Children who offend typically have multiple risk factors. These may include experience of neglect, family conflict and disruption, low school achievement, non-school attendance and coming from a disadvantaged neighbourhood (Darker *et al*, 2009). It is noteworthy that many children who come into the Children Court invariably plead guilty and are remanded for a pre-sanction report under the Children Act. Profile 2 illustrates a case involving a teenage boy living at home.

Profile 2

John is aged 15 and lives at home with his mother, Peg, and two older brothers. John's father left home after his mother obtained a barring order. John's attendance at school is poor and he has been arrested a number of times for breach of the peace, theft, and drunk and disorderly behaviour. John's mother reports he is 'out of control'. John had a juvenile liaison officer and was recently sent for a residential assessment by Court order. There are concerns in relation to John's alcohol abuse. John's mother has bipolar disorder.

A typical social work action plan to meet the needs of this child might be:

- An assessment is carried out on the family's circumstances, strengths and difficulties.
- John is referred to an agency dealing with adolescents with high-level support needs.
- A family welfare conference is held to support the mother's parenting of John.
- John is referred to the National Educational Welfare Board to monitor school attendance.
- John is referred to a substance abuse service for teenagers.

Some obstacles to meeting the child's needs might be:

- John is unwilling to meet with support services.
- Services to support adolescents in trouble, or with addiction, are not available nationwide or have waiting lists.
- Peg's capacity to parent is severely inhibited by her bipolar disorder and her non-compliance with medication.

Children at risk of harm

Children may also come to the attention of social services because of risk of abuse. Profile 3 illustrates a typical case.

Profile 3

Referral received in respect of Mr. Smith against whom a substantiated allegation of child sexual abuse was made 4 years previously in relation to the sexual abuse of his three daughters, then aged 7, 5 and 4. Mr. Smith was not charged and refused previously to engage in a risk assessment.

The duty social worker was informed that Mr. Smith is now living with his new partner and her two children, aged 6 and 4.

The file showed the actions taken 4 years ago in relation to Mr. Smith's daughters. Mr. Smith was asked to leave the family home and his daughters were referred to a sexual abuse assessment and validation unit. Mr. Smith was asked to participate in a risk assessment (to establish if he was a possible or likely risk to children), but at the time he refused to cooperate and left the area without making contact with his family again. The Director of Public Prosecutions declined to prosecute.

A typical social work action plan to meet the needs of these children might be:

- On this referral, a meeting was arranged with Mr. Smith. Again, he was offered a risk assessment and told that his new partner will be informed of his history.
- Mr. Smith's new partner informed of allegations. Assessment carried out on new partner's ability to protect her two children. If there are concerns that she is not in a position to provide protection at this time, Mr. Smith will again be asked to leave the family home until he participates in a risk assessment.
- If appropriate, the children of the new partner are interviewed.
- Social workers will meet with the partner to examine her options.

Some obstacles to meeting the children's needs might be:

- There is no standardised approach or policy nationwide for the risk assessment and treatment of alleged perpetrators.
- Sexual abuse assessment and validation units for children are not accessible in all areas; those that exist offer a service to a specific catchment area only.
- Social workers provide the assessment where a specialised unit is not available. There is no standardised protocol for this work.
- Risk assessments in respect of adults are in the main provided by the private sector. Some HSE areas are not currently funding these assessments due to budget constraints and prioritisation of other services.
- If an adult against whom an allegation of child sexual abuse has been made refuses to cooperate with a risk assessment, there is no legislative framework to compel him or her to do so.

Children in care

Children in care are not a homogeneous group. As individuals, they have different experiences, expectations and hopes. Like all children, they may react or respond differently to the same situation and so require to have their needs assessed and met on an individual basis. Some children spend their entire childhood in care. For others, it may be a short planned period or they may only come into care in their mid-teens. Some children live with one foster carer for most of their lives, while a minority have multiple placements. A factor in common is that their parent or parents were unable, for whatever reason, to provide safe nurturing care for them. Profile 4 illustrates a typical case.

Profile 4

Stacey is 14 years of age. She has been in care since she was 2 years old. She had 5 foster placements before the age of 8; each placement broke down as the carers were unable to meet Stacey's needs. From a young age, Stacey displayed aggressive and challenging behaviour. She also displayed sexually inappropriate behaviour in two of her placements. She stayed with her sixth set of foster carers from the age of 8 to 12, when she moved to residential care. Stacey has a mild intellectual difficulty. She runs away from care on a regular basis. There are concerns that she is spending her time with an older man in his 30s. Stacey does not attend school.

A typical social work action plan to meet the needs of this child might be:

- At an early age a full psychological assessment was completed, which confirmed a mild intellectual disability.
- Extra learning support for Stacey provided in the classroom.

- One-to-one support work with Stacey about her moods and aggressive behaviour by a child care worker.
- Foster carers supported by social worker to manage Stacey's needs and behaviour, including sexualised behaviour.
- Access with family maintained and option of a return home reviewed through statutory child care reviews.
- Referral made to child and adolescent mental health service for assessment and counselling/therapy.

Some obstacles to meeting the child's needs might be:

- Reunification with her last foster family was not possible and Stacey found this extremely difficult.
- The psychological report that diagnosed Stacy's intellectual disability is not on file.
- Stacey refuses to attend child and adolescent mental health service or to meet with a child care worker or social worker to deal with her feelings.
- Stacey needs a residential placement with on-site education and a high staffing ratio to keep her safe (high support unit). There is currently a long waiting list for such placements.
- Each placement move for Stacey resulted in a move to a new area and a new school. Each move also compounded Stacey's struggle to form and sustain appropriate relationships.

Children in State care

The Commission's Report demonstrated how children in the care of the State came from circumstances of extreme disadvantage and were then further disadvantaged by their status of being in care. As 'corporate parent', the State must now ensure that the children in its care receive the services they need as a matter of priority.

The Committee heard consistent reports from witnesses of their difficulties establishing and maintaining secure, stable relationships in adult life. Many witnesses reported an inability to trust and relate in intimate relationships. They believed these difficulties to be a consequence of childhood abuse, including the deprivation of secure emotional attachments and nurturing relationships. Others described difficulties and differences with their partners in communication, conflict resolution and parenting styles.

(Commission's Report, Volume III, p. 291)

Numbers of children in care

Figures available for 2008 from the HSE (2009c) show that the numbers of children in care vary across the country, with the highest rates in Dublin North East (60 children per 10,000 under 18 in care) and the lowest rates in the West (41 children per 10,000 under 18 in care). There is insufficient information available to say if this is due to different levels of deprivation, to preventative programmes and family support, to staffing levels or to differing thresholds for decision-making on children coming into care.

The HSE has undertaken significant work to improve data in recent years. Reliable data is essential for planning, performance management, funding and monitoring purposes, and should be progressed as a priority.

Cultural minorities

Children in care from a diverse cultural background, Travellers, separated children seeking asylum or from families recently arrived in Ireland pose particular challenges to the system to meet their needs. There are frequently language barriers to overcome and issues of identity and respect for cultural diversity. Definitive data identifying minority children are not currently available; however, there have been concerns about the outcomes over the last decade for children in care from a Traveller background.

Gender

Boys make up 51% of children in care and girls 49%. While there are slightly more boys placed in residential care, in general gender did not affect placement type. However, of note is the high number of girls in special care: of the 32 admissions to special care in 2007, 26 were girls and 6 were boys (HSE, 2009b). This is in contrast to the low number of girls compared to boys in children detention schools: of the 123 young people ordered by the Courts to be detained in 2008, 94 (76%) were boys and 29 (24%) were girls (IYJS, 2009).

Length of time in care

The HSE has limited statistics on the length of time children spend in care. It does record that 1,983 (43%) of children have been in care for 5 years or more.

Legal basis for care

The number of children in care on a voluntary basis (where a parent asks or agrees with the HSE that the child is placed in care) and under a Court-directed care order is approximately even.

Permanency planning

Children in long-term care need their care plans to outline how stable permanent care can be provided for them. Where a child is placed in voluntary care, placement options are decisions taken by social workers, in consultation with other professionals, the child and family.

Where the Court is requested to make a care order by the HSE, considerations of due process have to be respected. Professionals have raised the length of time it can take to secure a care order in this situation – in some cases, it is reported, it can take up to 2 years. Such cases may be delayed due to decisions taken by the parties, the Courts or the HSE. All parties should endeavour to ensure that care proceedings are dealt with in an efficient manner. However, such a timeframe does not suit children. An action that seeks to improve their lives (seeking a care order) can, in fact, have a long-term adverse impact on the child's ability to make an attachment with another carer, essential for healthy and happy development, and may have lifelong consequences.

The HSE may not place a child in long-term placement while awaiting the Court's decision lest it be seen to pre-empt the outcome of the care proceedings. The child in the meantime lives in a short-term foster placement. Where the short-term foster carer is unable to provide long-term care, the child then has to leave this home to be placed elsewhere, disrupting all that is familiar, including attachments and sometimes schooling.

A further issue that impacts on long-term care planning is the exceedingly low rate of adoption of children in long-term care who have no possibility of reunification with a parent. Due to constitutional constraints and Court rulings, social workers in Ireland rarely pursue adoption for children in long-term care as standard practice. Many children are in long-term foster care from a young age until they reach 18 years. In other

jurisdictions, adoption is considered and pursued for children for whom a decision has been made that they will remain in State care. Security, belonging and transfer of legal rights are all benefits of the adoption process and underline the sense of security necessary for healthy development. Of the approximately 200 adoption orders made in 2008 in Ireland, only 5 were non-family adoptions (Adoption Board, 2008).

Children with disabilities in residential care

Children and young people with special needs may be particularly vulnerable due to a disability and require the expertise of specifically trained staff to assist communication and risk of abuse.

(Commission's Report, Volume III, p. 396)

A specific group of children referred to in the Commission's Report are children who are in residential care due to having a disability. These children were identified as being particularly vulnerable since they live away from their families and may have intellectual, physical or communication difficulties.

Currently, there are approximately 150 centres offering residential or respite care to children with disabilities. Children who reside in or avail of respite care in these centres are not in the care of the State, although they are cared for by the State. The majority of these centres are run by the non-statutory sector and are excluded from current inspection under the Child Care Act 1991. However, when the relevant Section of the Health Act 2007 is commenced, these residential centres will be registered and inspected by the HIQA.

Conclusion

The complexity of the cases presented in the four profiles of children at risk (*see above*) demonstrates the need for interagency working and for the availability of timely and appropriate support and treatment options for the most vulnerable children and families.

4. Addressing the effects of past abuses (Recommendations 1-4)

Commission's Recommendation 1: A memorial should be erected.

Commission's commentary: The following words of the special statement made by the Taoiseach in May 1999 should be inscribed on a memorial to victims of abuse in institutions as a permanent public acknowledgement of their experiences. It is important for the alleviation of the effects of childhood abuse that the State's formal recognition of the abuse that occurred and the suffering of the victims should be preserved in a permanent place:

On behalf of the State and of all citizens of the State, the Government wishes to make a sincere and long overdue apology to the victims of childhood abuse for our collective failure to intervene, to detect their pain, to come to their rescue.

Current position

The Government appreciates and understands how the erection of a memorial is seen by the survivors of abuse as an essential further acknowledgement by the State of their treatment in the institutions, as well as providing a permanent manifestation of the apology made to them by the Taoiseach. The erection of a memorial was something that was mooted prior to the publication of the Commission's Report by groups representing survivors of abuse. The survivors have expressed a variety of views on the nature and location of the memorial, and it has already been the subject of consultation with the Office of Public Works (OPW). Being mindful of the concerns of the survivors, the Government is fully committed to bringing this project to fruition in line with the recommendations of the Commission's Report.

Actions to be taken

1. A dedicated budget of up to €0.5 million will be set aside for this project and a committee will be established (*by September 2009*) with the following terms of reference:
 - to consider the views of the survivor groups in relation to the location and nature of the memorial to be erected;
 - to make recommendations on the location and nature of the memorial in a manner that best takes account of the views of the groups representing the survivors of abuse, and to consider arrangements for a national day of remembrance and solidarity;
 - to oversee the commissioning and delivery by the OPW (through competition) of the design and building of the memorial.

The Department of Education and Science will provide secretariat services to this committee. The project will be managed by the OPW.

Commission's Recommendation 2: The lessons of the past should be learned.

Commission's commentary: For the State, it is important to admit that abuse of children occurred because of failures of systems and policy, of management and administration, as well as of senior personnel who were concerned with Industrial and Reformatory Schools. This admission is, however, the beginning of a process. Further steps require internal departmental analysis and understanding of how these failures came about so that steps can be taken to reduce the risk of repeating them. The Congregations need to examine how their ideals became debased by systemic abuse. They must ask themselves how they came to tolerate breaches of their own rules and, when sexual and physical abuse was discovered, how they responded to it and to those who perpetrated it. They must examine their attitude to neglect and emotional abuse and, more generally, how the interests of the institutions and the Congregations came to be placed ahead of those of the children who were in their care. An important aspect of this process of exploration, acceptance and understanding by the State and the Congregations is the acknowledgement of the fact that the system failed the children, not just that children were abused because occasional individual lapses occurred.

Current position

The Department of Education and Science acknowledges the past failures of systems and policy, of management and administration, as well as of senior personnel who were concerned with industrial and reformatory schools.

The Department of Education and Science (2006) issues child protection guidelines to all primary and post-primary schools. These guidelines are based on the national child protection guidelines, *Children First*, which have recently been updated. The Department also has in place internal guidelines and procedures for its own staff, again based on *Children First*, to assist them in dealing with any allegations or complaints of abuse that are made to the Department.

Criminal record

Children referred by the District Court pursuant to an action under Section 58 of the Children Act 1908 did not give rise to a criminal record. Section 58 did not create a criminal offence and did not provide for a finding of guilt. However, the Minister for Justice, Equality and Law Reform is conscious that individual survivors may still have concerns. He has undertaken that any such individual can write to him attaching a copy of their Court record and/or any other official documentation and his officials will look into their concerns. If required, a certificate will issue to the individual clarifying this position. The Minister will also consider whether any additional measures, including legislative ones, are required to address the concerns in this area.

Vulnerable adults in institutional care

While the industrial and reformatory schools with which the Commission was chiefly concerned belong to the past, there are still a great many people in institutional care within the State today. In addition to children (who are discussed in Chapter 3 of this report), the State is responsible for the care of vulnerable adults, such as those with disabilities, mental health difficulties and older people. The Commission found that abuse of children occurred in institutions 'because of failures of systems and policy, of management and administration, as well as of senior personnel ...' It is essential that the State reviews its policies, systems, management and administration in relation to the care of vulnerable adults in institutions in the light of the lessons learned from the Commission's Report.

In policy terms, a shift away from institutional responses for vulnerable adults has been evident in recent years. Policy in relation to older people is for them to remain at home for as long as possible and where this is not possible, they should have access to quality long-term residential care. In line with Government policy as set out in *A Vision for Change* (2006), mental health services operate mainly on a community basis. Services for people with a disability are also beginning to move towards a person-centred approach to care, despite the absence to date of an agreed national policy framework for the sector.

However, the fact remains that large numbers of vulnerable adults remain in institutional care in the State. There are approximately 9,000 adults with disabilities in residential care. In 2008, there were 1,096 patients in long-stay wards in psychiatric hospitals and a further 1,664 in full-time residential care within the mental health services. Nursing homes and community hospitals care for about 23,000 older people.

The policy aim of ensuring that institutional care is only provided to those who need it must be made a reality. This will require an accelerated programme of de-institutionalisation. In relation to services for older people, it will require further development of home and community supports.

For those who are in State residential care, measures must be taken to ensure that they are protected. Systems of registration and regular inspections should be put in place and recommendations emanating from the inspection process acted upon by the authorities. Registration and annual inspection of mental hospitals have been in place for over 50 years and yet successive Reports of the Inspector of Mental Hospitals indicate that the standards of care in many institutions did not improve significantly over that period.

The Mental Health Commission is responsible for the registration of mental health facilities, which are inspected annually by the Inspector of Mental Health Services. As from 1 July 2009, the HIQA is inspecting all public, voluntary and private nursing homes against an agreed set of National Quality Standards approved by the Minister and against Care and Welfare Regulations introduced by the Minister. There is no statutory registration or inspection of residential facilities for people with a disability, but the legal framework exists that would allow the HIQA to undertake this responsibility also. National Quality Standards for Residential Services for People with Disabilities were published by the HIQA in May of this year (HIQA, 2009).

Actions to be taken

2. The Department of Education and Science will address the recommendation on an analysis of how these failings came about, with a view to ensuring that they are not repeated, through its senior management forum, business planning and risk register processes (*ongoing*).
3. Although the Ryan Commission did not make any recommendations regarding concerns about the possibility of a criminal record arising from detention in industrial schools, concerns were expressed by individuals. To address this issue, it has been decided that if any individual survivor has any outstanding concerns about a criminal record arising from the referral of children by the District Court pursuant to Section 58 of the Children Act 1908, he or she may write to the Minister for Justice, Equality and Law Reform attaching a copy of their Court record and/or other official documentation. As appropriate, a certificate will be issued to that individual clarifying the position. The Minister will keep under review the need for any additional measures to address concerns in this area (*ongoing*).

4. Arising from the recent review by the OMCYA of its national child protection guidelines, *Children First*, the Department of Education and Science will update its own child protection guidelines issued to all schools (*by December 2010*).
5. The Department of Education and Science will also update its internal guidelines for departmental staff relating to child abuse complaints following the *Children First* review (*by July 2010*).
6. The Minister for Health and Children will bring detailed proposals to Government in Autumn 2009 with regard to the protection of vulnerable adults with disabilities who are currently in institutional care (*by Autumn 2009*).

Commission's Recommendation 3: Counselling and educational services should be available.

Commission's commentary:

- Counselling and mental health services have a significant role in alleviating the effects of childhood abuse and its legacy on following generations. These services should continue to be provided to ex-residents and their families.
- Educational services to help alleviate the disadvantages experienced by children in care are also essential.

Current position

There are two aspects to this recommendation. The first relates to the counselling and mental health services available to the former residents of the institutions, including those living abroad, and their families, referred to in the Commission's Report. The second is somewhat broader in that it relates to the provision of educational services to help alleviate the disadvantages experienced by children currently in care.

National Counselling Service

In terms of the former residents of the institutions and their families, counselling services are available through the National Counselling Service (NCS). This is a professional, confidential counselling and psychotherapy service available free of charge in all HSE areas. The NCS offers a service to all adults who have experienced trauma and abuse in childhood, with priority given to adult survivors of past institutional abuse in Ireland. People can refer themselves directly by calling a free phone number, while healthcare professionals can also refer people.

Established in September 2000, the NCS employs 70 professional counsellors and therapists, experienced in working with developmental trauma. Ten directors of counselling, with experience and knowledge of working with trauma in the public and private sectors globally, manage the NCS on a daily basis. They work together to ensure that there is consistency of service nationally in terms of professional and ethical standards, and equity of service for residents within the State.

In 2008, the NCS published its *Strategic Framework for Service Planning and Delivery 2009-2012*. It identified 6 strategic priorities for the service, among them the anticipated increase in demand for services arising from the publication of the Commission's Report in 2009 and the forthcoming Dublin Diocesan Report. In discussions with Government since the publication of the Commission's Report, victims and survivors have been generally complimentary about the work of the NCS, but have commented on the difficulty of accessing therapy due to lengthy waiting lists, sometimes of several months.

The latest information from the HSE indicates that the NCS has experienced a 49% increase in referrals following the publication of the Commission's Report. Projecting forward for 2009 and the likely impact of the forthcoming Dublin Diocesan Report, it is calculated that an additional 516 referrals will be received over a 6-month period. Given that many of the former residents and their families will contact the NCS during a time of crisis as a result of media coverage, it is estimated that approximately 33% will not take up the offer of counselling, while 66% will progress to counselling – a total of some 344 new referrals.

There are currently 10 permanent and 2 temporary posts vacant in the NCS which have not been filled due to the public service moratorium. As of 7 July 2009, there were 729 people on the NCS's waiting list for counselling. The HSE estimates that, without additional provision for the NCS, the waiting time for counselling for new referrals in 2009 could be up to 2 years.

Educational services

Financial support for educational services for former residents of institutions and their families is currently available through the Education Finance Board. These funds comprised €12.7 million of the cash contribution received from the religious Congregations. At the end of 2008, some €7.35 million remained unspent. The Education Finance Board provides a vehicle whereby the recommendation relating to educational services can be implemented insofar as the former residents are concerned.

In addition to the Education Finance Board, there are VEC Adult Literacy Services provided throughout the country. Any adult can attend their local centre to work with trained tutors on a one-to-one basis or in small groups. The service is free and confidential. There is no reason why former residents should not be encouraged to avail of this service.

In 2005, the Government approved youth justice reforms under which the Department of Education and Science is preparing an education strategy in order to ensure a continuum of education and training opportunities for children in detention schools and special care units. The Department has been involved in ongoing and regular discussions about this with the Irish Youth Justice Service, the HSE and VECs.

Also as an element of the Department's new education strategy, a framework for, and guidelines on, curriculum and assessment provision for the sector is being prepared by the National Council for Curriculum and Assessment, with work currently at an advanced stage. In addition, the Department has developed, through a cross-agency approach, a relationship protocol that details good practice to support the re-integration of former pupils into the community, following a period in detention or in residential care settings.

The pupil/teacher ratio in the high support and special care units is the same as the 6:1 ratio recommended by the Special Education Review Committee Report for pupils who are severely emotionally disturbed. The educational curricula and syllabi are broadly in line with those in primary and secondary schools, with the intention of providing a positive experience to the young people concerned. Besides education, the various programmes also play a large part in the rehabilitation process, ranging from intensive learning support in literacy and numeracy, to a wide range of academic and practical subjects that can be studied up to State examination level. Currently, pupils are prepared for the Junior Certificate and for the Further Education and Training Awards Council (FETAC) modules. Similar to other mainstream schools, pupils' individual educational ability is assessed and programmes prepared accordingly.

Access to specialist services for children in care and detention

The Commission's Report states that 'counselling and mental health services have a significant role in alleviating the effects of childhood abuse'. As Schneider *et al* (2009) report, out-of-home placement is associated with poor outcomes, such as mental health problems, low educational attainment, living in poverty and dependence on State assistance in adulthood. Thus, children in care need access to support and specialist services while in care or in detention, as well as access to aftercare services on leaving care. However, it is often the case that they have difficulty in accessing these services.

The HSE is responsible for provision of support services, such as psychology and speech and language therapy. All children and young people in State care should be able to access a multidisciplinary health assessment and evidence-based intervention as appropriate. This should be provided through local primary care teams or through local health offices.

There are difficulties accessing certain specialist services, in particular child and adolescent mental health services. Barriers include lengthy waiting lists and inadequate development of mental health services for children with intellectual disability and children in care (Irish Society of Psychiatrists, 2005). The development of a forensic mental health team for children and adolescents was recommended in the national mental health policy, *A Vision for Change* (Department of Health and Children, 2006), but this is not yet in place.

Children who are detained in special care units and children detention schools need a specialist multidisciplinary team to provide assessment and intervention. Many of these children and young people require therapeutic work to enable them to begin to deal with the impact of abuse and other traumatic events, including multiple placement breakdown and significant loss through separation or bereavement.

Speech and language difficulties are a very common childhood impairment (Law *et al*, 2002) and if not treated may have long-term effects, including difficulties with school progress and mental health. Research has found that up to 60% of young offenders have difficulties with basic speaking and listening skills (Bryan *et al*, 2007) and frequently these impairments have not been identified. Ignoring these difficulties compounds later frustrations when young people are not able to engage in verbal programmes (offending programmes or different therapies). Such difficulties may contribute to young people disengaging from school and mainstream services.

Services should be delivered in a way that is relevant to adolescents, particularly those who are disaffected. One example is the HSE-managed non-residential multidisciplinary Risk Assessment and Consultation Service (RACS) for children and young people at risk in Dublin, Kildare and Wicklow. This model, which is unique in this country, has proven effective and should be taken into account when assessment services are being considered nationally.

Substance misuse problems are also common among vulnerable young people. Addiction services for under-18s are underdeveloped in Ireland (Department of Health and Children, 2005) and there is a serious gap in appropriate services. However, the Substance Abuse Service Specific to Youth (SASSY) and the Youth Drug and Alcohol Service (YoDA) are examples of adolescent-friendly services that should be made available nationwide where required.

The VEC provides educational facilities on-site in the special care units, children detention schools and St. Patrick's Institution. If established and appropriately resourced, the proposed specialist multidisciplinary team (*see above*) could also provide an in-reach service to young people in St. Patrick's Institution until the new national detention facility is available.

Actions to be taken

7. To address the anticipated increase in demand for services resulting from the publicity surrounding the Commission's Report and the forthcoming Dublin Diocesan Report, additional therapy services will be purchased by the NCS from the non-statutory and private sectors for the next 18 months (*ongoing*).
8. The NCS will be exempted from the public service moratorium on recruitment and replacement of staff within its overall complement (*ongoing*).
9. The Department of Education and Science's new education strategy for the provision of education in children detention schools will be formally approved (*by December 2009*).
10. The Education Finance Board will continue to provide funding for education purposes (€7.35 million available at the end of 2008) (*ongoing*).
11. The Department of Education and Science will continue to provide for education services to children in the high support, special care and children detention facilities (*ongoing*).
12. In consultation with the IYJS, the HSE will develop a national specialist multidisciplinary team for children in special care and detention (*by July 2010*).
13. The HSE will ensure that children in care are supported in accessing mainstream and specialist health services as necessary (*ongoing*). The HSE will work with the IYJS to ensure that children in detention are similarly supported.
14. Depending on local need and population, the HSE will resource primary care teams with social workers, speech and language therapists, and psychologists (*by July 2010*).
15. The HSE will review need and establish resourced multidisciplinary assessment services for children and young people at risk (*by December 2010*).
16. Addiction services for children based on best practice will be established nationwide by the HSE and the Drugs Task Force (*by June 2011*).

Commission's Recommendation 4: Family tracing services should be continued.

Commission's commentary: Family tracing services to assist individuals who were deprived of their family identities in the process of being placed in care should be continued. The right of access to personal documents and information must be recognised and afforded to ex-residents of institutions.

Current position

'I found out after 50 plus years that I had a brother, my brother was looking for me for 20 years and he couldn't find me. He was fostered out, he had a better life.'

(Commission's Report, Volume III, p. 107)

Family tracing services for former residents of institutions are currently being provided by Barnardos and funded by the Department of Education and Science. Over half the cases dealt with so far have led to a reunion with the family of origin. Many of these cases have involved sisters and brothers who were separated as children. The Barnardos' team has been available to offer practical and emotional support to victims and to facilitate contact with family members.

The Department of Education and Science has provided personal records to over 12,000 individuals.

Actions to be taken

17. Funding will continue to be provided for family tracing services, as recommended in the Commission's Report (*ongoing*).
18. The Department of Education and Science will review the current arrangements to ensure the most effective means for the provision of this service (*ongoing*).
19. Personal records will continue to be provided to individuals on request, under the terms of the Freedom of Information Act (*ongoing*).

5. National Child Care Policy and evaluation of its implementation (Recommendations 5-8)

Commission's Recommendation 5: Child care policy should be child-centred. The needs of the child should be paramount.

Commission's commentary: The overall policy of child care should respect the rights and dignity of the child and have as its primary focus their safe care and welfare. Services should be tailored to the developmental, educational and health needs of the particular child. Adults entrusted with the care of children must prioritise the well-being and protection of those children above personal, professional or institutional loyalty.

Commission's Recommendation 6: National child care policy should be clearly articulated and reviewed on a regular basis.

Commission's commentary: It is essential that the aims and objectives of national child care policy and planning should be stated as clearly and simply as possible. The State and Congregations lost sight of the purpose for which the institutions were established, which was to provide children with a safe and secure environment and an opportunity of acquiring education and training. In the absence of an articulated, coherent policy, organisational interests became prioritised over those of the children in care. In order to prevent this happening again, child care services must have focused objectives that are centred on the needs of the child rather than the systems or organisations providing those services.

Current position

Ireland has put in place a robust legislative and policy framework over the last 20 years. The framework has the potential to meet the core underlying requirement that the 'best interests of the child' is the guiding principle in all matters affecting the provision of child care services in Ireland. The priority now must be the *full implementation* of the framework.

The Irish Constitution and the United Nations Convention on the Rights of the Child (UN, 1989), ratified by Ireland in 1992, underpin our commitment to the provision of services to children. This is supported by the Child Care Act 1991, which places a legal obligation on the HSE to promote the welfare of children who are not receiving adequate care and protection. The primary emphasis is on prevention and early intervention, and supporting children in their family situation in the community. Only in the case of serious problems should out-of-home services for children be provided. The main legislation covering children and the criminal justice system is the Children Act 2001. This Act focuses on preventing criminal behaviour, diversion from the criminal justice system and rehabilitation. The use of detention for a child is to be used only as a last resort; the Children Act 2001 requires that all avenues be explored before it is used.

While the legislative and policy framework is deemed to be adequate at the present time, there is no doubt that awareness of and adherence to these provisions is inconsistent and in places unimplemented.

Mechanisms are required to both validate and benchmark policy against best practice and to promote a culture of compliance with stated policy, legislation, regulations and national standards on a consistent basis.

Responsibility in this area falls into two distinct categories, as follows:

- Development, articulation and validation of national children's policy is the responsibility of the Office of the Minister for Children and Youth Affairs (OMCYA). To have full implementation of the policy framework, it is necessary to have in place a fully articulated set of outputs and outcomes.
- The adherence to and inclusion of such policy in service delivery is the responsibility of all agencies that work on behalf of the State.

Responsibility for policy development for child protection and welfare services rests primarily with the Child Welfare and Protection Policy Unit of the OMCYA. Questions, however, arise regarding the skills mix available to the Unit. At present, the staffing is made up exclusively of civil servants, with no access to professional expertise. Access to appropriate professional expertise will be crucial for the OMCYA in order to carry out its functions.

Individual agencies are required to lead on policy adherence. It is essential that the policy framework, particularly *The Agenda for Children's Services*, is fully implemented and reflected in service delivery at all levels. This should take place through formal training and performance management protocols.

Actions to be taken

20. In order to discharge the OMCYA's key role in overseeing the implementation of the Commission's Report, a suitably qualified specialist will be recruited (probably on a secondment basis) to provide access to senior professional expertise in the area of child welfare and protection (*by December 2010*).
21. All agencies that provide services to children and families should develop and implement an operational plan based on *The Agenda for Children's Services* (*by December 2010*).
22. The OMCYA will develop a new National Children's Strategy to cover the period 2011-2020 (*by January 2011*).
23. The OMCYA will lead a process to ensure that the current policy framework reflects the rights and dignity of children. This process will include benchmarking against policy in other jurisdictions. All policies should be consistent with the principles of the UN Convention on the Rights of the Child (*ongoing*).

Commission's Recommendation 7: A method of evaluating the extent to which services meet the aims and objectives of the national child care policy should be devised.

Commission's commentary: Evaluating the success or failure of child care services in the context of a clearly articulated national child care policy will ensure that the evolving needs of children will remain the focus of service providers.

Commission's Recommendation 8: The provision of child care services should be reviewed on a regular basis.

Commission's commentary:

1. Out-of-home care services should be reviewed on a regular basis with reference to best international practice and evidence-based research. This review should be the responsibility of the Department of Health and Children and should be coordinated to ensure that consistent standards are maintained nationally.
2. The Department should also maintain a central database containing information relevant to child care in the State while protecting anonymity. Included in such a database should be the social and demographic profile of children in care, their health and educational needs, the range of preventative services available and interventions used.
3. In addition, there should be a record of what happens to children when they leave care in order to inform future policy and planning of services.
4. A review of legislation, policies and programmes relating to children in care should be carried out at regular intervals.

Current position

The HSE sets targets and evaluates its performance in relation to services for children and families through its National Service Plan, which is submitted each year to the Minister for Health and Children, and its performance monitoring mechanisms. The OMYCA receives monthly reports from the HSE featuring a set of performance indicators, largely activity-based, which measure performance against agreed targets.

The HSE is also required to prepare and produce an annual report under Section 8 of the Child Care Act 1991. The *Review of Adequacy of Services for Children and Families* is published annually. Its function is to report on the adequacy of the child care and family support services. While the current format of this report provides some level of detail in terms of activity and commentary, there is scope to improve its quality and usefulness so that it indicates in particular how well services are meeting the needs of children in care and at risk. These reports should address the core issue of adequacy of services and identify gaps in these services. Currently, the HSE is the only agency required to produce such reports. Similar reports from other agencies operating in this sector would provide additional valuable information and help to inform the approach to developing services.

Evaluating social services is complex. Historically, performance indicators for child and family support services have focused on activity measures and inputs. Measuring outcomes is inherently more complex. Attention is needed in setting targets to ensure that the focus of planning and delivery does not switch from 'client need' to 'achievement of target'.

A further issue to be addressed is the simplification of the HSE reporting structure in order to reduce the number of reports being produced.

Awareness of international practice and relevant research is an important element of both policy development and service provision. However, there is no formal mechanism for reviewing out-of-home care services on a system-wide basis. The OMCYA and the HSE have sought to address this deficit and have developed a Knowledge Management Strategy for Child Welfare and Protection. The aim is to ensure more effective information-sharing between professionals and integrated case management. The priority is the development and implementation of a single computerised information system, entitled the National Child Care Information System (NCCIS). Currently, different systems are in place and some areas continue to operate

manually. The availability of a single common information tool to support social work and children in care will facilitate ease of access to information and measurement of activity and outputs for the whole child care system.

Implementation of the Knowledge Management Strategy and the NCCIS is essential to further develop capacity in this area. The NCCIS has been specified and approved at HSE and OMCYA level, and is presently awaiting peer review in the Department of Finance's Centre for Management and Organisation Development. Once approved and implemented, this system will act as a valuable tool to support the delivery of services and provide real-time management information. The further use of this system to maintain records for children leaving care should be explored.

The Commission's Report recommends that a central database is maintained that contains social and demographic profiles of children in State care, health and educational needs, services available and interventions used. Families engaged in child protection and welfare systems often face multiple issues that will not be served by a single agency. With advances in technology, it is possible to store, manage and analyse large linked databases representing data from multiple sectors (Jonson-Reid and Drake, 2008). Bearing in mind the need to address data protection legislation and best practice, these datasets could prove useful in assisting the generation of evidence-based policy. Questions that are difficult to answer without access to information across agencies include:

- Who sees these families first?
- How do community characteristics contribute to risk or service use?
- What changes in trends can be detected in problems for families with child welfare and protection needs?
- Does the provision of early intervention for children and young people at risk reduce the number of children and young people in care, in detention, at risk of offending and with mental health problems?

Actions to be taken

24. The OMCYA will evaluate the extent to which child welfare and protection services, and youth justice services meet the aims and objectives of national child care policy, taking account of the output/outcomes statements recommendation in *Transforming Public Services (ongoing)*.
25. The HSE will submit a suite of performance indicators to the OMCYA for approval for inclusion in the National Service Plan of 2010 (*by December 2009*).
26. The National Child Care Information System (NCCIS) will be prioritised for implementation assuming approval by the Department of Finance (*decision expected Summer 2009*).
27. The OMCYA, in conjunction with the HSE, will work to improve the quality and usefulness of Section 8 reports and to improve reporting on outputs/outcomes (*ongoing*).
28. The Irish Youth Justice Service will submit to the Minister for Children and Youth Affairs an annual report on the adequacy of detention services in meeting its policy objectives (*starting in 2010*).
29. The OMCYA will examine the feasibility of a linked database, coordinating data on children in care and in detention, from Health, Education and Justice (*by July 2010*).

6. Regulation and Inspection (Recommendations 9-11)

Commission's Recommendation 9: It is important that rules and regulations be enforced, breaches be reported and sanctions applied.

Commission's commentary: The failures that occurred in all the schools cannot be explained by the absence of rules or any difficulty in interpreting what they meant. The problem lay in the implementation of the regulatory framework. The rules were ignored and treated as though they set some aspirational and unachievable standard that had no application to the particular circumstances of running the institution. Not only did the individual carers disregard the rules and precepts about punishment, but their superiors did not enforce the rules or impose any disciplinary measures for breaches. Neither did the Department of Education.

Commission's Recommendation 10: A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed.

Commission's commentary: Managers and those supervising and inspecting the services must ensure regularly that standards are observed.

Current position

Legislation, regulations and standards for children in care and detention, where fully applied, provide for services that are child-centred, safe and of a good quality. In the main, they are sufficient to underpin the safety and welfare of children in the care of the State. As was found in the Commission's Report, the main deficit lies in the full implementation of the regulations and standards. The past decade has seen a growing understanding of the requirement to apply regulations and standards. However, breaches still occur. These are identified when services are inspected or through performance reporting to the Department of Health and Children.

Inspection reports and performance information indicate that overall services are provided within the regulatory framework. An issue of concern, however, is the slow pace at which reform in this area has occurred. The management of change – of organisational culture, work practices, performance monitoring and an outcomes focus – is a complex process. However, there is an urgency to improve services for children: the windows of opportunity within the developmental framework for children are short and if missed have the potential for negative implications that last into adulthood.

Inspectors/officials have found that where the organisation has a culture of best practice and is child-centred, regulatory standards are prioritised and observed. In these instances, managers and staff are accountable for their work and recognise the role of legislation and standards in providing the framework from which the effectiveness of their work may be measured and child care practices safeguarded.

The complexity of the State's 'corporate parenting' role – when translated into the day-to-day jobs of front-line staff, professionals, senior managers and administrators – tasks services with implementing its statutory remit toward the child in a way that is flexible, imaginative and supportive.

Inspections do not substitute for good governance. It is the duty of managers to be accountable for outcomes for children in their care and to ensure that services comply with legislative requirements. It is also the duty of managers to develop a culture of child-centeredness and accountability. It is unusual to ask an organisation to behave as a 'corporate parent', but that is the challenge to State services that are tasked with rearing a child, often to adulthood. Good quality child care by the State closely resembles the care provided by a parent to a child. In order to normalise the experience of growing up in care, placements appropriate to the child's needs and development must be provided. This 'matching' is often difficult and managers need to ensure that a range of fostering and residential care placements are available. The State should apply itself to sourcing access to education, health and other services, just as a concerned parent would. This applies equally to the provision of services to young people leaving care.

Compliance with regulation in respect of allocation of 'authorised person'

Under the Child Care Act 1991 and the Child Care Regulations 1995, children in care should be allocated an 'authorised person' (delegated by the HSE to social workers) to carry out all regulatory functions on their behalf. HSE data for April 2009 show that 83.6% of children in care had an allocated social worker, while just over 16% did not. Children in residential care now generally have an allocated social worker. The gap is more often found with children in foster care or in the care of relatives.

The functions of the social worker include:

- developing a care plan;
- arranging assessments where necessary;
- finding a suitable placement and supervising the safety and welfare of the child once in the placement;
- visiting the child regularly;
- advocating for their safety and welfare.

The social worker will also keep in contact with the family and arrange for access with parents and siblings unless, in exceptional circumstances, it is agreed by the Court that this is not in the best interests of the child. Where a child does not have an allocated social worker, the duties of care planning and supervision are absent, or at best haphazard and often not meaningful.

Care planning

According to HSE April 2009 data, 64% of children in care are reported to have a care plan. A care plan is developed by the allocated social worker in consultation with the child and other interested parties. It directs the services provided to the child while in care and determines the type of placement in which the child should live. The care plan is reviewed regularly and changed as necessary.

Inspectors and officials have reported that the quality of care planning in many instances does not drive an assessment-led service, i.e. does not ensure that children's identified needs are met. An evidence-based example of where care planning was not driving the best interests of the child was found when a themed inspection of children, aged 12 and under, living in residential care was undertaken (HIQA, 2007). The findings indicated that the placement was not optimal for up to two-thirds of the children. This report resulted in one-third of these children being placed in foster care within a number of months. An assessment-led service would have resulted in these children being placed in foster care as a social work outcome and not reliant on inspection findings.

Children in care placed with relatives without a formal assessment or supervision

The number of children in care who are now placed with relatives or friends has increased significantly over recent years, to 29% (April 2009). The regulations governing these placements are the Child Care (Placement of Children with Relatives) Regulations 1995, which outline the requirement for an assessment of the suitability of the relatives to care for the child, as well as ongoing supervision of the welfare and safety of the child.

Where these placements are suitable, they provide for a continuity of relationships and community for a child. However, there should be no assumption that care with relatives is automatically safe or suitable for a child, given the circumstances of the child's reception into care. In the past, inspections undertaken by the Social Services Inspectorate (SSI) of the Health Information Quality Authority (HIQA) established that there were serious gaps in the assessment and supervision of relatives as carers. There are no current published figures available on the number of placements with relatives that have not been formally assessed or how many children in foster care with relatives have an allocated social worker.

Children placed in hostels

Children should only be placed in hostels for homeless children on an emergency or short-term basis. All children who are homeless should be assessed to see if they need to be in the care of the State. Bed & breakfast or hotel accommodation should not be used to accommodate homeless children.

Separated children seeking asylum

As required under the Child Care Act 1991, in October 2008 the HSE registered and inspected the 81 residential centres provided by private and voluntary organisations (HIQA, 2008). Privately managed hostels for separated children seeking asylum (who are in the care of the State) are currently not registered or inspected by the HSE, unlike hostels providing care and accommodation for Irish children in the same age group and older.

Children from minority ethnic backgrounds and the Traveller community

As required under national standards, services should respect the cultural identity and dignity of children from diverse ethnic backgrounds and of children from the Traveller community, and tailor policies and practices to this end. Reliable data should be collected regarding the numbers of children from ethnic backgrounds and the Traveller community in care and in detention, and issues identified pertinent to their specific needs.

Review of serious incidences, including deaths of children in care

All efforts should be made to minimise the occurrence of serious incidents to children in care. However, should they occur, it is essential that they are investigated properly:

- to establish the facts of the incident;
- to decide whether the standard of care provided to the child was a contributory factor in the incident and if so, to take whatever steps are necessary to deal with failings (if any) and to make services safer in the future;
- to review the incident in order to learn lessons for the national care system;
- to communicate the learning to the national care system;
- to assure the public.

Findings to date of serious incidents (including deaths of children in care) show that the HSE has not had a unified system in place to set up reviews in a timely and independent manner. This undermines public confidence, limits learning for professionals and is poor governance on such a serious matter. A system needs to be put in place.

Actions to be taken

The legislation, regulations and standards for children in care, where fully applied, provide for services that are child-centred, safe and of a good quality. However, to facilitate further improvement in service provision, the following actions are proposed:

30. All organisations with a statutory function in relation to children at risk, in care and in detention have a duty to ensure regulations are applied and any breaches reported to the relevant authority (*ongoing*).
31. The HSE will end the use of separately run hostels for separated children seeking asylum and accommodate children in mainstream care, on a par with other children in the care system (*by December 2010*).
32. In the interim, the HSE will inspect and register residential centres and hostels where separated children seeking asylum in the care of the HSE are placed, in accordance with the Child Care Act 1991, pending the commencement of the Health Act 2007 for children's residential services (*ongoing*).
33. The HSE will ensure that all children in care will have an allocated social worker and a care plan, in accordance with the regulations (*by December 2010*).
34. The HSE will ensure that all relatives as carers and foster carers are assessed, in accordance with the regulations (*by December 2011*).
35. The HSE will undertake a national review of current practice in relation to Part II, Section 5 of the Child Care Act, where homeless children can be placed in accommodation and not received into the care of the HSE (*by December 2009*).
36. The HIQA will develop guidance (*by November 2009*) for the HSE on the review of serious incidents, including deaths of children in care and detention. These will be reported to the HIQA and the Department of Health and Children/IYJS. The HSE and IYJS will develop a panel (internal and external) of appropriately skilled professionals to undertake investigations (*by December 2009*).
37. In all cases of serious incidents or death of a child in care or in detention centres, the HIQA will review the initial circumstances and how the HSE and IYJS set about the investigation. It may, in circumstances set out in its guidance, conduct an independent investigation of the serious incident or death (*ongoing*).
38. The HSE will collect data on children from ethnic minority backgrounds and the Traveller community and, under national standards, will ensure their cultural identity is respected and their needs met (*ongoing*).

Commission's Recommendation 11: Independent inspections are essential.

Commission's commentary: All services for children should be subject to regular inspections in respect of all aspects of their care. The requirements of a system of inspection include the following:

- There is a sufficient number of inspectors.
- The inspectors must be independent.
- There should be objective national standards for inspection of all settings where children are placed.
- Unannounced inspection should take place.
- Complaints to an inspector should be recorded and followed up.
- Inspectors should have power to ensure that inadequate standards are addressed without delay.

Current position

'There was a nice woman inspector, she would speak to us, we were coached in what to say though.'

(Commission's Report, Volume III, p. 129)

Under the Child Care Act 1991, inspection of children's services at present are carried out as follows:

- The HSE, through local inspection services, registers and inspects all voluntary and privately run residential services for children and hostels, excluding hostels for separated children seeking asylum (81 centres).
- The Social Services Inspectorate (SSI) of the HIQA inspects HSE residential services, including the special care units (80 centres), foster care services and the children detention schools (4).
- The Inspector of Prisons inspects St. Patrick's Institution for young people, aged 16-21.
- Residential centres for children with a disability (either intellectual, physical and/or sensory) are excluded under the Child Care Act 1991 and are therefore not registered or inspected.
- There is no formal inspection of child protection and welfare services in the local HSE health offices.

Currently, findings from SSI inspections are reported to the Minister for Health and Children, and published on the HIQA website. HSE inspection reports are not published. When the Health Act 2007 is commenced for children's services, the SSI will inspect *all* children's residential services. The Act establishes the Office of the Chief Inspector as independent in the discharge of its responsibilities for the registration and inspection of designated centres and the inspection of other regulated services, such as foster care.

National standards exist for children's residential centres, foster care and special care units. These have been developed by the Department of Health and Children over the past decade. The Department of Justice, Equality and Law Reform has standards for the children detention schools, developed by the Department of Education and Science in 2004 and adopted by the IYJS in 2008. All of these national standards will shortly be drawn together by the HIQA into a core set of national standards for all children in care and in residential settings, including children detention schools and residential services for children with a disability.

Of the 22 SSI inspections that took place between January and the end of March 2009, 12 were announced and 10 were unannounced. Announced inspections have the benefit of ensuring the children, staff and managers are on-site to meet with inspectors. Unannounced inspections clearly show inspectors the standards of day-to-day care. Children have told inspectors if standards or routines were different on an announced inspection. Inspectors generally do not undertake inspections at weekends.

Complaints to inspectors are recorded. Any information received by inspectors, whether expressed as a complaint or otherwise, is followed up to ensure that the child concerned is safe and well cared for.

Actions to be taken

39. The Health Act 2007 will be commenced to allow the SSI of the HIQA to undertake independent inspection of all children's residential centres and foster care (*by July 2010*).
40. The Health Act 2007 will be commenced to allow the independent registration and inspection of all residential centres and respite services for children with a disability (*by December 2010*).
41. St. Patrick's Institution will continue to be inspected by the Inspector of Prisons having regard to his statutory remit. The Inspector may, if considered necessary, invite the HIQA to advise on matters of child welfare in the discharge of this function (*ongoing*).
42. The SSI will develop standards (*by February 2011*) and commence inspection of child protection and welfare services (*by September 2011*).

7. Management of children's services (Recommendations 12, 14, 15, 16, 18 and 19)

Commission's Recommendation 12: Management at all levels should be accountable for the quality of services and care.

Commission's commentary: Performance should be assessed by the quality of care delivered. The manager of an institution should be responsible for:

- Making the best use of the available resources.
- Vetting of staff and volunteers.
- Ensuring that staff are well trained, matched to the nature of the work to be undertaken and progressively trained so as to be kept up to date.
- Ensuring on-going supervision, support and advice for all staff.
- Regularly reviewing the system to identify problem areas for both staff and children.
- Ensuring rules and regulations are adhered to.
- Establishing whether system failures caused or contributed to instances of abuse.
- Putting procedures in place to enable staff and others to make complaints and raise matters of concern without fear of adverse consequences.

Current position

Administratively, too much responsibility and autonomy was given to Prefects, with too little support and guidance ... largely isolated in their work, Prefects had to use their own judgement.

(Commission's Report, Volume IV, p. 3)

Management

The Commission's Report states that the manager of an institution should be responsible for the quality of care provided for the children. This refers to managers of residential care centres and to directors of children detention schools. This recommendation also has a wider relevance to managers of all children's services in the statutory and non-statutory sectors.

The HSE is committed to safe care for all children. Its report on *Social Work and Family Support Survey 2008* outlines the challenges for national managers in managing variations in organisation and team structure across the HSE's 4 regions and 32 local areas. There are also variations in staff resources, caseloads and reporting trends against population figures (HSE, 2009c).

The HSE delivers services for children in care, child protection and welfare through its 32 local health offices. The local health manager is responsible for the daily management of a wide range of services, including the following care groups: disability, older persons, mental health, primary care, addiction, children in care, children and families, social work, family support and administrative services. The success of these services is likely to be attributed to local effective management.

It is difficult at present to locate responsibility for services delivered to children at risk or in care. There is no single management post at local health office level with clinical and executive authority for child and family social services. In the past, there has been a lack of leadership and accountability for self-reported failings in implementing legislation, regulations and national standards. Those managers with responsibility for risk (principal social workers) do not have direct access to resources, including care placements. Child care managers have an advisory role rather than a service management function in 28 of the 32 HSE areas. Local health offices have different management systems, frequently allocating decisions on sensitive gate-keeping or admissions to services to committees. Although the local health manager has overall responsibility, the layers and decision-making arrangements make it difficult to identify where authority and responsibility lie, and leads to a system that is administered rather than managed.

The HSE recognises that its current management structure needs to be reformed and has recently engaged in a process to review the structure, management and organisation of children and family services. This is a welcome initiative. These reforms are a necessary first step to ensure improved service outcomes for children and their families, and to support and hold managers accountable for the services they manage.

The IYJS is also overseeing a change management project, whereby the 4 detention schools will become one national detention facility. Provision will also be made for 16 and 17 year-old boys in this new detention facility (currently detained in St. Patrick's). The IYJS is also working with projects it funds to ensure that the activities and interventions undertaken are effective. It has reviewed the projects against patterns of local youth crime in this regard.

The key message is that the allocation of resources, including staff, across the HSE and IYJS and funded agencies in the area of child and family services and youth services should be allocated to those areas and those children whose need is greatest. It is essential that the resources already in the system are used effectively and that public-funded services should account for how they are working in partnership with other agencies and in agreeing community priorities. This change management process will take time, but is essential as part of the health and social care reform measures, particularly where resources are limited. In the meantime, a key message of the Commission's Report is that each manager has to be responsible and accountable for the day-to-day management of their service in the current circumstances.

Vetting

Vetting of staff working with children by An Garda Síochána is becoming more common. Line managers need to be satisfied that all their staff are vetted; where the vetting is carried out by the Human Resources department, the manager should check that it has been received before an employee is allowed to work with children. The OMCYA and the Department of Justice, Equality and Law Reform are currently working on the preparation of legislation to place Garda vetting on a legislative footing. This will provide for the use of 'soft' information as part of the vetting process, in line with the recommendations of the Joint Committee on the Constitutional Amendment on Children.

Vetting by means of references is an essential way of ensuring the capacity, as well as the safety, of staff. A culture of offering minimal information by way of references has developed, Managers should be supported by their organisation to ensure they write accurate references.

Social care workers

The number of social care workers with a qualification (degree or diploma in social care) employed in children's residential care and detention has increased substantially over the last decade. In line with national policy, the numbers of children in care placed in family settings has increased. Residential care is more frequently used for older children with more complex, and frequently challenging, needs. As the social care qualification in itself is generic, staff require ongoing training, support and supervision to ensure that they have the skills required to meet the needs of children in residential care and in detention.

Social workers

Social workers, unlike many other recently graduated professionals in the health and social care field, do not have a mandatory first year working with a limited caseload under supervision and support. Since the majority of vacancies are in child protection work, newly qualified social workers very often start work in the most difficult and complex areas of social work.

Staff retention within child protection is an issue. Social workers require ongoing training, support and supervision to deliver a safe and good quality service. Managers should consider rotating new staff across child protection, child welfare and children in care services to provide the range of experience necessary for front-line workers in this stressful and difficult area. Many staff within the system have obtained complementary degrees in various other disciplines, such as law, psychotherapy, family therapy and business management. To retain such staff, these skills should be acknowledged and utilised to a greater degree through special projects and secondment. Targeted use of the senior practitioner posts should be used to retain experienced staff in child protection. It has to be acknowledged that this role is the most difficult in social work.

Social work placements

The current system does not ensure that structured practice placements are available for social work students. Universities arrange with individual social workers to 'take a student on placement' and while social workers are paid an allowance, the training and supervision of that student is additional to the caseload of the social worker.

Foster care

A most significant change in how children in care are looked after since the period on which the Commission reported (up to 1970) is the shift from institutional to foster care. Over 90% of children in care are looked after by foster carers or by foster carers who are relatives. Managers should ensure that foster carers who are providing care for children with significant difficulties are given the additional support, training, respite and resources needed in order to be able to offer a sustained placement. Where children are delayed in reaching maturity, consideration should be given to supporting them with their foster carers beyond the age of 18.

Case reviews

A case review provides an opportunity for managers and staff to review how a case was dealt with. It can look at the assessment, intervention and outcome in respect of an individual child or family. It can also identify system or professional failures that may have contributed to instances of abuse.

Case reviews cultivate reflective practice, good teamwork and improvements in working methods. Although they tend to be associated with incidents where there was a poor outcome, they are nevertheless an excellent way of learning from staff and system failures. Case reviews should also occur routinely on cases that have good outcomes since this showcases good practice and validates procedures.

There is, however, no practice at present of undertaking case reviews in the area of children's services. Investigations into individual cases have not provided the same learning as case reviews.

Complaints

... an executive officer in the Department [of Education] wrote on another occasion, 'Complaints about the treatment of children in industrial schools are not infrequent, but from experience I would say that the majority are exaggerated and some even untrue'.

(Commission's Report, Volume IV, p. 36)

Complaints are everybody's business. There are systems in place for complaints to be made. Section 49 of the Health Act 2004 provides for a statutory system of complaints in relation to the HSE or funded service providers. The Office of the Ombudsman for Children has an independent complaints handling function under the Ombudsman for Children Act 2002. The culture of dealing openly with complaints differs across HSE areas. Some services provide an excellent response to complaints, dealing with them promptly, openly and fairly, and using findings to improve services. In other services, complaints may be seen as an administrative process, to be managed, or as the sole responsibility of the person or department that incorporates 'consumer' or 'complaints' in their title. In fact, complaints give staff and managers an opportunity to understand services from a client's perspective and when reviewed collectively they can be an excellent indicator of problems in the service.

Two pieces of legislation strengthen the protection afforded to anyone who reports child abuse 'reasonably and in good faith'. One is the Protection for Persons Reporting Child Abuse Act 1998. This Act states that even if a reported suspicion to the HSE or Gardaí later proves unfounded, the plaintiff would have to prove that the reporter had not acted in good faith in making the report. The other legislation is the newly enacted Part 9A of the Health Act 2004 (as inserted by Part 14 of the Health Act 2007). This legislation provides for 'protected disclosures' and it affords legal safeguards to people who want to report serious concerns about standards of safety or quality in Irish health and social care services. Known as the 'Whistleblower's Act', it offers protection (but not anonymity) to employees who make such disclosures and prevents an employer from penalising them for doing so. It also offers some other protections to members of the public who wish to draw attention to serious problems in services.

Management of rights

The task of managing the rights of parents and the needs of children is a complicated process and one of the primary skills of social work practice. Social workers deliver services often in fraught and challenging situations, where their working relationship with the family and the assessment of risk to the child must be balanced. Managing such complexities requires organisations to have effective leadership and accountability, confident professional staff, and clear expectations and measurement indices based on practices that enhance good outcomes for children.

There is no current system that demonstrates how managers foster a culture of evaluation and reflection. Managers regularly review local structures and service delivery, identifying problem areas for both staff and children. However, there is no system for relaying this information nationally.

Actions to be taken

43. The HSE will carry out an audit of all resources, financial and staff, directed at child and family services and at children in care services across regions and statutory and non-statutory agencies (*by February 2010*).
44. The HSE will direct resources equitably on the basis of need and level of deprivation, irrespective of geographical area or organisation. It will report progress on this action to the OMYCA annually (*ongoing from 2010*).
45. The HSE will act to reform its management structures following the review it commissioned in July 2009 to ensure a transparent and accountable management system (*by December 2010*).
46. All agencies providing services to children and families will measure managers' performance against adherence to statutory requirements and overall service delivery through performance management systems (*by July 2011*).
47. Management will ensure that all staff are appropriately vetted, including high standards for the take-up of references (*ongoing*).
48. The HSE will systematically plan to ensure that appropriate placements are available for children in care (*ongoing*).
49. The HSE will provide additional support, training, respite and resources to foster carers where children with significant difficulties are placed in order to sustain the placement (*ongoing*).
50. The HSE will establish a mandatory year of limited caseload, supervision and support for newly qualified social workers (*by January 2011*) and will consider the rotation of social workers across children in care, child protection and child welfare teams.
51. All agencies providing services to children and families will provide ongoing professional development through training programmes for all staff (*by end 2010*).
52. The HSE will put in place a system to provide social work students with the practice placements required as part of their training, both undergraduate and postgraduate (*by March 2010*).
53. The HSE will ensure full compliance with statutory complaints procedures (*ongoing*).
54. The HSE will undertake research on staff retention issues in social work (*by December 2010*).
55. The HSE will put in place mechanisms to better utilise the role of senior practitioner within child protection (*by June 2010*).

Commission's Recommendation 14: Child care services depend on good communication.

Commission's commentary: Every child care facility depends for its efficient functioning on good communication between all the departments and agencies responsible. It requires more than meetings and case conferences. It should involve professionals and others communicating concerns and suspicions so that they can act in the best interests of the child. Overall responsibility for this process should rest with a designated official.

Current position

The other notable change in the Guidelines [Child Abuse Guidelines 1987] was the emphasis on interagency cooperation and the clear identification of the roles of various professionals ... social worker, public health nurse, child psychiatrist, teachers, day care staff and residential staff.

(Commission's Report, Volume IV, p. 259)

There are national guidelines in place whereby professionals and the public can communicate their concerns and suspicions of child neglect or abuse. These include *Children First; Department of Education Child Protection Guidelines; Duty to Care*; and the *Standards and Guidance Document for the Catholic Church in Ireland*. It needs to be ensured that these guidelines are available to all agencies working with children and that through staff supervision, inspections and monitoring, all staff in child care facilities are aware of and adhering to them. Cooperation and working in partnership between statutory and non-statutory agencies is essential to facilitate good communication.

Interagency, multidisciplinary work is vital to the promotion of good child protection practice and to the provision of good and safe service delivery to service users. Social workers rely on information from other professionals and agencies to inform their assessment of need in respect of children and families. Informal consultation is facilitated by duty social work teams, where other professionals and agencies can discuss their concerns or suspicions without making a formal referral. While practice rightly seeks to protect individuals' privacy through confidentiality, it should not be a barrier to appropriate sharing of information in respect of child welfare. The safety of children is paramount. Appropriate information should be shared in respect of a parent's support needs so that agencies working with children can fully assess their circumstances and well-being.

Sharing of information can form a central part of early intervention, for example, linking maternity hospitals, public health nursing, community mother schemes, drug and mental health teams, and statutory and non-statutory family support services. This would ensure service delivery at the earliest possible stage in a child's life.

Children's Services Committees (CSCs) are currently piloted in four areas around the country (Dublin City, South Dublin County, Donegal County and Limerick City). These CSCs are not new structures, but are the coming together of local statutory agencies, together with other agencies, which are funded by the Exchequer and which provide services that impact on families and children. The purpose of the CSCs is to ensure that agencies work together strategically to achieve intended outcomes for children and families and value for money. They have been set up specifically to enhance interagency communication and working in partnership to meet the needs of vulnerable children and families (*see Chapter 2, under 'Agencies and staff working together to promote child welfare and safety' page 12*). The development of local youth justice teams under the CSCs, as envisaged under the National Youth Justice Strategy, should continue.

The Young Persons Probation Court Liaison function also facilitates communication between agencies. Joint protocols have been developed between Young Persons Probation, the IYJS and the children detention schools in relation to bed management and advising the Children Court on this.

In some HSE areas, Area Child Protection Committees are convened by the child care manager in the HSE to promote multidisciplinary work and best practice in child protection across all agencies. The National Youth Justice Oversight Group provides another example of a formal structure that facilitates the monitoring of communication between agencies.

At present, there is no legal framework for sharing of relevant information in relation to children at risk. This issue is currently under consideration by the Minister for Children and Youth Affairs.

Actions to be taken

56. The HSE and local authorities will continue to establish and implement Children's Services Committees in each county nationwide (*ongoing*).
57. The OMCYA will consider legislation to provide for a duty to share information in the best interests of children between agencies, specifically between support services for adults and the HSE child protection social workers (*ongoing*).

Commission's Recommendation 15: Children in care need a consistent care figure.

Commission's commentary: Continuity of care should be an objective wherever possible. Children in care should have a consistent professional figure with overall responsibility. The supervising social worker should have a detailed care plan, the implementation of which should be regularly reviewed, and there should be the power to direct that changes be made to ensure standards are met. The child, and where possible the family, should be involved in developing and reviewing the care plan.

Current position

In many social work departments, social workers manage a mixed caseload of both child protection and children in care. While this ensures that social workers gain skills in all areas of practice, it can also be argued that child protection demands take precedence over statutory requirements to children in care. This can result in children in care not being visited regularly or their care plans not being updated to reflect changes in their lives. The issue of staff retention is also problematic, with child protection teams experiencing a higher turnover of social workers than other areas.

While the allocation of a social worker to all children in care is required, doing so will not deplete waiting lists for unallocated cases of children at risk in the community. The practice of holding waiting lists for children at risk in the community varies depending on area, as outlined in the *Social Work and Family Support Survey 2008* recently completed by the HSE (HSE, 2009c).

Increasing resources without reviewing how effective a service is might be desirable, but it is not useful or good value for money. The HSE now has the opportunity, with the commissioning of an external body, to review its management system for children and family services. Any consideration of resource issues as part of this process should be undertaken in the context of the need for agreement on structural reform and modernised working practices.

To meet the welfare needs of children and families in communities, the HSE is discussing with staff and their representative bodies the introduction of an extended working day (8am to 8pm). These considerations should also be dealt with in service arrangements with non-statutory family support agencies since their services in particular involve face-to-face work with families in need of support.

Actions to be taken

58. It has already been decided that the HSE will fill up to 270 social work posts currently vacant. This initiative will be targeted at the area of child protection and children in care in order to fulfil its statutory obligations (*ongoing, during 2009-2011*). The need to recruit further additional social workers will be considered in the light of progress made in delivering necessary reforms in the area of child welfare and protection.

59. Where appropriate, the HSE will convert existing temporary child protection social work posts to permanent positions (*by July 2010*).
60. The HSE will ensure that all children in care have an allocated social worker and a care plan that is developed and reviewed, as laid out in regulations and national standards (*ongoing*).
61. The HSE will carry out funding and management reforms to provide an equitable and effective service to children in care and at risk (*by July 2011*).
62. The HSE will review the working hours of its staff and those of funded agencies (*by July 2010*).
63. The HSE will ensure that social workers who are allocated to children whom the Courts place in detention continue to work in partnership with the children detention schools in care planning (*ongoing*).

Commission's Recommendation 16: Children who have been in State care should have access to support services.

Commission's commentary: Aftercare services should be provided to give young adults a support structure they can rely on. In a similar way to families, child care services should continue contact with young people after they have left care as minors.

Current position

Many witnesses commented on the lack of preparation or planning for discharge and reported that their transition to independent living was traumatic ... 'I did not know how to behave in somebody's home'.

(Commission's Report, Volume III, p. 283)

Aftercare services are provided to young care leavers from the age of 18 to assist and support them in the transition from dependent child in care to independent young adult. While not standardised nationally, the following services are available in some areas:

- dedicated aftercare workers, who work with young people leaving care to assist in accessing services, etc;
- semi-independent, self-contained living accommodation;
- semi-independent hostel accommodation with support staff (e.g. YMCA, Catherine Le Froy);
- payment of deposit for private rented accommodation;
- payment of college registration, living allowance and rent if in full-time education.

Where aftercare accommodation is required, it is in many instances provided by the non-statutory sector. Provision of accommodation varies across the country, from none in some areas to semi-independent, self-contained units available in other areas. Access to accommodation is based on the young person's ability and willingness to engage, cooperate and comply with house rules. Assessments of need should take place to identify those most in need and these young people should be prioritised for local authority housing, offering them a secure base and appropriate supports. Youth workers may be able to play a role here in supporting young people as they make the transition into adulthood.

Young people leaving care and detention services, particularly from residential or hostel accommodation, are at risk of some of the same ongoing difficulties identified by the Commission's Report for children who left care from the 1930s to the 1970s. Key problems for young people, identified in research over the past decade, are homelessness, mental health and addiction problems, educational deficits and loneliness (Kelleher *et al*, 2000).

There has been no systematic follow-up of all young people who have left care, so it is not possible to estimate the percentage who experience difficulties beyond those normally encountered in the transition from adolescence to adulthood. Research and other reports have identified a higher representation of children who were in care than in the general population who, as young adults, access homelessness and mental health services. Young people released from detention schools, if not returning to their families, have to cope with living alone, having been in a highly structured environment.

The provision of aftercare by the HSE should form an integral part of care delivery for children who have been in the care of the State. It should not be seen as a discretionary service or as a once-off event that occurs on a young person's 18th birthday, but rather a service that he or she may avail of up to the age of 21. In particular and in common with all young people, care leavers need the type of flexible support provided by families to young people exploring independence. Examples of flexible support include services that can provide a place to go, for example, at Christmas, or when ill, or in a period between accommodation or jobs, or somewhere to leave one's belongings for a short period while taking up a student's summer job abroad or between accommodation. Such support services could also allow for cash grants to learn basic life skills, for example, driving lessons.

Aftercare support of this kind is appropriate for young people who have experienced stable care placements and who need the same type of support as any young person leaving home, in transition to adulthood. It should be noted that most young people do not leave home until they are in their mid-20s or they use home as a secure base, yet vulnerable care leavers are expected to live independently at the age of 18. An SSI inspector encountered the case of a young woman who was asked to leave her residential placement on her 18th birthday, even though she was only a few months away from sitting her Leaving Certificate. Such an abrupt change can leave young people without a support network, especially where they move to a different area for accommodation in a special aftercare centre or in the private rental sector.

Young people are assisted by their social workers and residential care workers to find and move into rented accommodation, but contact with care units often ceases. In the absence of care-leaving grants, young people are advised to contact community welfare officers, who may provide financial assistance for them to buy necessary household items. This is a discretionary payment under the Supplementary Welfare Allowance Scheme funded by the Department of Social and Family Affairs. When young people leaving care remain in education, financial assistance is provided.

Other care leavers will have been identified during their time in care as being more vulnerable and will need more intensive support if they are to make the transition between dependent child and independent adult. These young people will need to be supported on an ongoing basis as vulnerable adults. The reasons for their vulnerabilities are complex and may stem from their family background and experience prior to coming into care, but there are instances where vulnerabilities can be attributed to the care they received.

Some young people may be transferring to adult services, including mental health and disability. Key workers should be identified in these services to facilitate a smooth transition from children's services to adult services, but also to provide support for these young people to access education or training placements. It is important that they have a place where they feel they belong.

Aftercare services are not provided consistently to all children across the State. Some HSE areas have dedicated aftercare workers, but most do not. Some areas provide aftercare services only to young people who have been in their care for a specific length of time; for others, support is offered only in the immediate period leaving the care placement. In some instances, the resources offered are based on the child's willingness to accept the aftercare resource at the time of leaving care. Aftercare planning forms part of a young person's care plan between the ages of 16 to 18, given that young people in care are expected to live independently at 18.

Actions to be taken

64. The HSE will ensure the provision of aftercare services for children leaving care in all instances where the professional judgement of the allocated social worker determines it is required (*by November 2009*).
65. The HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood (*starting in 2010*).
66. The HSE and the Department of the Environment, Heritage and Local Government will review the approach to prioritising identified 'at risk' young people leaving care and requiring local authority housing (*by December 2010*).
67. The HSE will ensure that care plans include aftercare planning for all young people of 16 years and older (*by June 2010*).
68. The HSE will ensure that aftercare planning identifies key workers in other health services to which a young person is referred, for example, disability and mental health services (*by June 2010*).
69. The OMCYA, in conjunction with the HSE, will consider how best to provide necessary once-off supports for care leavers to gain practical lifelong skills (*by June 2010*).

Commission's Recommendation 18: Children in care should not, save in exceptional circumstances, be cut off from their families.

Commission's commentary: Priority should be given to supporting ongoing contact with family members for the benefit of the child.

Current position

'It takes me a long time to trust people ... there was never any contact ... no hug or anything like that ... I don't remember any contact with anyone as a small child.'

(Commission's Report, Volume III, p. 185)

'The family was supportive and kept in contact – visits, parcels and summer holidays. I went back home.'

(Commission's Report, Volume III, p. 203)

The Child Care Regulations 1995, the National Standards for Residential and Foster Care, and the National Standards for Children in Detention all support contact between children in care and their families. Inspections of residential care centres find that in general there is ongoing contact by way of visits and phone calls. Efforts are made to place siblings together. The increasing number of children placed in the care of relatives (47% of children in foster care) indicates the commitment to keeping children within their family and communities. The location of the placement, be it residential or foster care, can have an impact on the amount of family contact. Social workers believe that in most circumstances children are best placed within, or near to, their own community. However, the type of placement (foster care or residential) a child needs may not be available in their local community and so the child may have to move from their extended family, school, friends, clubs when a placement is found for them.

The care planning process offers the best opportunity to address the issue of contact with family, while the social worker is consulting with the child and assessing their needs, and also in consultation with family members and carers.

Where children do not have an allocated social worker or an updated care plan, contact with families is more likely to erode. Where one sibling has more challenging behaviour or a special need, joint placements are less likely to occur. The longer separate placements exist, the less likely it is that siblings will live together in the future. Family relationships are often fractured at the point of children coming into care and some family histories can exclude individuals or sections of the family who at a later date may be willing to develop a relationship with the child.

Actions to be taken

70. The HSE will ensure that all children in care have an allocated social worker (as per Recommendation 10, Action 33 – *by December 2010*).
71. The HSE will ensure that the care plan should reflect the updated plan for contact with family members. It should be reviewed specifically for the possibility of contact with the extended family (*ongoing*).
72. The HSE will ensure that where siblings have needs that cannot be met within the one placement at a particular time, the care plan should review on a regular basis current circumstances to see if a joint placement is in the interests of all the children in the future. Siblings who live apart should have planned visits and holidays together, other than in exceptional circumstances where it is not in the best interests of a child to do so and these reasons are formally recorded (*ongoing*).
73. The HSE will actively review the impact of placement distance from family and community on a child's ongoing relationship and contact with their family, and if the placement goes ahead, will put in place a specific plan to facilitate ongoing contact (*ongoing*).

Commission's Recommendation 19: The full personal records of children in care must be maintained.

Commission's commentary: Reports, files and records essential to validate the child's identity and their social, family and educational history must be retained. These records need to be kept secure and up to date. Details should be kept of all children who go missing from care. The privacy of such records must be respected.

Current position

Children need to know who they are, where they came from and the details necessary to establishing their individuality, such as their birth and health records, photos of people close to them and of themselves at different stages of their childhoods.

(Commission's Report, Volume III, p. 396)

The National Standards for Residential Care, Foster Care, Special Care (Department of Health and Children) and Detention Schools (Department of Education and Science) all require that records, reports and files relating to a child in care are kept in perpetuity. While this is generally the case, there is no one national archive that ensures that all relevant records are secure and readily accessible. These records refer to assessments, care plans and recording of significant events. They also hold a broader meaning, not always recognised by staff – to include photographs, videos, children's art and other memorabilia that the child did not take with them when changing placement or leaving care. These articles hold memory and identity for a child and their value may only be recognised when the child has grown to adulthood.

Currently, there is an absence of robust ICT systems to gather information. This means that agencies cannot gather data on how their own agency or service links, or fails to link, with others serving the same population. Also, there is no national policy on storing records. They are stored by local arrangement only.

Actions to be taken

74. All records of children in care and in detention will be kept to good standard and will include details of any child who goes missing in care (*ongoing*).
75. The HSE will facilitate the development of a national archive, to be managed professionally, for the records of all children in care (*by December 2010*).
76. The HSE will ensure that records created in non-statutory agencies are secured in its national archive (*by July 2011*).
77. The HSE will ensure that records of children in care will include relevant memorabilia, such as are kept in family homes, until the child is an adult and decides what he or she wants to keep (*ongoing*).
78. The IYJS will ensure that children's records created in the detention schools are securely archived (*by July 2010*).

8. Voice of the Child (Recommendations 13 and 17)

Commission's Recommendation 13: Children in care should be able to communicate concerns without fear.

Commission's commentary: Children in care are often isolated with their concerns, without an adult to whom they can talk. Children communicate best when they feel they have a protective figure in whom they can confide. The Department of Health and Children must examine international best practice to establish the most appropriate method of giving effect to this recommendation.

Commission's Recommendation 17: Children who have been in child care facilities are in a good position to identify failings and deficiencies in the system, and should be consulted.

Commission's commentary: Continued contact makes it possible to evaluate whether the needs of children are being met and to identify positive and negative aspects of experience of care.

Current position

'I think I wanted someone to listen to me. Nobody ever listened to us, nobody ever asked how we were feeling. When our mother died, we were never spoken to, we cried for a reason, nobody every asked, nobody ever said "If you have a problem come to me" ...'

(Commission's Report, Volume III, p. 17)

Ensuring that children and young people have a voice on issues that affect them is a fundamental right articulated in Article 12 of the United Nation Convention on the Rights of the Child (UN, 1989). It is also emphasised in current legislation and national policy. The establishment of the Office of the Ombudsman for Children is a further important conduit for children to express their views and concerns.

Stable reliable bonds with key individuals are fundamental to children's security and development. For most children, this means growing up happily and safely in their own homes. However, the reality is that some children and young people grow up in care. The care system should support good relationships, but children and young people often do not have the sort of relationship with their social worker or care staff that they want. Due to staff shortages, staff turnover and placement changes, some children do not benefit from a stable relationship with a protective adult.

Children in care should have an allocated social worker to act as a protective figure and someone they can confide in. Where children in care or in detention have a number of different adults in their lives, they may identify someone other than their social worker, such as a key worker in residential care or detention, foster carer or project worker.

There are several examples where children have a voice on issues that affect them and where young people in care have input into their care reviews. Children and young people in residential and foster care can attend these reviews or give their views to their social worker or key worker. Most residential care homes hold regular residents' meetings, which provide a forum for giving children and young people a voice. A Court can appoint a Guardian ad Litem (GAL) when a child is likely to be placed in long-term care or in special care to represent the child's best interests and to make the Court aware of the child's own wishes. The Children Acts Advisory Board (CAAB) recently produced guidelines for the work of GALs. The report did not address the management or funding of the system and stated that unless these issues are addressed, any guidance offered to the sector cannot have the optimum effect.

The HSE funds the Irish Association of Young People in Care (IAYPIC) to ensure advocacy for children and young people in State care. IAYPIC aims to give a voice to what young people in care and detention are saying, to promote their rights, to provide information, advice and support to young people, and to promote their participation. IAYPIC has been very active in some areas, but take-up has been poor in others. Young people who contact IAYPIC tend to be experiencing difficulties, especially those who are leaving care.

Representatives of young people in care were consulted in the development of the National Standards for Residential and Foster Care. Child-friendly copies of these standards are made available to children. SSI inspectors invite children in care settings to identify good and bad aspects of their placements. The SSI is planning to involve people who have recently left care in its inspections, which will be helpful in eliciting the views of young people. However, 'exit interviews' with children leaving care do not take place on a systematic basis.

Having a robust legislative and policy framework is not enough in itself to ensure that children and young people in care and detention have a voice. Two obstacles that often prevent their voices being heard are the significant number of children in care who do not have an allocated social worker and a change of allocated social worker due to staff turnover. A modern communication system for young people in care to contact each other, express views and source support would be beneficial.

In planning for the future, 'exit interviews' should take place with all young people leaving the care system, with a systematic follow-up in order to ascertain their views on their experience in care and expansion of the work of IAYPIC.

A child's right to participate can be ignored if the child or young person has intellectual and/or communication difficulties. Children in care and in detention should have equal access to health and educational services. Their rights must become embedded in everyday practices in homes, schools and particularly in residential care and detention settings. Efforts should be made to identify a young person's support networks (e.g. family welfare conference before the young person comes into care). There should be an openness to supporting family contact within care homes and connections with social networks outside the residential or detention placement. Consideration could also be given to young adults who have left care having a mentoring role, where appropriate, with children presently in care.

Actions to be taken

79. All children and young people in care will have an allocated social worker (as per Recommendation 10, Action 33 – *by December 2010*).
80. In the context of the CAAB report on Guardians ad Litem, the Minister for Children and Youth Affairs will engage with ministerial colleagues to agree a future policy of management and funding of the service (*by May 2010*).
81. The HSE will arrange for ‘exit interviews’ to be conducted with children on changing placements and on leaving care. These interviews should be formally recorded and should be considered, both individually and collectively, in the planning and delivery of services (*by September 2009*).
82. The HSE and IYJS will ensure that all young people in care and detention are made aware of the work of IAYPIC and will support children should they wish to contact or become involved with the service (*by December 2009*).
83. The OMCYA will conduct a consultation exercise with children and young people in the care of the State. A working committee will examine methods of communicating with young people in care and detention settings, and ways of establishing permanent forums, with findings to be published (*by September 2010*).
84. The HSE will arrange for exit interviews with personnel leaving child protection and residential care in order to better understand issues of staff retention (*by September 2009*).

9. Children First (Recommendation 20)

Commission's Recommendation 20: *Children First: National Guidelines for the Protection and Welfare of Children* should be uniformly and consistently implemented throughout the State in dealing with allegations of abuse.

Current position

'They all said "That couldn't have happened", but they can't say that to 5,000 of us when we all have a similar story to tell.'

(Commission's Report, Volume III, p. 17)

Under the Child Care Act 1991, the HSE has statutory responsibility for the investigation and assessment of child abuse. This function is primarily carried out by professionally qualified social workers, with input from a range of other professional groups such as child care workers, public health nurses, psychologists, family support workers, speech and language therapists, project workers, child psychiatric teams and addiction teams.

Published in September 1999, *Children First: National Guidelines for the Protection and Welfare of Children* are the national overarching guidelines that apply to all individuals and agencies dealing with children. They are intended to support and guide health professionals, teachers, members of An Garda Síochána and the many people in sporting, cultural, community and voluntary organisations who come into regular contact with children. The *Children First* national guidelines emphasise that the needs of children and families must be at the centre of child care and child protection activity, and that a partnership approach must inform the delivery of services. They also highlight the importance of consistency between policies and procedures across statutory and voluntary organisations. The key message of *Children First* is that responsibility for protecting children must be shared by all adults. Anyone who works with, has responsibility for or comes into contact with children should be aware of the signs of abuse, be alert to the possibility of abuse and be familiar with the basic procedures to report their concerns.

In 2005, the OMCYA undertook a national review of compliance with the *Children First* national guidelines. A comprehensive public consultation process was completed, together with meetings with key stakeholders including the HSE and An Garda Síochána. The resultant report, *National Review of Compliance with Children First*, found that, in general, difficulties and variations on the implementation of the guidelines arise as a result of local variation and infrastructural issues rather than from fundamental difficulties with the guidelines themselves (OMCYA, 2008). The OMCYA will publish a revised edition of the *Children First* guidelines in 2009, while a standardised business process addressing implementation issues has recently been completed by the HSE.

The work undertaken by the HSE on social work business processes will result in the standardisation of key work processes, such as referral and assessment. The benefits accruing from the standardisation of these processes will help front-line social workers by providing access to meaningful and consistent information,

allowing for well-informed management decisions about allocation of resources, etc. Ultimately, this serves to support social workers in their day-to-day duties and allows for better assessment and management of risk. The standardisation of these processes will also facilitate the development of a single social work ICT system, which will provide real-time case information to front-line social work staff in addition to aggregated management information. All of these initiatives will support social workers and their managers in dealing with the significant decisions they are asked to make on a regular basis. It will also support effective policy development at national level.

The issues around the implementation of *Children First* centre on the inconsistent application of the guidelines and the fact that there is no legislative provision to ensure compliance. It is considered that legislation should be put in place such that staff employed by the State, and agencies in receipt of Exchequer funding, are obliged to comply with the provisions of *Children First*. Recent research has, however, again cast doubt on the benefits to be accrued from introducing a system of mandatory reporting (Buckley, 2009).

As regards the wider issue of child welfare and protection work, the interdisciplinary, multi-agency dimension of the task needs to be strengthened where it exists and put in place where it is lacking. This can be achieved through the facilitation of greater sharing of professional knowledge.

Role of the Gardaí in child protection

There have been many positive changes in relation to the Gardaí's involvement in child protection. Following the introduction of the *Child First* national guidelines in 1999, joint Garda and social work training was rolled out nationally. This provided clarity on the individual roles and areas of joint work. Many cases where allegations of child abuse are made require both Garda investigation and social work assessment. Gardaí attend child abuse review meetings convened by child care managers, as well as area child protection committees and strategy meetings with social work departments. A more recent development is the introduction of DVD interviewing of minors and adults with learning difficulties. The Gardaí and HSE now have child specialist interviewers.

A joint protocol has recently been signed by the Garda Commissioner and the CEO of the HSE in relation to children missing from care. The removal of children by Gardaí to a place of safety under Section 12 of the Child Care Act 1991 has also been the subject of a joint protocol between the Gardaí and the HSE.

Actions to be taken

85. Legislation will be drafted (*by December 2010*) to provide that all staff employed by the State and staff employed in agencies in receipt of funding from the Exchequer will have:
 - a duty to comply with the *Children First* national guidelines;
 - a duty to share relevant information in the best interests of the child (as per Recommendation 14, Action 57);
 - a duty to cooperate with other relevant services in the best interests of the child.
86. The OMYCA will publish a revised edition of *Children First* (*by December 2009*).
87. The HIQA will develop outcome-based standards for child protection services (*by December 2010*).
88. Compliance with the *Children First* national guidelines will be linked to all relevant inspection processes across the education, health and justice sectors (*by December 2011*).
89. *Children First* should be uniformly and consistently implemented throughout the State (*ongoing*).

10. Additional issues

The following sections deal with issues considered appropriate to the spirit of the Commission's Report, but not necessarily referenced specifically in its recommendations.

Training issues

The need to place the child at the centre of the delivery of services at all stages of the pathway through the care process is of paramount importance. From the time a child comes into the care of the State, whether through the care, health or justice systems, he or she is dealt with by a wide range of organisations and individuals, including HSE social workers, the Courts Service, Gardaí, GPs, teachers and care workers. This is as true today as it was in the time of the children covered by the Commission to Inquire into Child Abuse.

It is important that all training for professionals who provide services that impact on children and families should include modules to give them an understanding of child development, the influence on the child of family dynamics and the importance of the relationship between parents and children. Regular refresher courses on child protection should be held for all professionals as part of their ongoing development.

The result of such training will be a greater appreciation among these professionals about their important role in family support and child protection. This will be an important step towards the necessary shift in societal perception of these services as being confined to social workers. If left unchallenged, this view will actually increase risk for children since safety requires that every professional uses his or her professional interactions with children and families in a broad way. Laying the duty to protect children on social workers alone places an impossible burden on these services and fails to protect children.

A further issue in this respect is the lack of available training for professional staff who are moving into management positions. For example, the role of the social work team leader is seen as central to good service delivery. Team leaders manage individual social work teams, case-managing all cases. It is essential that the HSE develop a management training programme for team leaders in child protection. Currently, if a vacancy arises, social workers can 'act up' as a team leader. This arrangement could continue for years in the absence of a recruitment campaign or training programme. This is not satisfactory and needs to be addressed.

Actions to be taken

90. The HSE/OMCYA will engage with the Health and Social Care Professionals Council regarding content of qualifying and post-qualifying courses. Similar engagement will take place with other education/accreditation bodies of relevant professionals across the areas of health, education and justice (*by June 2010*).
91. Continuing professional development will be prioritised by all employers in the health, education and justice sectors for their staff working with children and families (*ongoing*).
92. Training will be provided for professional staff moving into management positions in the health, education and justice sectors (*ongoing*).

Out-of-hours services

At present, an out-of-hours social work crisis intervention service operates in the Dublin area. While there is sporadic out-of-hours provision in other parts of the country, it is largely provided on an ad hoc, and often voluntary basis. In June 2009, the HSE commenced a new national system whereby Gardaí can access an appropriate place of safety for children found to be at risk out-of-hours under Section 12 of the Child Care Act 1991. The provision of this service aims to ensure that children presenting as 'at risk' outside normal working hours can be provided with an appropriate emergency place of safety, thereby reducing or eliminating social admissions in an acute hospital setting or an overnight stay in a Garda station.

This 'place of safety' service is seen as a first step in enhancing out-of-hours provision, but further steps need to be taken. Presently, there are services and locations where the HSE provides access to out-of-hours services. These include GPs, acute hospitals and acute mental health services. The next step in developing these services is to insert a social work component. The aim of this is to ensure that any person presenting at an out-of-hours service will be able to access the appropriate care for their circumstance. If this needs the input of a social worker, then this should be provided. The aim is to develop an integrated multidisciplinary approach that builds on the HSE's existing out-of-hours services. The final shape and structure of any such model will be dependent on a range of factors, including consultation with the social work profession.

It is proposed that the out-of-hours social work crisis intervention service be piloted in two areas of the country based on day-service social workers volunteering for 'on call' crisis intervention out-of-hours service.

Actions to be taken

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

Service arrangements

Many of the services provided to children and families in Ireland are provided on behalf of the State by non-statutory agencies, wholly or partly funded through the HSE. In order to ensure that the best possible standard of care is provided, it is necessary to ensure that the service agreements in place with these agencies are robust and clearly set out the State's requirements, as prioritised by the HSE.

Actions to be taken

94. The HSE will undertake a national review of all service arrangements in the area of children's services (*by June 2010*) to ensure that:
 - they comply with *Children First*;
 - the purpose and priorities of the service fit with the HSE's legislative requirements and operational priorities to provide services to protect and support children at risk and children in care and detention.
95. In instances of part-funding, the HSE will convene meetings with all funding agencies to agree service priorities (*by June 2010*).

Children Court issues

The Commission's Report outlined the process by which children came into the care of the State. In many instances, this was through a legal process that involved the Gardaí and the Courts. In relation to children who are in the care of the State today, similar legal processes are involved. It is important therefore that the legal processes through which children come into care today are informed by the theoretical knowledge available to us in relation to child development. It is of particular importance that we have an understanding of the impact on a child of the passing of time. When the State substitutes for the care a family normally provides, delays in a stable long-term replacement family lead to short-term placements with broken attachments, changes in friends and disruption of schooling.

Action is also required to make the Courts more child-friendly and to organise processes in a more child-friendly manner. Where feasible and having regard to the number of cases before a particular Court, this can be achieved through the provision of suitable accommodation for children and social workers/professional staff in Court premises. Every effort should be made to ensure that cases involving children are dealt with as sensitively as possible and that the dignity and privacy of children and their families are protected to the greatest extent possible.

Consideration should be given to make the Court process accessible, particularly for vulnerable children who may have intellectual and/or communication difficulties. Court lists could also be managed in such a way that children are not under stress, being confined to the Court building for long hours, and that social workers on front-line service provision are not detained unduly, waiting for cases to be heard.

The Courts Service has agreed to a number of actions in the context of the National Youth Justice Strategy 2008-2010, which aims to bring about improvements in the services it provides to children. This will be kept under review by the National Youth Justice Oversight Group.

Actions to be taken

96. It is recommended that the Courts Service conduct research into other jurisdictions that have best practice in place for the management of children and family services in the Court, with a view to introducing best practice in this area to this jurisdiction (*by December 2010*).

Assessments of alleged perpetrators

While all allegations of child sexual abuse are notified by social workers to the Gardaí, there is no national standardised practice in relation to the assessment of possible risk posed by alleged perpetrators following allegations of child sexual abuse.

When an allegation of sexual abuse is made, actions are taken where necessary by social workers to ensure the immediate safety of the alleged victim and any other child who may be perceived to be at immediate risk. The assessment of possible risk has a wider remit and is a complex procedure requiring an understanding of the legal framework for the assessment, considering due process and fair procedure. Since much of this work depends on the alleged perpetrator's willingness to engage, these cases require ongoing professional judgement in respect of necessary further action.

Currently, risk assessments in many areas are carried out by private agencies on behalf of the HSE. Case management is controlled by HSE social worker staff. This work, requiring experience and ongoing specialist training, is often lengthy and time-consuming, and is currently drawing on resources from the HSE's children and families social work departments. A working group was established by the HSE to consider demand for services in this area and to make proposals for a strategic direction for service delivery.

Actions to be taken

97. The HSE will implement the recommendations of the 2007 Report of the Working Group on Treatment Services for Persons with Sexually Abusive Behaviour (*by December 2010*).

Adoption

Due to constitutional restraints and Court rulings, Ireland has a very low level of children in care being placed for adoption. For all children who are in long-term care, permanency planning is a priority. Stability, belonging and transfer of legal rights – all benefits of the adoption process – underline the sense of security necessary for healthy development.

The issue of broadening the criteria for adopting children is being considered by the Joint Committee on the Constitutional Amendment on Children, chaired by Mary O'Rourke, TD. The Committee will over the coming months concentrate its deliberations on the family law issues dealing with the rights of children, intervention of the State where the parents have failed in their responsibility towards children, involuntary and voluntary adoption of children, and taking the best interests of the child into account in certain Court proceedings. The Committee's deadline for reporting back to the Oireachtas is 16th October 2009.

Actions to be taken

98. The Government will consider the options in relation to adoption policy in the context of the outcome of deliberations by the Joint Committee on the Constitutional Amendment on Children (JCCAC), due to report to the Oireachtas by 16th October 2009 (*ongoing following completion of JCCAC's work*).

Public awareness

Public awareness is a key consideration in addressing issues of child welfare and protection. Following publication of the Ferns Report in 2005, the HSE initiated a campaign to raise awareness of the importance of listening to children, to improve our own self-awareness of our behaviour in our own dealings with children and to increase our awareness of child abuse issues. The first stage of this campaign, entitled *Parents who listen, Protect*, was intended to assist parents and guardians reflect on the different stages in a child's development.

There is a need to further increase public awareness of child abuse in the light of the Commission's Report. The Minister for Children and Youth Affairs has requested the HSE to advance plans to provide a booklet that is designed for adults who may have a welfare or protection concern about a child. The booklet, called *Worried about a Child*, will provide information on what constitutes abuse, warning signs, what you can expect to happen when you report a worry, and some advice and guidance to parents should they find themselves faced with such a situation. This booklet will be made available in HSE premises and other public places, as well on the Internet.

In addition, through the North/South Ministerial Council, the Minister for Children and Youth Affairs proposes the publication of a leaflet to be sent to all households in the country which will provide key messages to the public and useful contact details for an adult to follow-up a concern or worry they may have.

Actions to be taken

99. The HSE will expedite the production and circulation of the *Worried about a Child* booklet (by December 2009).

11. Summary of Actions to be taken and their implementation

The Report of the Commission to Inquire into Child Abuse, along with its recommendations, have had a worldwide impact on Ireland's international reputation. The Report served not only to validate the experience of children, now adults, who were detained in residential care in Ireland from the 1930s, but also to place a spotlight on the standard of care, protection and welfare for children at risk and in State care in 2009.

It is essential to acknowledge that significant improvements have taken place for children at risk and in care in the intervening period, and the numbers of children, and their experiences as outlined in the Commission's Report, are not replicated in Ireland today. Many, but not all of the Report's recommendations are already enshrined in national legislation, regulation, standards and professional practice. However, a failure of modern child care practice is that national policy and legislation, in many instances, has not been fully implemented or has been unevenly applied. There are children in the State who are known to authorities to be at risk and who are not receiving all of the help they need. There are also children currently in care whose placements are unsuitable and children in care and detention whose needs for services are not being fully met and who leave care or detention without the support and guidance they need.

It is recognised that similar recommendations to those contained in the Commission's Report are also contained in previous reviews, inquiry and inspection reports. The needs of children at risk and children in care have been well-articulated over the past two decades. Individual agencies, services and professionals have striven to deliver good services and in many cases have succeeded. Despite this, some children continue to be failed by the service that is made available to them. The challenge now is to ensure that the Commission's recommendations and the actions outlined here are fully implemented.

The key components to ensure the fullest possible implementation of these recommendations are a combination of:

- leadership that places children as central to all actions;
- good governance of organisations;
- sufficient staff and foster placements, with adequate skills, competencies and other resources;
- availability of a multidisciplinary team for children in high support and special care, and in detention;
- agencies working together as 'corporate parents' to provide 'wraparound' services for children and young people in care.

Challenges to implementation for service providers/ State agencies

Leadership and accountability

A key challenge for senior managers is to translate policy, legislation and standards effectively into day-to-day practice in all front-line services. It is their responsibility to set standards for staff, to check if these standards are being met and to deal effectively with instances where deficits are identified. Managers must also recognise and attend to the need for prevention and early intervention services to avoid situations reaching crisis point. There is strong international evidence demonstrating that inputs at the prevention and early intervention stage achieve better outcomes than inputs at the crisis stage.

Furthermore, the culture of accountability needs to be strengthened in the child care, child protection and youth justice services. The introduction of performance management, with a focus on outcomes, would ultimately enhance individual and management accountability. Without such accountability, the inducement to bring about change and improvements or to challenge established ways of doing things is reliant on the good intentions and actions of individuals. The State needs to know that children at risk and in care receive a good quality service wherever they live and that there are sound methods in place to remedy identified deficits.

Governance

Governance issues include the accountability, management and systems in place in organisations delivering services to children at risk, in care and in detention. Good outcomes for children also require an independent external monitoring of services to establish if statutory requirements, national standards and organisational policy are in place. A challenge to managers and staff working across child protection, youth justice and children in care and in detention is to provide accountable and flexible services that match identified needs to improve children's outcomes within a regulatory and policy framework.

Since the 1970s, responsibility for children in care has moved from the Department of Education and Science to the Department of Health and Children, and detention services have moved to the Department of Justice, Equality and Law Reform. All child care services are now the statutory responsibility of the Health Service Executive (HSE). Services for children and families are located within the Primary, Continuing and Community Care (PCCC) pillar of the HSE. Local HSE health offices are responsible for, inter alia, the assessment and investigation of child abuse, fostering and residential care, as well as the provision of family support services to vulnerable families in the community. The recent decision to appoint a National Care Group Leader for child and family social services is an important development in this regard. The outcome of the HSE's July 2009 review of structures in this area and subsequent actions on the review's recommendations will be another important stage in governance developments.

Staffing resources

The issues around staffing resources have been outlined at various points in this Implementation Plan. It is worth noting that social workers and therapy grades are exempt from the current Government moratorium on recruitment and filling of vacancies. The approved Employment Control Framework for the HSE exempts social work posts from the moratorium on recruitment and provides for the filling of up to 270 social worker posts, which are currently vacant, over the period 2009/2010 by suppressing other vacancies and using the resultant savings to fund the extra costs. The Department of Finance has also agreed to allow the HSE to 'front load' the filling of the social worker posts to meet the requirements of the Commission's Report, provided it can show that there will be sufficient normal course vacancies before end-year to cover the costs involved and to bring it back within the HSE's overall staffing ceiling. The number of social workers has actually dropped since the end of 2008 and there are still social workers employed on temporary contracts. The immediate priorities, therefore, will be to convert existing temporary child protection social work posts into permanent positions and fill existing social worker vacancies as soon as possible.

The implementation of this Action Plan may require further additional resources. The full extent of this requirement and the true staffing capacity needs will only emerge in the context of the restructuring of the services to encompass, among other things, revised working practices and implementation of new technology. This area will need to be kept under review into the future.

Additional staffing resources in the areas of inspection and allied health/clinical teams are also included in this Implementation Plan. Again, this area will need to be reviewed during implementation.

Information systems and standardised work practices

The benefits of improved information about children at risk and in care are apparent. Information about such children was confusing in the past as different definitions were used and national figures and comparisons were unreliable. Agreed business processes and standardised definitions have now been finalised and are being implemented. Areas covered include intake and referrals, allocation of cases and waiting lists. These developments will facilitate the development of the first-ever National Child Care Information System (NCCIS) to support those working with children in care and at risk.

Resources distributed on need basis

The HSE has a major task ahead to ensure it can respond appropriately to children at risk and in care. It needs to deal with the inequity of services across the country and to ensure that those areas with the highest levels of need get the appropriate level of services. This will involve a national audit of funding, resources and staffing by indices of deprivation. The information gleaned will be the first step in a change management process requiring all managers and staff to engage in any subsequent redistribution of resources. Resources should be allocated in accordance with need.

Staff retention and quality

Child protection work can take its toll on the morale of staff. Front-line workers have a demanding task. Staff need knowledge and skills and personal attributes of resilience, courage and capacity to work in intense and conflicted situations. Their training, supervision and ongoing skills development should reflect the reality of their working environment. The morale and confidence of the staff will be reflected in their standard of work. Attention should be paid to ensuring that staff who undertake this important role are supported to do so. There should be a corporate risk strategy in place that sets out corporate responsibility clearly in this complex area, so that front-line staff know that compliance with best practice provides corporate support for their decisions.

Working across Government departments, agencies and professionals

Interagency and interdepartmental work is needed to address the wariness of staff across the health, education and justice sectors to become involved in child protection work. All those professional groups who have contact with children should, as part of their training, be exposed to issues of children at risk. Those professionals who have regular routine contact with children, in particular public health nurses and teachers, should be assisted in working actively in this area.

Overseeing implementation

To oversee the implementation of the actions specified in this Implementation Plan, the Minister for Children and Youth Affairs will chair a group convened for this purpose. The group will comprise representatives from the OMCYA, HSE, IYJS, Department of Education and Science, An Garda Síochána and any others the Minister deems necessary. The group will meet twice a year and a progress report will be presented to Government each year. The lifetime of the group will be 4 years' minimum.

Summary of recommendations, actions and timeframe

Below is a summary of the recommendations made in this Implementation Plan and the actions to be taken for each, with a timeframe provided where possible (*for details, see Chapters 4–10*).

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
ADDRESSING THE EFFECTS OF PAST ABUSES		
<p>1. A memorial should be erected.</p>	<p>1. A dedicated budget of up to €0.5 million will be set aside for this project and a committee will be established with the following terms of reference:</p> <ul style="list-style-type: none"> • to consider the views of the survivor groups in relation to the location and nature of the memorial to be erected; • to make recommendations on the location and nature of the memorial in a manner that best takes account of the views of the groups representing the survivors of abuse, and to consider arrangements for a national day of remembrance and solidarity; • to oversee the commissioning and delivery by the OPW (through competition) of the design and building of the memorial. <p>The Department of Education and Science will provide secretariat services to this committee. The project will be managed by the OPW.</p>	<p>by September 2009</p>
<p>2. The lessons of the past should be learned.</p>	<p>2. The Department of Education and Science will address the recommendation on an analysis of how these failings came about, with a view to ensuring that they are not repeated, through its senior management forum, business planning and risk register processes.</p> <p>3. Although the Ryan Commission did not make any recommendations regarding concerns about the possibility of a criminal record arising from detention in industrial schools, concerns were expressed by individuals. To address this issue, it has been decided that if any individual survivor has any outstanding concerns about a criminal record arising from the referral of children by the District Court pursuant to Section 58 of the Children Act 1908, he or she may write to the Minister for Justice, Equality and Law Reform attaching a copy of their Court record and/or other official documentation. As appropriate, a certificate will be issued to that individual clarifying the position. The Minister will keep under review the need for any additional measures to address concerns in this area.</p> <p>4. Arising from the recent review by the OMCYA of its national child protection guidelines, <i>Children First</i>, the Department of Education and Science will update its own child protection guidelines issued to all schools.</p> <p>5. The Department of Education and Science will also update its internal guidelines for departmental staff relating to child abuse complaints following the <i>Children First</i> review.</p> <p>6. The Minister for Health and Children will bring detailed proposals to Government in Autumn 2009 with regard to the protection of vulnerable adults with disabilities who are currently in institutional care.</p>	<p>ongoing</p> <p>ongoing</p> <p>by December 2010</p> <p>by July 2010</p> <p>by Autumn 2009</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
ADDRESSING THE EFFECTS OF PAST ABUSES (<i>continued</i>)		
<p>3. Counselling and educational services should be available.</p>	<p>7. To address the anticipated increase in demand for services resulting from the publicity surrounding the Commission's Report and the forthcoming Dublin Diocesan Report, additional therapy services will be purchased by the NCS from the non-statutory and private sectors for the next 18 months.</p> <p>8. The NCS will be exempted from the public service moratorium on recruitment and replacement of staff within its overall complement.</p> <p>9. The Department of Education and Science's new education strategy for the provision of education in children detention schools will be formally approved.</p> <p>10. The Education Finance Board will continue to provide funding for education purposes (€7.35 million available at the end of 2008).</p> <p>11. The Department of Education and Science will continue to provide for education services to children in the high support, special care and children detention facilities.</p> <p>12. In consultation with the IYJS, the HSE will develop a national specialist multidisciplinary team for children in special care and detention.</p> <p>13. The HSE will ensure that children in care are supported in accessing mainstream and specialist health services as necessary. The HSE will work with the IYJS to ensure that children in detention are similarly supported.</p> <p>14. Depending on local need and population, the HSE will resource primary care teams with social workers, speech and language therapists, and psychologists.</p> <p>15. The HSE will review need and establish resourced multidisciplinary assessment services for children and young people at risk.</p> <p>16. Addiction services for children based on best practice will be established nationwide by the HSE and the Drugs Task Force.</p>	<p>ongoing</p> <p>ongoing</p> <p>by December 2009</p> <p>ongoing</p> <p>ongoing</p> <p>by July 2010</p> <p>ongoing</p> <p>by July 2010</p> <p>by December 2010</p> <p>by June 2011</p>
<p>4. Family tracing services should be continued.</p>	<p>17. Funding will continue to be provided for family tracing services, as recommended in the Commission's Report.</p> <p>18. The Department of Education and Science will review the current arrangements to ensure the most effective means for the provision of this service.</p> <p>19. Personal records will continue to be provided to individuals on request, under the terms of the Freedom of Information Act.</p>	<p>ongoing</p> <p>ongoing</p> <p>ongoing</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
NATIONAL CHILD CARE POLICY AND EVALUATION OF ITS IMPLEMENTATION		
<p>5. Child care policy should be child-centred. The needs of the child should be paramount.</p> <p>AND</p> <p>6. National child care policy should be clearly articulated and reviewed on a regular basis.</p>	<p>20. In order to discharge the OMCYA's key role in overseeing the implementation of the Commission's Report, a suitably qualified specialist will be recruited (probably on a secondment basis) to provide access to senior professional expertise in the area of child welfare and protection.</p> <p>21. All agencies that provide services to children and families should develop and implement an operational plan based on <i>The Agenda for Children's Services</i>.</p> <p>22. The OMCYA will develop a new National Children's Strategy to cover the period 2011-2020.</p> <p>23. The OMCYA will lead a process to ensure that the current policy framework reflects the rights and dignity of children. This process will include benchmarking against policy in other jurisdictions. All policies should be consistent with the principles of the UN Convention on the Rights of the Child.</p>	<p>by December 2010</p> <p>by December 2010</p> <p>by January 2011</p> <p>ongoing</p>
<p>7. A method of evaluating the extent to which services meet the aims and objectives of the national child care policy should be devised.</p> <p>AND</p> <p>8. The provision of child care services should be reviewed on a regular basis.</p>	<p>24. The OMCYA will evaluate the extent to which child welfare and protection services, and youth justice services meet the aims and objectives of national child care policy, taking account of the output/outcomes statements recommendation in <i>Transforming Public Services</i>.</p> <p>25. The HSE will submit a suite of performance indicators to the OMCYA for approval for inclusion in the National Service Plan of 2010.</p> <p>26. The National Child Care Information System (NCCIS) will be prioritised for implementation assuming approval by the Department of Finance.</p> <p>27. The OMCYA, in conjunction with the HSE, will work to improve the quality and usefulness of Section 8 reports and to improve reporting on outputs/outcomes.</p> <p>28. The Irish Youth Justice Service will submit to the Minister for Children and Youth Affairs an annual report on the adequacy of detention services in meeting its policy objectives.</p> <p>29. The OMCYA will examine the feasibility of a linked database, coordinating data on children in care and in detention, from Health, Education and Justice.</p>	<p>ongoing</p> <p>by December 2009</p> <p>decision expected Summer 2009</p> <p>ongoing</p> <p>starting in 2010</p> <p>by July 2010</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
REGULATION AND INSPECTION		
<p>9. It is important that rules and regulations be enforced, breaches be reported and sanctions applied.</p> <p>AND</p> <p>10. A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed.</p>	<p>30. All organisations with a statutory function in relation to children at risk, in care and in detention have a duty to ensure regulations are applied and any breaches reported to the relevant authority.</p> <p>31. The HSE will end the use of separately run hostels for separated children seeking asylum and accommodate children in mainstream care, on a par with other children in the care system.</p> <p>32. In the interim, the HSE will inspect and register residential centres and hostels where separated children seeking asylum in the care of the HSE are placed, in accordance with the Child Care Act 1991, pending the commencement of the Health Act 2007 for children's residential services.</p> <p>33. The HSE will ensure that all children in care will have an allocated social worker and a care plan, in accordance with the regulations.</p> <p>34. The HSE will ensure that all relatives as carers and foster carers are assessed, in accordance with the regulations.</p> <p>35. The HSE will undertake a national review of current practice in relation to Part II, Section 5 of the Child Care Act, where homeless children can be placed in accommodation and not received into the care of the HSE.</p> <p>36. The HIQA will develop guidance for the HSE on the review of serious incidents, including deaths of children in care and detention. These will be reported to the HIQA and the Department of Health and Children/IYJS. The HSE and IYJS will develop a panel (internal and external) of appropriately skilled professionals to undertake investigations.</p> <p>37. In all cases of serious incidents or death of a child in care or in detention centres, the HIQA will review the initial circumstances and how the HSE and IYJS set about the investigation. It may, in circumstances set out in its guidance, conduct an independent investigation of the serious incident or death.</p> <p>38. The HSE will collect data on children from ethnic minority backgrounds and the Traveller community and, under national standards, will ensure their cultural identity is respected and their needs met.</p>	<p>ongoing</p> <p>by December 2010</p> <p>ongoing</p> <p>by December 2010</p> <p>by December 2011</p> <p>by December 2009</p> <p>by November 2009</p> <p>by December 2009</p> <p>ongoing</p> <p>ongoing</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
REGULATION AND INSPECTION (<i>continued</i>)		
11. Independent inspections are essential.	<p>39. The Health Act 2007 will be commenced to allow the SSI of the HIQA to undertake independent inspection of all children's residential centres and foster care.</p> <p>40. The Health Act 2007 will be commenced to allow the independent registration and inspection of all residential centres and respite services for children with a disability.</p> <p>41. St. Patrick's Institution will continue to be inspected by the Inspector of Prisons having regard to his statutory remit. The Inspector may, if considered necessary, invite the HIQA to advise on matters of child welfare in the discharge of this function.</p> <p>42. The SSI will develop standards and commence inspection of child protection and welfare services.</p>	<p>by July 2010</p> <p>by December 2010</p> <p>ongoing</p> <p>by February 2011</p> <p>by September 2011</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
MANAGEMENT OF CHILDREN'S SERVICES		
<p>12. Management at all levels should be accountable for the quality of services and care.</p>	<p>43. The HSE will carry out an audit of all resources, financial and staff, directed at child and family services and at children in care services across regions and statutory and non-statutory agencies.</p> <p>44. The HSE will direct resources equitably on the basis of need and level of deprivation, irrespective of geographical area or organisation. It will report progress on this action to the OMYCA annually.</p> <p>45. The HSE will act to reform its management structures following the review it commissioned in July 2009 to ensure a transparent and accountable management system.</p> <p>46. All agencies providing services to children and families will measure managers' performance against adherence to statutory requirements and overall service delivery through performance management systems.</p> <p>47. Management will ensure that all staff are appropriately vetted, including high standards for the take-up of references.</p> <p>48. The HSE will systematically plan to ensure that appropriate placements are available for children in care.</p> <p>49. The HSE will provide additional support, training, respite and resources to foster carers where children with significant difficulties are placed in order to sustain the placement.</p> <p>50. The HSE will establish a mandatory year of limited caseload, supervision and support for newly qualified social workers and will consider the rotation of social workers across children in care, child protection and child welfare teams.</p> <p>51. All agencies providing services to children and families will provide ongoing professional development through training programmes for all staff.</p> <p>52. The HSE will put in place a system to provide social work students with the practice placements required as part of their training, both undergraduate and postgraduate.</p> <p>53. The HSE will ensure full compliance with statutory complaints procedures.</p> <p>54. The HSE will undertake research on staff retention issues in social work.</p> <p>55. The HSE will put in place mechanisms to better utilise the role of senior practitioner within child protection.</p>	<p>by February 2010</p> <p>ongoing from 2010</p> <p>by December 2010</p> <p>by July 2011</p> <p>ongoing</p> <p>ongoing</p> <p>ongoing</p> <p>by January 2011</p> <p>by December 2010</p> <p>by March 2010</p> <p>ongoing</p> <p>by December 2010</p> <p>by June 2010</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
MANAGEMENT OF CHILDREN'S SERVICES <i>(continued)</i>		
14. Child care services depend on good communication.	<p>56. The HSE and local authorities will continue to establish and implement Children's Services Committees in each county nationwide.</p> <p>57. The OMCYA will consider legislation to provide for a duty to share information in the best interests of children between agencies, specifically between support services for adults and the HSE child protection social workers.</p>	<p>ongoing</p> <p>ongoing</p>
15. Children in care need a consistent care figure.	<p>58. It has already been decided that the HSE will fill up to 270 social work posts currently vacant. This initiative will be targeted at the area of child protection and children in care in order to fulfil its statutory obligations. The need to recruit further additional social workers will be considered in the light of progress made in delivering necessary reforms in the area of child welfare and protection.</p> <p>59. Where appropriate, the HSE will convert existing temporary child protection social work posts to permanent positions.</p> <p>60. The HSE will ensure that all children in care have an allocated social worker and a care plan that is developed and reviewed, as laid out in regulations and national standards.</p> <p>61. The HSE will carry out funding and management reforms to provide an equitable and effective service to children in care and at risk.</p> <p>62. The HSE will review the working hours of its staff and those of funded agencies.</p> <p>63. The HSE will ensure that social workers who are allocated to children whom the Courts place in detention continue to work in partnership with the children detention schools in care planning.</p>	<p>ongoing, during 2009-2011</p> <p>by July 2010</p> <p>ongoing</p> <p>by July 2011</p> <p>by July 2010</p> <p>ongoing</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
MANAGEMENT OF CHILDREN'S SERVICES <i>(continued)</i>		
16. Children who have been in State care should have access to support services.	<p>64. The HSE will ensure the provision of aftercare services for children leaving care in all instances where the professional judgement of the allocated social worker determines it is required.</p> <p>65. The HSE will, with their consent, conduct a longitudinal study to follow young people who leave care for 10 years, to map their transition to adulthood.</p> <p>66. The HSE and the Department of the Environment, Heritage and Local Government will review the approach to prioritising identified 'at risk' young people leaving care and requiring local authority housing.</p> <p>67. The HSE will ensure that care plans include aftercare planning for all young people of 16 years and older.</p> <p>68. The HSE will ensure that aftercare planning identifies key workers in other health services to which a young person is referred, for example, disability and mental health services.</p> <p>69. The OMCYA, in conjunction with the HSE, will consider how best to provide necessary once-off supports for care leavers to gain practical lifelong skills.</p>	<p>by November 2009</p> <p>starting in 2010</p> <p>by December 2010</p> <p>by June 2010</p> <p>by June 2010</p> <p>by June 2010</p>
18. Children in care should not, save in exceptional circumstances, be cut off from their families.	<p>70. The HSE will ensure that all children in care have an allocated social worker (as per Recommendation 10, Action 33).</p> <p>71. The HSE will ensure that the care plan should reflect the updated plan for contact with family members. It should be reviewed specifically for the possibility of contact with the extended family.</p> <p>72. The HSE will ensure that where siblings have needs that cannot be met within the one placement at a particular time, the care plan should review on a regular basis current circumstances to see if a joint placement is in the interests of all the children in the future. Siblings who live apart should have planned visits and holidays together, other than in exceptional circumstances where it is not in the best interests of a child to do so and these reasons are formally recorded.</p> <p>73. The HSE will actively review the impact of placement distance from family and community on a child's ongoing relationship and contact with their family, and if the placement goes ahead, will put in place a specific plan to facilitate ongoing contact.</p>	<p>by December 2010</p> <p>ongoing</p> <p>ongoing</p> <p>ongoing</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
MANAGEMENT OF CHILDREN'S SERVICES <i>(continued)</i>		
<p>19. The full personal records of children in care must be maintained.</p>	<p>74. All records of children in care and in detention will be kept to good standard and will include details of any child who goes missing in care.</p> <p>75. The HSE will facilitate the development of a national archive, to be managed professionally, for the records of all children in care.</p> <p>76. The HSE will ensure that records created in non-statutory agencies are secured in its national archive.</p> <p>77. The HSE will ensure that records of children in care will include relevant memorabilia, such as are kept in family homes, until the child is an adult and decides what he or she wants to keep.</p> <p>78. The IYJS will ensure that children's records created in the detention schools are securely archived.</p>	<p>ongoing</p> <p>by December 2010</p> <p>by July 2011</p> <p>ongoing</p> <p>by July 2010</p>
VOICE OF THE CHILD		
<p>13. Children in care should be able to communicate concerns without fear.</p> <p>AND</p> <p>17. Children who have been in child care facilities are in a good position to identify failings and deficiencies in the system, and should be consulted.</p>	<p>79. All children and young people in care will have an allocated social worker (as per Recommendation 10, Action 33).</p> <p>80. In the context of the CAAB report on Guardians ad Litem, the Minister for Children and Youth Affairs will engage with ministerial colleagues to agree a future policy of management and funding of the service.</p> <p>81. The HSE will arrange for 'exit interviews' to be conducted with children on changing placements and on leaving care. These interviews should be formally recorded and should be considered, both individually and collectively, in the planning and delivery of services.</p> <p>82. The HSE and IYJS will ensure that all young people in care and detention are made aware of the work of IAYPIC and will support children should they wish to contact or become involved with the service.</p> <p>83. The OMCYA will conduct a consultation exercise with children and young people in the care of the State. A working committee will examine methods of communicating with young people in care and detention settings, and ways of establishing permanent forums, with findings to be published.</p> <p>84. The HSE will arrange for exit interviews with personnel leaving child protection and residential care in order to better understand issues of staff retention.</p>	<p>by December 2010</p> <p>by May 2010</p> <p>by September 2009</p> <p>by December 2009</p> <p>by September 2010</p> <p>by September 2009</p>

Recommendations by Commission	Actions to be taken by Government departments and agencies	Timeframe
CHILDREN FIRST		
<p>20. <i>Children First: National Guidelines for the Protection and Welfare of Children should be uniformly and consistently implemented throughout the State in dealing with allegations of abuse.</i></p>	<p>85. Legislation will be drafted to provide that all staff employed by the State and staff employed in agencies in receipt of funding from the Exchequer will have:</p> <ul style="list-style-type: none"> • a duty to comply with the <i>Children First</i> national guidelines; • a duty to share relevant information in the best interests of the child (as per Recommendation 14, Action 57); • a duty to cooperate with other relevant services in the best interests of the child. <p>86. The OMYCA will publish a revised edition of <i>Children First</i>.</p> <p>87. The HIQA will develop outcome-based standards for child protection services.</p> <p>88. Compliance with the <i>Children First</i> national guidelines will be linked to all relevant inspection processes across the education, health and justice sectors.</p> <p>89. <i>Children First</i> should be uniformly and consistently implemented throughout the State.</p>	<p>by December 2010</p> <p>by December 2009</p> <p>by December 2010</p> <p>by December 2011</p> <p>ongoing</p>
ADDITIONAL ISSUES NOT SPECIFICALLY COVERED BUT IMPLIED IN COMMISSION'S RECOMMENDATIONS		
<p>Training issues</p>	<p>90. The HSE/OMCYA will engage with the Health and Social Care Professionals Council regarding content of qualifying and post-qualifying courses. Similar engagement will take place with other education/ accreditation bodies of relevant professionals across the areas of health, education and justice.</p> <p>91. Continuing professional development will be prioritised by all employers in the health, education and justice sectors for their staff working with children and families.</p> <p>92. Training will be provided for professional staff moving into management positions in the health, education and justice sectors.</p>	<p>by June 2010</p> <p>ongoing</p> <p>ongoing</p>
<p>Out-of-hours services</p>	<p>93. The HSE will put in place a national out-of-hours social work crisis intervention service, built into the existing HSE out-of-hours service. This will be piloted initially in two areas of the country.</p>	<p>ongoing</p>

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Appendix

Previous reports into child protection and welfare cases

- Kilkenny Incest Investigation (1993)
- Kelly Fitzgerald (RIP 1993) (1995)
- Madonna House Report (1996)
- West of Ireland Farmer Case (McColgans) (1998)
- Review Inquiry on any matter pertaining to child protection issues touching on or concerning Dr. A (2008)
- The Dunne Family Inquiry Monageer (2009)

Policy and legislative developments

A number of policy and legislative developments have taken place in recent years to address many of the recommendations of the above reports, including:

- Kennedy Report (1970)
- Task Force on Child Care Services (1980)
- Child Care Act 1991
- Child Care Regulations 1995 and 1996
- Children First: National Guidelines for the Protection and Welfare of Children (1999)
- The National Children's Strategy 2000-2010 (2000)
- Children Act 2001
- Report of the Working Group on Foster Care: A child-centred partnership (2001)
- Youth Homelessness Strategy (2001)
- National Standards for Children's Residential Centres (2001)
- Our Duty to Care: The principles of good practice for the protection of children and young people (2002)
- National Standards for Foster Care (2003)
- National Standards for Special Care Units (2003)
- National Guidelines on the Use of Single Separation in Special Care Units (2003)
- National Standards for Children Detention Schools (2004)
- Youth Justice Review (2006)
- The Agenda for Children's Services (2007)
- National Youth Justice Strategy 2008-2010 (2008)
- National Quality Standards for Residential Services for People with Disabilities (2009)
- Policy Statement on under-12s in Residential Care Settings (2009)

Submissions received

The preparation of this Implementation Plan involved consultation with a range of Government departments and agencies involved in child welfare and protection, including the IYJS, HSE, HIQA and An Garda Síochána. In addition, submissions were received from a number of organisations and individuals, also informing the preparation of this Plan, namely:

- Aislinn Centre
- Barnardos
- Children Acts Advisory Board (CAAB)

- Children's Right Alliance
- City of Dublin Youth Services Board
- Extern Ireland
- Focus Ireland
- Foróige
- Garda Inspectorate
- Garda Ombudsman
- Headstrong
- Health and Social Care Professionals Council
- IMPACT
- Inclusion Ireland
- Irish Association of Social Care Workers
- Irish Association of Social Workers
- Irish Association of Speech and Language Therapists
- Irish Association of Young People in Care
- Irish College of General Practitioners
- Irish Foster Care Association
- Irish Primary Principals Network
- Irish Society for the Prevention of Cruelty to Children (ISPCC)
- Fr. Peter McVerry
- National Counselling Service
- National Educational Welfare Board
- National Social Work Qualifications Board
- National Youth Council of Ireland
- National Organisation for the Treatment of Offenders (NOTA)
- NUI Galway, Child and Family Research Centre
- Office of the Ombudsman
- Ombudsman for Children
- Pavee Point
- Phoenix Trust
- Probation Service
- Psychological Society of Ireland
- Rape Crisis Network Ireland
- Resident Managers Association
- St. Vincent's University Hospital
- Trinity College Dublin, Children's Research Centre
- Youth Work Ireland

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