Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE South

Review of Adequacy of Child And Family Services 2005

Review of Adequacy of Child Care and Family Support Services, for HSE South (South East)
2005

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Section 6 Child Care Training

Foreword

This is the thirteenth annual review of the adequacy of Child Care and Family Support Services in HSE South East (formerly known as the South Eastern Health Board Region) in relation to the needs of children who are not receiving adequate care and protection and for their families under Section 8 of the Child Care Act 1991. The HSE South East is committed to the provision and development of needs based, user friendly and equality proofed services for children and families who reside within its catchment area.

The region covered by the South Eastern Health Board includes Carlow, Kilkenny, South Tipperary, Waterford and Wexford, covering an area of 3,635 square miles and has a population of 423,616 (Census 2002). There are four LHO Areas in the region; Carlow/Kilkenny, South Tipperary, Waterford and Wexford. The former South Eastern Health Board adopted the following mission statement, which is still in place:

'To help the people we serve to maximize their health and social well being, using the resources at our disposal as effectively and efficiently as we can.' [1]

The Guiding Principles of Community Care Services

- *Providing a person-focussed needs driven services which is effective, efficient and quality orientated:*
- *Providing treatment and care in the most appropriate setting:*
- *Providing equity of access to health and social care based on need:*
- *Achieving the greatest possible health and social gain from available resources;*
- *Addressing variations in the status of different groups in society.*

Service Objectives for Child Care and Family Support Services
To ensure that all children who live within the region:

- *Are safe and secure*
- *Are brought up in their own families, wherever possible*
- *Are recognized as citizens in their own right*
- *Have equal access to opportunities that will enable every individual to make the best of his/her physical, educational, psychological, emotional, spiritual and cultural development.*

- To meet the requirements of all relevant legislation, regulations, guidelines and Irish Social Services Inspectorate Standards.

- To develop appropriate services in line with the National Health Strategy, National Children's Strategy, the National Strategy on Youth Homelessness, the National Working Party Report on Foster Care and the Standardised Framework for inter-country Adoption Assessment.

While difficulties around resourcing of child protection services and in the recruitment and retention of staff continued to be apparent in 2005, there were a number of significant developments in the area of child protection and welfare. The introduction of Children First in all four LHO Areas resulted in a more focused approach to the notification of abuse and neglect. This has resulted in a reduction of the number of child protection case conferences held. All LHO Areas identified that there is a need for an independent chair for child protection case conferences.

Family Welfare Conferencing was introduced in 2002 in Wexford and has proven to be an integral part of child protection and welfare services. The development of the Assessment Framework for Vulnerable Children and Families and the piloting of the Framework in one LHO Area resulted in improved outcomes for children and families. The allocation 0.5 psychology posts in one LHO Area is a very welcome development and will allow for a multidisciplinary approach to child protection, it is hoped that this can be replicated in the other three LHO Areas in 2006.
While there are mechanisms in place to illicit the views of service users with regard to child protection services, it is clear that there is work to be done in developing formal processes other than attendance at care planning meetings; child in care reviews and case conferences, to establish the views of both children and their parents/guardians.

[1] This mission statement was developed in line with the principles outlined in the health strategy document, *Shaping a Healthier Future,* published by the Department of Health 1994.

The number of children and young people admitted to care remained static when compared to 2004. However, there has been a very significant reduction in admissions to residential care with the vast majority of admissions being to foster care. There are still a small number of children and young people who require high support and also special care. There were difficulties in accessing special care facilities for some children and young people who had been assessed as requiring this intervention. Wexford LHO Area introduced high support care for children and young people in the community and Waterford LHO Area continued outreach support from one of the residential centres.

The recruitment, training and support of foster carers continued to be an essential component of alternative care provision. All LHO Areas identified the need for independent chairs for statutory reviews of children and young people in care.

The LHO Areas work in partnership with non statutory bodies to provide a range of family support services. Wexford LHO has a family support strategy in collaboration with non statutory service providers and Carlow/Kilkenny LHO Area have started this process. There is a ongoing need to ensure that services are evidence based, responsive to local needs and offer value for money. There is general agreement that there needs to be more focus on early intervention projects such as Springboard.

Section 1 Demographic Profile

1.1 Child Well Being Indicators and Demographic Profile

Child Population of the South East: 115,027: Total population of the HSE South East: 423,616. Child population of the State: 1,013031.

Number of children 0 – 17 years expressed as % of pop of HSE SE	**27.15%**
Number of children 0 – 17years expressed as % of pop of child pop of the State	**11.35%**

Family Structure

Number of children under 18 who live in family household units with only one parent or primary care giver resident, expressed as a proportion of all children in the HSE SE area. Source CSO

Proportion of children with one parent/primary care giver resident	**23.95%**

Births to underage and teen-age girls

Number of births to females in age categories 10-14, 15-17 and in total, expressed as proportion of children in the HSE SE in same age group Source CSO

Proportion of Births 15 - 17
0.06% (78 Births)

Figures for births in the age group 10 to 14 not available

Child Mortality

Number of deaths among children under 18, expressed as a proportion of all children in the HSE SE area by principal cause of death. Source Vital Statistics, CSO

Principal Cause of Death	**Proportion of all children**
Malignant Neoplasm	0.019% or 22 deaths
Certain conditions originating in the perinatal period	0.089% or 103 deaths
Congenital Malformations and chromosomal abnormalities	0.10% or 117deaths
Sudden Infant Death syndrome	0.02% or 24 deaths
Injury and poisoning	0.05% or 60 deaths
Other	0.07% or 85 deaths
Total	**0.35% or 411 deaths**

Suicides among children in age categories 10-14, 15-17 and in total, expressed as a proportion of all children in the same age groups in the HSE SE area. Source Vital Statistics, CSO

Proportion of Suicides 10 - 14	**Proportion of Suicides 15 - 17**
.008% or 3 deaths by suicide	0.04% or 10 deaths by suicide

Children aged 10 to 14 years inclusive in HSE SE = 33,498; aged 15 – 17 years inclusive = 21,232

1.2 Data on Child Protection and Family Support Services

Since 1999 the Health Service Executive (previously Health Boards) and the Department of Health & Children developed a suite of National Performance Indicators, which has been refined each year. These Performance Indicators (PIs) are reported on quarterly and form part of the formal performance monitoring arrangements with the Department of Health and Children regarding implementation of the National Service Plan.

The Interim Minimum Dataset was created in 1998 to collect figures in relation to child abuse, admissions to care, children in care and youth homelessness. This was the first national aggregation of child care statistics. The dataset is collected on an annual basis with statistics for children in care, court activity and care providers collected biannually, and work continues to achieve standardisation of data items and processes.

Local data gathered for the Performance Indicators and the Interim Minimum Data Set are presented in this report. In addition data from additional sources such as social work departments, adoption, fostering, family support services and child care training are presented.

Section 2 Child Protection Services

2.1 Introduction to Child Protection Services

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

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

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

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

2. 2 Legislative Framework, Child Protection Services

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

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

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

2.3 National Policy

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

Section 2 Child Protection Services

Local Policy, Child Protection Services

While the child protection services in each LHO area are guided by Children First, they do not as yet have written local policies.

2.5 Description of local Child Protection Services

- **Description of local Child Protection Services as defined under the Child Care Act, 1991**

The Social Work Department has the lead role in child protection and welfare and takes referrals/reports from professionals and members of the public regarding children residing in the LHO area who may be at risk of abuse or neglect or who are not receiving adequate care and attention. All reports are investigated and appropriate steps taken to address the needs of the children in question in consultation with their families in so far as this is possible. Other disciplines that play a key role in provision of services to children and families at risk or in difficulties are public health nursing; psychology; area medical officers; community welfare officers; speech and language therapy and many other HSE and non HSE professionals.

- **Number of substantive WTE's by discipline**

Allocated WTEs in the SEHB area i.e. in the four community care areas.
56.1 Social Work posts: 2 Principal Social Work Posts (0.5 in each area); 40 Social Work posts; 9.1 Social Work Team Leader posts and 5 Senior Social Work Practitioner posts.
15 Child Care Leader posts
0.5 Psychology posts
16.8 Admin posts (shared with other services i.e. alternative care and family support services in the social work departments.)
88.4 WTEs.

While no substantive posts are allocated specifically to child protection with the exception of one .05 WTE Psychology post in Wexford, in all four LHO areas components of WTE Public Health Nursing; Psychology and Area Medical Officer posts are allocated to child protection in that these professions are an integral part of the service offered

- **Local Management/Operational Structure**

The local management arrangements vary in the four LHO areas however in each of the four there is a Principal Social Worker (PSW) leading up the Social Work Department which takes the lead role in child protection. The PSW reports to the General Manager and liaises and consults with the Child Care Manager in respect of cases in the context of the Child Protection Notification Management Team
Two LHO areas; South Tipperary and Waterford have opted to organise services into teams such as referral and assessment/intake and welfare and protection. In the other two LHO areas; Wexford and Carlow/Kilkenny the social work service is organised on a geographical basis with social workers taking referrals/reports from their allocated area and following through on cases that require intervention.

2.6 Child Protection Data, 2005

Presented below are local data, which are collected for the Department of Health and Children, as outlined in Section 1.2 of this Report.

2.7 Interim Data Set, Child Protection Data, 2005

Tables 1 – 8
The following figures are incomplete as in Wexford the facility to produce reports from RAISE was not available until more recently.

Number of Reports to the Social Work Department in the Health Board in 2005

Primary Type Report	Number of Reports	No. which had an initial assessment	No. which did not lead to initial assessment i.e. dealt with on the day
Welfare	1846	741	544
Physical Abuse	235	132	22
Sexual Abuse	290	143	22
Emotional Abuse	241	140	42
Neglect	441	214	54
TOTAL	**3053**	**1370**	**684**

Note: Figures for Wexford are only included in column two: number of reports

Outcome of Initial Assessment

Primary Type of Report	Number of Initial Assessments	Number notified to CPNMT/CCM	Number abuse suspected but child not at risk	Child Welfare Concern	no concern / closed	on-going Assessment
Welfare	741	0	28	646	50	17
Physical Abuse	132	33	33	30	39	9
Sexual Abuse	143	124	10	13	11	13
Emotional Abuse	140	28	35	33	36	12
Neglect	214	82	47	41	38	31
TOTAL	**1370**	**267**	**327**	**581**	**174**	**82**

Note: Figures for Wexford are only included in column three: number notified to CPNMT/CCM

2.2. Outcome of Initial Assessment for children with assessment ongoing at end of previous year (2004)

Primary Type of Report / Referral	Number of Initial Assessments	Number notified to CPNMT/CCM	Number abuse suspected but child not at risk	Child Welfare Concern	No concern / closed	On-going assessment
Welfare	284	0	12	61	23	9
Physical Abuse	26	2	1	2	2	0
Sexual Abuse	87	4	7	0	0	0
Emotional Abuse	28	1	1	1	1	4
Neglect	87	15	0	5	1	0
TOTAL	**512**	**22**	**21**	**69**	**27**	**13**

Note: Figures for Wexford are only included in column two: number of initial assessments.

3.1 Cases Notified to CPNMT / CCM and outcome of accepted cases

Primary Type of Abuse	Number notified to CPNMT	Number accepted to CPNS	Outcome of cases accepted			
			Confirmed Abuse	Confirmed Non-abuse	Inconclusive	On-going
Physical Abuse	34	26	8	2	1	8
Sexual Abuse	128	111	32	4	7	58
Emotional Abuse	29	23	12	0	0	1
Neglect	97	81	42	0	8	51
TOTAL	**288**	**241**	**94**	**6**	**16**	**118**

Note: Wexford figures *are* included in table 3.1above

3.2 Outcome of cases notified to CPNMT but not accepted to CPNS

Primary Type of Abuse	Number notified to CPNMT but not accepted to CPNS	Outcome of cases notified to CPNMT but not accepted to CPNS			
		Confirmed Abuse	Confirmed Non-abuse	Inconclusive	On-going
Physical Abuse	9	0	3	7	4
Sexual Abuse	15	2	2	5	6
Emotional Abuse	14	0	3	10	1
Neglect	40	0	8	19	13
TOTAL	**78**	**2**	**16**	**41**	**24**

Note: Wexford figures *are* included in table 3.2 above

3.3 Outcome of suspected abuse cases where child not at risk (not notified to CPNMT)

Primary Type of Abuse	Number of suspected abuse cases where child not at risk	Outcome of suspected abuse cases where child not at risk			
		Confirmed Abuse	Confirmed Non-abuse	Inconclusive	On-going
Physical Abuse	34	3	9	10	1
Sexual Abuse	17	0	4	3	0
Emotional Abuse	36	11	3	18	0
Neglect	36	0	8	19	7
TOTAL	123	14	24	50	8

Note: Figures for Wexford are not included in table 3.3 above

4. Child/Family Welfare Concerns

Primary Reason for Welfare Concern	P No of Children	Q No of Families
Child Problems:		
Child with emotional/ behavioural problems	172	85
Child abusing drugs/ alcohol	20	16
Child involved in crime	23	16
Child pregnancy	22	22
Physical illness/ disability in child	14	14
Mental health problem/ intellectual disability in child	22	21
Other – Please specify	4	3
Family Problems:		
Parent unable to Cope	155	93
Family member abusing drugs/ alcohol	114	62
Family member involved in crime	21	11
Domestic violence	68	43
Physical illness/ disability in other family member	19	16
Mental health problem/ intellectual disability in other family member	35	21
Family difficulty re housing/ finance	42	26
Parent separation/ absence/ other disharmony in home	109	61
Other – Please Specify	2	2
TOTAL	**842**	**512**

Note: Table 4 does not include figures for Wexford

5. Outcome of Child/Family Welfare Concern

Child Welfare Concern	R Number of Children	S Number of Families
Number Offered Service	702	431
Number Not Offered Service	66	42
Assessment Ongoing	74	39
TOTAL	**842**	**512**

Note: Table 5 does not include figures for Wexford

6. Primary Welfare Service Offered to support child/family

Primary Welfare Service Offered	Number offered service	Number who availed of service	Number who did not avail of service	Not known if availed of service

	No. children	No. families	No. children	No. families	No. children	No. families	No. children	No. families
Springboard	38	23	31	18	1	1	6	4
Social Work Interventions	836	542	470	306	81	225	285	11
Family Support Worker	76	45	42	33	16	8	18	4
Community Child Worker	35	21	25	14	5	3	5	4
Family Centre	8	8	3	3	0	0	5	5
Community mother	0	0	0	0	0	0	0	0
Home help	0	0	0	0	0	0	0	0
Referred to other professional	112	80	46	39	16	9	50	32
Pre-Schools	0	0	0	0	0	0	0	0
NYP/Community Groups	0	0	0	0	0	0	0	0
Other Services inside HB - CWO	16	10	12	9	0	0	4	1
Other Services outside HB	17	16	6	5	0	0	11	11
TOTAL	**1138**	**745**	**635**	**427**	**119**	**246**	**384**	**72**

Note: Table 6 does not include figures for Wexford and families are offered multiple services; figures are greater than the number of child welfare concerns reported as in tables 4 and 5 above

7. Family Welfare Conferences

Reason for Conference	No. conferences	No. children
May be in need of care	0	0
Child Protection	7	11
Child Welfare	0	0
Court Directed	0	0
Other – Professionals meeting Strategy meeting	12	21
TOTAL	**19**	**32**

Note: Wexford is the only LHO area where FWCs are held.

8. Outcome of Family Welfare Conference

Outcome	No. children
Special Care Order	0
Care Order	0
Supervision Order	0
Voluntary Care	0
Recommendation/ Plan for other services for child and family	32
No agreement	0
TOTAL	**32**

Note: Wexford is the only LHO area where FWCs are held.

2.8 Performance Indicators, Child Protection Data, 2005

CC6 a – e 2005

Child Populations: South Tipperary 22,975; Waterford: 29,289; Carlow/Kilkenny: 30,239; Wexford: 32,239. Total Population South East: 115, 027

CC6a:

	January to June 2005	July to December 2005
CC6a: Percentage of Child Protection Conferences held, where the parent/guardian of the child was invited	97.62	97.25
Q1: Number of child protection case conferences held during the reporting period	70	81
Q2 Number of child protection case conferences held during the reporting period where a parent or guardian was invited	68	78
CC6b: Percentage of child protection case conferences held, where the invited parent/guardian of the child was invited and attended	84.92	87.94
Q1 Number of child protection case conferences held during the reporting period where a parent/guardian was invited	68	78
Q3 Number of child protection case conferences held during the reporting period where an invited parent/guardian attended	58	64
CC6c: Number of child abuse/neglect reports received by the Social Work Dept during the reporting period	539	668
CC6e: Percentage of initial assessments notified to the CPNS	**15.66**	**24.23**

CC6d: Number of initial assessments per 1,000 child population by category					
	Welfare	Physical	Sexual	Emotional	Neglect
Jan to Dec	6.4	1.1	1.2	1.2	1.8

2.9 Children First Training, 2005

Table: Number of personnel by discipline and year trained in Children First, 2005

Number of personnel by discipline not available for 2005; data not collected.

Children First Training offered by Child Care Training Unit 2005

The module "Children First Working together in Child Care" a 2 day training course for all professionals and administrative staff that work with children, come in contact with children or deal with child care issues in the course of their work was run six times in 2005.

Implementation Officer, Children First

The Database established in 2000 which records the names of staff details in receipt of Children First Documentation reflects that in excess of 1020 personnel were in receipt of the relevant materials; Briefings to designated staff within all relevant disciplines in Community Care and hospitals within the region continued

The distribution of leaflets specifically designed for use in hospitals continued to new staff and new sites within the HSE South, South East; Regular meetings with colleagues in other HSE Areas continued to ensure national standardization around the implementation of *Children First.*

Information and Advice Officer, Children First
Briefings for non statutory agencies and groups.

Children First Briefings to 10 organisations over 30 hours and 229 participants
Child Protection Policy Development Workshops: delivered to 12 organisations with 26 participants over 9 hours
Keeping Safe Child Protection Awareness training delivered to 93 organisations with 319 participants over 196 hours.
In total 205 hours of training and 30 hours of briefings were delivered to external organisations involving 574 participants.

2.10 Interim Data Set, Child Protection Data, 2003 – 2005,

- Number of reports by category, 2003, 2004, 2005 (Table 1 item A)

Number of Reports	**2003**	**2004**	**2005**
Welfare Concerns	0	1233	1846
Physical abuse	66	163	235
Sexual abuse	144	273	290
Emotional abuse	139	118	241
Neglect	182	263	441
Total number of Reports	**510**	**2060**	**3053**

*** Figure excludes reports of welfare concerns as they were not recorded in 2003.**

- Number of initial assessments by category, 2003, 2004, 2005

Number of initial Assessments	**2003**	**2004**	**2005**
Welfare Concerns	n/a	760	741
Physical abuse	152	151	132
Sexual abuse	262	262	143
Emotional abuse	89	89	140
Neglect	251	251	214
Total	**754**	**1,513**	**1370**

- Number notified to CPNMT in 200X 2003, 2004, 2005 (Table 2.1. item D) Insert the following subheading: **Notification to CPNMT arises in the following circumstances**: Insert the threshold: see Guidance

Number Notified to CPNMT	**2003**	**2004**	**2005**
Physical abuse	66	38	34
Sexual abuse	144	115	128
Emotional abuse	139	26	29
Neglect	182	99	97
Total	**510***	**281**	**288**

Note: All reports were recorded as being notified to CPNMT in Wexford in 2003 i.e. 318 cases

Threshold: Where the case has been assessed by the Social Work Department and a determination has been made a child or young person is exposed to a level of risk or danger (Wexford LHO) and where the child or young person is assessed as being at risk of abuse or abuse has taken place (Carlow/Kilkenny LHO). There is some divergence in the thresholds in place and this will require some clarification.

- Number accepted to CPNS 2003 - 2005 includes cases from previous year

Number Accepted to CPNMT	2003	2004	2005
Physical abuse	N/A*	38	26
Sexual abuse	N/A	104	111
Emotional abuse	N/A	25	23
Neglect	N/A	68	81
Total	N/A	**235**	**241**

Note: Data not recorded in 2003

- Confirmed abuse 2003 - 2005 includes cases from previous year

Number Confirmed Abuse	2003	2004	2005
Physical abuse	69	30	8
Sexual abuse	148	42	32
Emotional abuse	147	17	12
Neglect	218	59	42
Total	**582**	**148**	**94**

- Cases accepted to CPNS but confirmed as Non abuse 2003 - 2005

Number Confirmed Non Abuse	2003	2004	2005
Physical abuse	18	0	2
Sexual abuse	19	3	4
Emotional abuse	7	0	0
Neglect	46	3	0
Total	**90**	**6**	**6**

- Table 7 2003 - 2005 Wexford LHO area only.

	2003		2004		2005	
Reason for Conference	**No. conferences**	**No. children**	**No. conferences**	**No. children**	**No. conferences**	**No. children**
May be in need of care			1	3	0	0
Child Protection			9	16	7	11
Child Welfare			0	0	0	0
Court Directed			0	0	0	0
Other/ Professionals meeting/ Strategy meeting			7	16	12	21
TOTAL	**10***	**16**	**17**	**35**	**19**	**32**

Note: Data recorded differently in 2003

- Table 8 2003 - 2005 Wexford only

	2003	2004	2005
Outcome	**No. children**	**No. children**	**No. children**
Special Care Order	N/A*	0	0
Care Order	N/A	0	0
Supervision Order	N/A	0	0
Voluntary Care	N/A	0	0
Recommendation/ Plan for other services for child & family	N/A	35	32
No agreement	N/A	0	0
TOTAL	N/A	35	**32**

Note * Data recorded differently in 2003

2.11 Performance Indicators, Child Protection Data, 2003 – 2005

CC 6 a and b, 2003, 2004, 2005

	January to June 2003	July to December 2003	January to June 2004	July to December 2004	January to June 2005	July to December 2005
% of Child Protection Conferences held, where the parent/guardian of the child was invited	Data not available for 2003	Data not available for 2003	97.35	91.82	97.62	97.25
No of child protection case conferences held during the reporting period			113	110	70	81
No of child protection case conferences held during the reporting period where a parent or guardian was invited			110	101	68	78
% of child protection case conferences held, where the invited parent/guardian of the child was invited and attended			76.36	86.14	84.92	87.94
No of child protection case conferences held during the reporting period where a parent/guardian was invited			110	101	68	78
No of child protection case conferences held during the reporting period where an invited parent/guardian attended			84	87	58	64

2.12 Analysis and Commentary, Child Protection Services.

1. The data presented for this section.

There was a delay in accessing some data to complete the Data Set in Wexford; however, this should be resolved in the near future.

There is a significant divergence in the number of reports of welfare concern recorded which may be due to each LHO area having different criteria to define a report in the context of the Data Set. For example, Carlow/Kilkenny recorded 947 welfare reports; Wexford 559; South Tipperary 199 and Waterford 139 reports. The reports of suspected abuse and neglect were more evenly distributed throughout the four LHO areas. The number of notifications to the CPNMT has decreased significantly over the last three years with the introduction of Children First which requires that each report has an initial assessment prior to notification. Only cases where a child is assessed as continuing to be at immediate risk are notified to the CPNMT. There is some divergence in the thresholds reported to be used for notification and this needs to be clarified.

The greatest numbers of reports are in relation to child welfare concerns and table 6 indicates that that the most frequent principal reason for such concerns is child with emotional/behavioural difficulties. This category has increased from 52 in 2004 to 172 in 2005. This would indicate that early intervention with children with emotional and behavioural difficulties is essential. In 2004 the most frequently recorded principal reason for a child welfare concern was parents unable to cope with 155 cases recorded a very significant increase over 2004 when only 64 cases were noted. Another very significant increase was observed in the number of cases where family members were abusing drugs or alcohol; this increased from 22 in 2004 to 114 cases in 2005. The number of cases of domestic violence also rose from 23 to 68 and disharmony in the home rose from 44 to 109 cases in 2005.

The performance indicators, CC6 a and b indicate that parents are being invited and are increasingly attending case conferences, which is an important indicator of how successful the HSE is in engaging parents in important decisions regarding their children. The fact that Family Welfare conferencing is located only in one LHO is of concern and there are plans to introduce this important initiative in South Tipperary in 2006.

The Family Welfare Conferencing Project set up in Wexford in 2002 in partnership with Barnardos has been a very important addition to child protection and welfare services in Wexford LHO Area. All cases that were conferenced resulted in an agreed plan. Nucleus Consultancy was commissioned to conduct a qualitative research study of the Project and this report was delivered to the HSE/Barnardos Advisory Committee in December. Overall the project was seen as effective study; however a number of recommendations were made which both the HSE and Barnardos will be required to address in 2006 to enable this project to be more effective within the broad child care sector in Wexford LHO Area.

A report from the Community Child Care Centre, the regional assessment unit for children who are suspected as having been sexually abused, is provided as an appendix to this report.

2. Are there any gaps in the child protection service?

- There is an urgent need for independent chairs for child protection case conferences.
- Family Welfare Conferencing should be available in all four LHO Areas.
- There is a need to increase the number of WTE social work posts substantially to meet the increasing demand for services provided by the social work department.
- Ongoing problems with the recruitment and retention of staff continue to militate against the adequate provision of child protection services.
- Psychology and public health nursing posts should be allocated to child protection services to allow for a multi disciplinary approach to assessment and intervention.

3. Did waiting lists exist in the Social Work Department at any stage during the year? If so please comment

Yes, due to the increase in demand for the Child Protection & Welfare Social Work Services stemming in part from the increases in population throughout the South East area and consequent increase in "the at risk population group". The lack of resources is also exacerbated by the ceiling on recruitment which blocks any increase in resources to tackle such demands. The capacity to respond with current resources is also compromised by the increased complexity of the cases referred

4. Did waiting lists exist for children who were referred from Social Work Department for any internal (HSE) or external services. Please comment.

The main area where children were on waiting lists was for Psychology services. There was an average waiting time varying from 4 – 6 weeks to 7 – 10 months. One Psychology Department had a waiting list of 12 under the category of Child Protection/Abuse.

5. Is the Child Protection Committee in place?

No. Regional Child Protection Committees were not established in the South East area.

6. **Is the CPNMT in place?**

Yes, in all four LHO areas. Membership of the Team varies and in one area the team comprises of a Consultant Community Paediatrician, PSW, Director of PHN, Senior Clinical Psychologist, administered by Grade IV Child Care Services and chaired by the CCM.

7. Is the Gardai/HSE liaison management team in place?

Garda/HSE Liaison teams are not in place but in some LHO areas designated Sergeants work/liaise directly with Team Leaders. Also the CCMs and Superintendent meet on a half yearly basis.

8. Have you implemented local child protection guidelines based on Children First?

There are no local guidelines in place as yet.

9. Identify any examples of best practice in local child protection services

South Tipperary LHO Area participated in the Assessment Framework for Vulnerable Children and their Families. It is evident those practitioners involved in this action research became more focused on completing comprehensive assessments that initiated better outcomes for children and families. During 2005, 0.5 of a Psychologist was dedicated to the Referral and Assessment team in line with "whole child" approach to assessment. *Wexford* LHO Area has been working with Barnardos in running a Family Welfare Conferencing project since 2002 which is being integrated within the child protection and welfare practices in the Area. CCM & PSW partake in an Inter-Agency Review Group Meeting (Ferns Inquiry recommendation) with a Garda Superintendent and the Bishop of Ferns to advise on Child Protection Procedures in relation to Clerical CSA. *Carlow/Kilkenny* LHO Area has improved their Case Conference system which is of a very high standard. *Waterford* LHO Area introduced a duty and intake team and welfare and protection team that are working well despite being under resourced.

10. Are there processes in place to establish the views of service users on child protection services?

No formal procedures are in place at present. However, parental involvement in case conferences does allow for some sharing of views. Where it exists, the Family Welfare Conferencing project has ensured that parents, children and family members who participate are integrally involved within the decision process relating to themselves and their children within Child Protection Services.

11. Formal processes in place to facilitate the integration of child protection services with:

- Alternative Care and Family Support Services

Formal referral processes in place between child protection teams and alternative care. Service Level Agreements are in place with Residential Services (reviewed annually) In one LHO area there is a forum with GM, PSW and Residential care Mangers

- Other HSE services

Working protocols are in place between social work and services such as Psychology and PHN. Social work pparticipation on advisory committees of other services e.g. disability, case conferences assists in encouraging good communication and an understanding of child protection.

- Non HSE services

All voluntary organisations funded/part funded by HSE comply with Children First as outlined in the Service Level Agreements; Child Care Development teams meet to formulate service/business operational plan; The Implementation Officer Children First is a member of the Diocese of Ferns Advisory Panel as a representative of the HSE and the designated officer for the Board on the Regional Planning Committee on Violence Against Women

- General comments:

Community Care Child Care Development Teams operate which include membership for various professionals and represent statutory and non-statutory organisations. These forums assist organisational responses in establishing clear referral and assessment processes, in developing support and therapeutic responses to children in need of care and protection.

Section 3 Alternative Care Services

3.1 Introduction to Alternative Care Services

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

The HSE has a statutory duty to provide for the aftercare needs of children who have been in its care. Alternative care services are subject to Child Care Regulations and National Standards.

3.2 Legislative Framework, Alternative Care Services

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

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

3.3 National Policy, Alternative Care Services

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

- Guide to Good Practice in Children's Residential Centres, 1996
- Standards and Criteria for the Inspection of Children's Residential Centres, 1999
- Children First, National Guidelines for the Protection and Welfare of Children,1999
- Towards a Standardised Framework for Inter-country Adoption Assessment Procedures, 1999
- Statement of Good Practice: Separated Children in Europe Programme, 2000
- National Standards for Children's Residential Centres, 2001
- Youth Homelessness Strategy, 2001
- National Children's Strategy: Our Children – Their Lives, 2001
- Report of the Working Group on Foster Care: Foster Care - A Child Centred Partnership, 2001
- Our Duty to Care: The principles of good practice for the protection of children and young people, 2002
- The National Standards for Foster Care, 2003
- Trust in Care: Policy for Health Service Employees on Upholding the Dignity and Welfare of Patients / Clients and the Procedure for Managing Allegations of Abuse against Staff Members, 2005

3.4 Local Policy Alternative Care Services

Local policies or guidelines for alternative care services.

There are no written guidelines but the residential centres in the four areas and foster care services have written admission criteria and policies.

3.5 Description of local Alternative Care Services

- **Description of local Alternative Care**

Alternative care placements are primarily foster care but residential care is seen as being an integral component of the alternative care provision. Residential care should have components of community support, family support and early intervention and to this end work is being undertaken to assess the feasibility of re-configuring local residential care provision in line with the recommendations of the Richards Report[2] and of developing high support family placements.

- **Number of substantive WTE's by discipline, not including foster carers**

Residential

176.64 Residential care staff. (165.19 posts approved, 11.45 additional posts in place)
1 Psychology post: 0.5 posts allocated to alternative care services in Carlow/Kilkenny and Wexford

Foster care:

16 Social Work Posts: 3.5 social work team leaders; 3.8 Senior Practitioner posts; 8.7 social work posts.
1 Child Care Leader post
2 Administration posts

Children in care:

7.5 Social Work posts: 1 social work team leader; 6.5 social workers
3 Child Care Leader posts

Total WTEs 207.14

- **Local Management/Operational structure**

The Social work dept takes a lead role in providing and supporting Alternative Care services. Line management for residential care staff varies in the four areas – PSWs, CCMs and managers for residential care line manage residential care staff. In one area residential childcare services are provided by the voluntary sector. There are also three private children's residential centres in the region offering a total of 6 places, one opened in December 2005. Most of the places in the private centres are taken up by children from out of the region, but one child from South Tipperary was placed in a private children's residential centre in 2005.

3.6 Alternative Care Data, 2005

[2] The Richards Report resulted from a review of residential services in the SEHB area by Social Information Systems in 2001.

Presented below are local data, which are collected for the Department of Health and Children, as outlined in Section 1.2 of this Report.

3.7 Interim Data Set, Alternative Care Data, 2005

- **Section II Tables 9 – 12 inclusive year 2005**

9. Number of ADMISSIONS to care in 2005 by age, gender and type of care

	Type of Care																			
Age	Foster Care General		Foster Care Special		Foster Care Relative		Pre-Adoptive Placement		Residential General		Residential Special Care		Residential High Support		At Home under care order		Other Specify		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<1	10	5	0	0	0	0	2	3	0	0	0	0	0	0	0	0	0	1	12	**9**
1	3	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	**5**
2	6	7	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	6	**8**
3	9	5	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	10	**6**
4	1	3	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	**5**
5	3	4	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	3	**5**
6	4	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	**3**
7	3	1	0	0	1	2	0	0	0	0	0	0	0	0	0	0	0	1	4	**4**
8	3	4	0	0	1	1	0	0	1	0	0	0	0	0	0	0	0	0	5	**5**
9	1	7	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	**8**
10	2	4	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	3	**5**
11	3	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	4	**2**
12	4	3	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	5	**4**
13	3	2	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	5	**3**
14	1	4	0	0	0	1	0	0	1	0	0	0	1	1	0	0	0	0	3	**6**
15	6	4	1	0	2	1	0	0	2	0	0	0	0	1	0	0	1	3	12	**9**
16	0	3	0	0	0	1	0	0	1	2	0	0	0	0	0	0	3	2	4	**8**
17	1	3	0	0	0	0	0	0	0	2	0	0	0	0	0	1	1	5	2	**11**
Total	**63**	**68**	**3**	**1**	**6**	**13**	**2**	**3**	**6**	**5**	**0**	**0**	**2**	**2**	**0**	**1**	**5**	**13**	**87**	**106**

10. Number of Admissions to Care in 2005 by Principal Reason for Admission

Principal Reason	Nos adm under Emergency Care Order	Other Court Order	Nos adm to care Voluntarily	**Total**
Abuse:				
Physical Abuse of Child	0	3	4	**7**
Sexual Abuse of Child	0	5	4	**9**
Emotional Abuse of Child	0	0	2	**2**
Neglect of Child	1	4	21	**26**
Child Problems:				
Child with emotional/ behavioural problems	0	1	12	**13**
Child abusing drugs/ alcohol	0	0	2	**2**
Child involved in crime	0	0	0	**0**
Child pregnancy	0	1	2	**3**
Physical illness/ disability in child	0	0	2	**2**
Mental health problem/ intellectual disability in child	0	0	2	**2**
Other – Please specify	0	0	7	**7**
Family Problems:				
Parent unable to Cope/ Family difficulty re housing/finance	0	5	57	**62**
Family member abusing drugs/ alcohol	3	4	18	**25**
Domestic violence	0	0	0	**0**
Physical illness/ disability in other family member	0	0	12	**12**
Mental health problem/ intellectual disability in other family member	0	2	7	**9**
Asylum Seekers – Unaccompanied Minors	2	0	0	**2**
Other – Please Specify Pre-adoption	0	0	10	**10**
TOTAL	**6**	**25**	**162**	**193**

11. Number of Children who were the subject of a new Supervision

Age	**Males**	**Females**	**TOTAL**
< 1 year	2	0	2
1 year	0	1	1
2 years	1	1	2
3 years	1	0	1
4 years	1	1	2
5 years	0	1	1
6 years	0	1	1
7 years	0	0	0
8 years	0	0	0
9 years	0	0	0
10 years	2	0	2
11 years	1	1	2
12 years	0	0	0
13 years	1	1	2
14 years	1	1	2
15 years	0	0	0

16 years	0	1	1
17 years	1	0	1
TOTAL	**11**	**9**	**20**

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

Child Care Act, 1991 Section 20 – Family Law	**46**
Other – *Section 47*	**6**
Guardianship and Infant Act, 1964	**2**
Detention Order	**1**
Social Enquiry	**2**
Total no of Reports sought by the Courts	**57**

- **Section III Tables 13 – 21 inclusive year 2005**

13. Number of Children in Care in 2005 by age, gender and type of care

	Type of Care																			
Age	Foster Care General		Foster Care Special		Foster Care Relative		Pre-Adoptive Placement		Residential General		Residential Special Care		Residential High Support		At Home under care order		Other - Specify		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
<1	**6**	**1**	0	0	0	0	2	2	0	0	0	0	0	0	0	0	0	0	**8**	**3**
1	**6**	**2**	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	**8**	**3**
2	**8**	**4**	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	**8**	**6**
3	**12**	**5**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**12**	**5**
4	**9**	**10**	0	0	3	4	0	0	0	0	0	0	0	0	0	0	0	0	**12**	**14**
5	**7**	**8**	0	0	3	2	0	3	0	0	0	0	0	0	0	0	0	0	**10**	**13**
6	**12**	**13**	0	0	4	4	0	0	0	0	0	0	0	0	0	0	0	0	**16**	**17**
7	**14**	**7**	0	0	3	3	0	0	0	0	0	0	0	0	0	0	0	0	**17**	**10**
8	**16**	**12**	0	0	4	5	0	0	1	0	0	0	0	0	0	0	0	0	**21**	**17**
9	**11**	**10**	0	0	5	7	0	0	0	1	0	0	0	0	0	0	0	0	**16**	**18**
10	**18**	**11**	0	1	6	2	0	0	0	0	0	0	1	0	0	0	0	0	**25**	**14**
11	**7**	**16**	0	0	3	4	0	0	2	0	0	0	1	1	0	0	0	0	**13**	**21**
12	**23**	**12**	1	0	6	8	0	0	3	1	0	0	0	0	0	0	0	0	**33**	**21**
13	**15**	**10**	0	0	2	7	0	0	4	1	0	0	0	0	0	0	0	0	**21**	**18**
14	**19**	**8**	0	0	4	7	0	0	1	2	0	0	1	1	1	0	1	0	**26**	**18**
15	**14**	**18**	1	0	3	4	0	0	4	1	0	1	0	1	1	0	1	0	**24**	**25**
16	**7**	**12**	2	0	5	4	0	0	4	3	0	0	0	0	1	0	1	1	**20**	**20**
17	**5**	**9**	0	0	2	3	0	0	3	3	0	0	0	0	0	1	3	1	**10**	**17**
Total	**209**	**168**	**4**	**2**	**54**	**66**	**3**	**5**	**22**	**12**	**0**	**1**	**3**	**3**	**3**	**1**	**6**	**2**	**300**	**260**
No. with Care Plan	**186**	**144**	**4**	**2**	**44**	**59**	**2**	**5**	**20**	**11**	**0**	**1**	**3**	**3**	**2**	**1**	**6**	**2**	**263**	**228**

14. Length of Time in CURRENT care type of Children in care

Type of Care	Detail	Length of Stay			
		<1 yr	1-5 yrs	>5 yrs	Total
A. Foster Care	General	75	148	155	**378**
B. Foster Care	Children with Special Requirements or Extra Supports	5	1	0	**6**
C. Foster Care	With Relatives	20	59	41	**120**
D. Pre-Adoptive Foster Placement		4	1	2	**7**
E. Residential	General Centre	10	21	3	**34**
F. Residential	Special Residential	1	0	0	**1**
G. Residential	High Support	2	4	0	**6**
G. At Home	Under Care Order	1	3	0	**4**
H. Other – Please Specify		7	1	0	**8**
TOTAL		**125**	**238**	**201**	**564**

15. Number of Children in Care by total length of time in care

Length of Stay	<1 yr	1-5 yrs	>5 yrs	Total
Number of children	125	238	201	564

16. Number of Children who are subject of a Supervision Order

Age	Males	Females	TOTAL
< 1 year	2	0	2
1 year	0	1	1
2 years	1	1	2
3 years	1	1	2
4 years	1	1	2
5 years	0	1	1
6 years	0	1	1
7 years	0	0	0
8 years	1	1	2
9 years	0	1	1
10 years	2	0	2
11 years	1	1	2
12 years	0	1	1
13 years	2	1	3
14 years	1	2	3
15 years	1	0	1
16 years	0	1	1
17 years	1	2	3
TOTAL	**14**	**16**	**30**

17. Location of Children in Care placed outside Health Board area and Principal Reason for Placement.

Location	Principal Reason			
	Relative Placement	Specialised Needs	Other	Total
ERHA: ECAHB	4	0	1	5
NAHB	0	0	0	0
SWAHB	0	0	0	0
MHB	0	0	0	0
MWHB	2	0	0	2
NEHB	0	0	0	0
NWHB	0	0	0	0
SHB	0	0	1	1
SEHB	0	0	0	0
WHB	0	0	0	0
Northern Ireland	0	0	0	0
Britain	0	0	0	0
Other- Please Specify				
Dublin Mid Leinster		2		2
Dublin Northeast		1	1	2
TOTAL	**6**	**3**	**3**	**12**

18. Number of Children in Care by Principal Reason for being in Care at last Review Date.

Principal Reason	Under Current Care Order	Voluntarily Care	Total
Abuse:			
Physical Abuse of Child	11	12	23
Sexual Abuse of Child	25	9	34
Emotional Abuse of Child	8	6	14
Neglect of Child	67	45	112
Child Problems:			
Child with emotional/ behavioural problems	9	18	27
Child abusing drugs/ alcohol	6	4	10
Child involved in crime	0	0	0
Child pregnancy	1	0	1
Physical illness/ disability in child	1	6	7
Mental health problem/ intellectual disability in child	2	2	4
Other – Parent refuses to care for child	8	18	26
Family Problems:			
Parent unable to Cope/ Family difficulty re housing/finance	38	133	171
Family member abusing drugs/ alcohol	14	30	44
Domestic violence	4	0	4
Physical illness/ disability in other family member	8	16	24
Mental health problem/ intellectual disability in other family member	18	24	42
Separated Children Seeking Asylum	0	0	0

Other	5	16	21
TOTAL	**225**	**339**	**564**

19. Number of Children in Care by Status of Primary Care Giver on Admission.

Family Type	**Numbers**
Married Couple	**69**
Married but Living Apart	**109**
Divorced	**7**
Cohabiting Couple	**88**
Widow/ Widower	**28**
Lone Parent (unmarried)	**251**
Other	**12**
TOTAL	**564**

20. All Residential Centres in Community Care Area at 31st December

Residential Centre Name	HB	Vol	Private	No. of places	No. of bed nights used in year	No. Staff approved	No. Staff employed
Holy Family Centre		Yes		14	1697	12.88	14.27
Avondale	Yes			6	1216	13	19
La Nua	Yes			5	1468	18	25
Sacre Coeur		Yes		4	274	19.48	
Sancta Maria		Yes		5	365	8.25	12.11
Nagle House		Yes		6	223	9.58	11.76
Child Care Centre, Walnut Grove	Yes			5	1755	9	9
Short-term Unit Drinagh	Yes			0	0	9	9
High Support Unit, Kilrane	Yes			0*****	212*****	15	14
Clodiagh House	Yes			5	1009	18.5	21
Lakefield House	Yes			5	1304	13	20
Coolgower House	Yes			1	365******	6	8
Rivendell	Yes			9	2003	13.5	13.5
Total	**9**	**4**	**0**	**65**	**11891**	**165.19**	**176.64**

***Some respite admissions In 2005, see analysis of data, use of centre changed**
*** *Single occupancy centre/special arrangement.**

Private Providers:
One centre in Carlow with one place; One centre in South Tipperary with two places (one child from the South East) and one centre in Wexford with three places.

FOSTER FAMILIES

21. The number of families who provided foster care in 2005

General / Special	318
With Relatives	110
TOTAL	**428**

YOUTH HOMELESSNESS

- **Tables 22, 24 year 2005**

Table 22
Number of Youth Homeless Contact Forms (YHCF) and Number of Homeless Children, broken down by Age and Gender.

Age	No of YHCFs completed		Total YHCFs (by age category)	No of Children for whom a YHCF has been completed		Total no. of Children (by age category)
	Male	Female	M & F	Male	Female	M & F
0 - 3	0	0	0	0	0	0
4 - 9	0	0	0	0	0	0
10	0	0	0	0	0	0
11	0	0	0	0	0	0
12	0	0	0	0	0	0
13	0	0	0	0	0	0
14	0	0	0	0	0	0
15	1	2	3	1	2	3
16	2	1	3	2	1	3
17	3	2	5	3	2	5
Total	6	5	11	6	5	11

Table 24 Youth Homelessness/Intervention by Reason for Needing Accommodation

Intervention by reason for needing Accommodation	Returned Home	with extended Family	with Neighbour /Friend	Supported Lodgings	B&B	Residential place	Total
Young Person exposed to physical abuse							
Young Person exposed to Emotional abuse				1		1	2
Young Person exposed to sexual abuse							
Young Person neglected							
Parent(s) unable to cope /Parental illness							
Family Member Abusing Drugs/ Alcohol			1				
Family Dispute/Breakdown		2		2	1		5
Young Person abandoned by Parents, Care Giver							
Young Person abusing Drugs/Alcohol			1				
Pregnancy (Young Person)	1			1			2
Other reason not listed above							
Total	1	2	2	4	1	1	11

INTERVENTIONS NOT OFFERED AND REASONS FOR NEEDING ACCOMMODATION NOT RECORDED WERE OMITTED

AFTERCARE

26. Number of individuals aged 18 or over, in aftercare by type of care in 2005

Type of Care	Males	Females	TOTAL	No. receiving educational/ training support
A. Foster Care	23	23	46	25
B. Residential Care	5	2	7	5
C. Supported Lodgings/ Assisted Independent Accommodation	11	13	24	17
D. Other				
	1	6	7	3
TOTAL	**40**	**44**	**84**	**50**

- **Tables 27a and 27b year 2005**

27a. The number of children coming to the attention of the Health Board in 2005 as unaccompanied minors in accordance with Section 8(5) of the Refugee Act, 1996 (As amended).

Age	Males	Females	Total
< 1 year	0	0	0
1 year	0	0	0
2 years	0	0	0
3 years	0	0	0
4 years	1	0	1
5 years	0	0	0
6 years	0	0	0
7 years	0	0	0
8 years	0	0	0
9 years	0	1	1
10 years	0	0	0
11 years	1	1	2
12 years	0	1	1
13 years	0	0	0
14 years	0	0	0
15 years	1	1	2
16 years	0	0	0
17 years	0	2	2
TOTAL	**3**	**6**	**9**

27b. In relation to Question 27a. above, where information is available, please specify outcome of each case

Outcome	Males	Females	Total
1. Re-united with family	3	6	9
2. Placed in Care (as in Q10)	0	0	0
3. Found not to be a minor	0	0	0
4. Other	0	0	0
TOTAL	**3**	**6**	**9**

3.8 Performance indicators, Alternative Care, 2005

Data in the Performance indicator tables below are not in line with data in the Data set. The Data set figures are quality assured and therefore are considered more reliable.

- CC2 (a) at Q 4 for the year 2005

CC2a1 - No of children on the last day of the reporting period who were awaiting foster care placement	**3**
CC2a2 - No of children on the last day of the reporting period who were in residential care awaiting foster care	**6**

- CC2 (b) at Q 4 for the year 2005

CC2b - Percentage of approved foster carers with an allocated link social worker	**88%**
CC2b1 - No. of approved foster carers during the reporting period under review	**325**
CC2b2 - No. of approved foster carers during the reporting period under review who have allocated link social worker	**285**

- CC2 (c, d, e) cumulative for the year 2005

CC2c – Percentage change in availability of active approved foster carers	**2%**
CC2c1 – No. of active approved foster carers at the commencement of the reporting period	**415**
CC2c2 - No. of active approved foster carers at the end of the reporting period	**424**
CC2d – No. of approved foster carers recruited during the reporting period	**59**
CC2e – No. of foster carers who have permanently left the service during the reporting period	**19**

- CC3 (b) at Q 4 for the year 2005

Total number of children 0-6 years and 7-12 years at December 31 2005 who were in residential care during the 12-month reporting period	**30**

- CC7 (d, e, f) cumulative for the year 2005

CC7d

	Q1	**Q2**	**Q3**	**Q4**	**Total**
Total number of Children that came into care during the reporting period	37	54	66	51	208*
Total number of children that came into care who had a care plan drawn up prior to placement	7	11	6	9	33
Total number of children that came into care who had a care plan drawn up prior to placement as a % of the number of children that came into care	19%	20%	9%	18%	15%
Total number of children that came into care during the reporting period as a % of the total number of children in care	8%	9%	10%	9%	9%

CC7e

	Q1	**Q2**	**Q3**	**Q4**	**Total**
Total number of children in care during the reporting period for whom a review was due	42	136	44	80	302
Total number of children in care who were due a review during the reporting period and the review took place	67	93	18	49	227
Total number of children in care during the reporting period for whom a review was due and the review took place as a % of the children for whom a review took place	160%	68%	41%	61%	75%
Total number of children in care during the reporting period for whom a review was due as a % of the number of children in care	9%	23%	7%	14%	13%

	Q1	**Q2**	**Q3**	**Q4**	**Total**
Total number of children in care during the reporting period for whom a review was due	42	136	44	80	264
Total number of children in care and who were due a review and review did not take place	5	63	26	26	120

Total number of children in care and who were due a review and review did not take place as a % of the children in care for whom a review was due	12%	46%	59%	33%	45%

3.9 Registration, Inspection and Monitoring Data, 2005

Registration (only applies to non statutory children's residential centres)

- Number of new centres registered in 2005:**2** (private for profit centres)
- Number of centres closed in 2005: **2** (Dochas (non statutory centre for Homeless Teenage Girls) and Ten Acres (HSE High Support Children's Residential Centre)
- Number of non-HSE centres inspected in 2005**: 5** centres inspected: two private for profit and three voluntary.
- Number of SSI inspections carried out in 2005: **6** inspections: Ten Acre; La Nua; Clodiagh House; Cappoquin (2 centres) and Lakefield House
- Number of monitoring reports completed in 2005: **16** formal monitoring reports in 2005

3.10 Domestic Adoption Data, 2005

- Number of applications under the Adoption Act 1988 for year, 2005: **0**
- Number of applications under the Adoption Act 1952 for year, 2005: **4**
- Number of adoption placements made in the year for year, 2005: **4**
- Number of assessments completed in the year, 2005: **0**

Number of assessments on waiting list at the end of the year, 2005: **45**

3.11 Inter Country Adoption Data, 2005

- Number of applications year, 2005**: 142**
- Number of adoption placements made in the year, 2005: **39**
- Number of assessments completed in the year, 2005:**55**
- Number of assessments on outstanding at the end of the year, 2005: **197**

3.12 Search and Reunion Data, 2005

- Number of requests in year, 2005: **45**
- Number on waiting list at the end of year, 2005: **71**
- Number of cases open at the end of year, 2005:**145**

3.13 Interim Data Set, Alternative Care, 2003 – 2005

- Total number of admissions to care for residential care; total number of admissions to care for foster care; total number of admissions to care for at home on care order; total number of admissions to care for other category, by year 2003, 2004, 2005 (Table 9)

Type of Care	2003	2004	2005
Residential Care	39	39	15
Foster Care	209	128	159
At Home under Care Order	0	6	1
Other	0	19	18
Total	**248**	**192**	**193**

- Total number of children in residential care; total number of children in foster care; total number of children at home on carer order; total number of children in other category of care at 31/12 by year 2003, 2004, 2005 (table 13)

Total no of children in care	2003	2004	2005
Residential Care	80	69	41
Foster Care	472	499	511
At Home under Care Order	0	2	4
Other	6	5	8
Total	**558**	**575**	**564**

- Total number of requests for reports on children for Section 20 Child Care Act 1991; total number of requests for other reports on children by year 2003, 2004, 2005 (table 12)

Total no of requests for reports	**2003**	**2004**	**2005**
Section 20	55	38	46
Section 47 (Family Law Act 1995)	11	17	6
Other	0	4	5
Total	**66**	**59**	**57**

- Number of children in residential care by length of stay categories by year 2003, 2004, 2005 (Table 14)

Length of time in care	2003	2004	2005
< 1 year	36	35	13
1 – 5 years	40	29	25
> 5 years	9	5	0
Total	**85**	**69**	**38**

- Number of children in foster care by length of stay categories by year 2003, 2004, 2005 (Table 14)

Length of time in care	2003	2004	2005
< 1 year	106	107	104
1 – 5 years	206	215	209
> 5 years	174	177	198
Total	**486**	**499**	**511**

- Number of children at home under care order by length of stay categories by year 2003, 2004, 2005 (Table 14)

Length of time in care	2003	2004	2005
< 1 year	2	2	1
1 – 5 years	0	0	3
> 5 years	0	0	0
Total	**2**	**2**	**2**

- Number of children in other placement by length of stay categories by year 2003, 2004, 2005 (Table 14)2

Length of time in care	2003	2004	2005
< 1 year	5	5	7
1 – 5 years	2	0	1
> 5 years	1	0	0
Total	**8**	**5**	**8**

- **T**able 16 Total number of new supervision orders by year 2003, 2004, 2005

New Supervision Orders	2003	2004	2005
Total	**28**	**17**	**20**

3.14 Performance Indicators, Alternative Care, 2003 – 2005

- **CC2a and b at Q4 by year 2003, 2004, 2005**

	2003	2004	2005
CC2a1 - No of children on the last day of the reporting period who were awaiting foster care placement	2	0	3
CC2a2 - No of children on the last day of the reporting period who were in residential care awaiting foster care	12	5	5

	2003	2004	2005
Total number of active approved foster carers at 31/12	263*	182*	424
Total number of new foster carers in year in question	59*	35*	64
Total number of foster carers who left the service in year in question	20	20	21

- **Figures not available for Waterford CCA**

- **CC3b at Q4 total number of children under 12 years in residential care at 31/12 by year 2003, 2004, 2005**

	2003	2004	2005
Total number of children under 12 years in residential care at 31/12	12*	13*	16

*** Figures not available for Waterford CCA**

- CC3b at Q4 by the four length of stay categories, by year 2003, 2004, 2005

Length of Placement in Residential Care	2003	2004	2005
0 – 3 months	0*	1*	2
4 – 6 months	1*	1*	5
7 – 12 months	5*	12*	0
12 months plus	15*	6*	9

*** Figures not available for Waterford CCA**

- CC7b at Q4 by the four care categories, by year 2003, 2004, 2005

Total number of Inter Country Adoption Applications; Applications under 1952 and 1988 Acts for 2003, 2004 and 2005.

- Total number of inter country adoption applications received by year; total number of domestic adoption applications under the Adoption Act 1952 received by year; number of domestic adoption applications under the Adoption Act 1988 received by year 2003, 2004, 2005

Type of Application	2003	2004	2005
Applications for Inter Country Adoptions	**109**	**120**	**142**
Applications under 1952 Act	**4**	**4**	**4**
Applications under the 1988 Act	**1**	**0**	**0**

- **Total number of requests for search and reunion by year 2003, 2004, 2005**

Requests for Search and Reunion	2003	2004	2005
Number	**32**	**40**	**45**

3.15 Analysis and Commentary, Alternative Care

1. The data presented for this section.

The number of admissions to care increased only by one in 2005 over 2004. The number admitted to residential care decreased from 39 in 2004 to 15 in 2005; more children and young people were placed in foster care. The majority of the children and young people admitted to care were admitted on a voluntary care basis i.e. 83.9% of all children and young people admitted to care.

Of those admitted to care only 19% had care plans in place prior to admission, despite the fact that only six children and young people came into care under an emergency care order.

Three children and young people were waiting for foster care at the end of 2005 and six children were waiting for a place in residential care, five of whom were in foster care. This reflects the need for further resources in foster care and residential care and/or a reconfiguration of residential care to meet the changing needs of children and young people admitted to care.

The number of bed nights used in residential centres is displayed in table 20 (Data Set) and some centres had fewer beds nights:
Wexford LHO Area High Support Unit: During 2005 the Wexford Residential Services were undergoing a substantial change process as part of the reconfiguration programme. An integral component of the reconfiguration was to divert the focus from HSU residential care to high support as a methodology of intervention. As part of this programme of change the staff team at the HSU in Kilrane were involved in substantial community support to sustain placements in foster care and children and young people still placed at home as well as supporting the education facility attached to the unit. Consequently, the statistical returns are not reflective of the work of the unit. The returns for 2006 will reflect a more completed reconfigured service which was only commencing in 2005.

Foster care is an integral part of the provision of alternative care services. At the end of 2005 there were 424 foster carers in the region; 19 foster carers left the system and 59 were recruited. 80% of foster carers had link social workers and this figure should be 100%.

The principle reason for admission to care in 2005 was parent unable to cope which accounted for 32% of all admissions; neglect was recorded as the principle reason in 13.4% of cases; family member abusing drugs/ alcohol was the next most frequent reason for admission at 12.9%.

The number of children and young people in care at the end of 2005 was 564; 90% were in foster care; 7% were in residential care and 3% either at home on a care order or ‘other’. There were 30 children in residential care aged 12 years and under. While this is a performance indicator, it is important to note that some children aged 12 and under require residential care. One of the high support residential care centres in the region caters for children with attachment disorders, which are best addressed as early as possible, they age profile of children admitted to this centre is 8 to 12 years.

Care plans were in place for 491 or 87% of children and young people. Of the 73 children and young people without a care plan 3 were in residential care; 1 in pre adoptive care; 17 in relative foster care; 47 in general foster care and 1 at home under a care order. All children and young people in the care of the HSE must have a care plan and where possible it should be in place prior to admission to care. Of children and young people who were due a review in 2005 only 75% had a review within the appropriate time frame and this figure should be 100%.

Four children and young people were in residential high support for 1 to 5 years and this needs to be reviewed as high support is generally seen as being a short term intervention. Three children and young people were at home under a care order for 1 to 5 years and this raises the question as to whether the needs of these children or young people were being addressed satisfactorily.
There was an increase in the of section 20 reports in 2005 and it would appear that there is some inappropriate use of these reports in custody cases where the child or young person was not previously known to the social work department.

2. Are there any gaps in the provision of alternative care services?

Some admissions to care may be prevented if family support operated on a 7 day a week and out-of-hours basis.

Both fostering and residential services experience difficulties in meeting demand and also being able to provide specific placements for children and young people presenting with extreme challenging and emotional problems. Additionally the existing service provision is viewed by many other disciplines and client groups (primarily Mental Health and disability) as the designated placements for clients from their respective specialist areas and this leads to inappropriate placements being made that have a high potential to fail. Special provision must be made for children with significant disability who require care and protection.

There is a lack of provision for sibling groups who need to be accommodated together but separately from other service users. A HSE policy is required to ensure that such family groups are adequately and safely accommodated in a manner that meets there needs.
There are also deficits in service provision for children and young people who are presenting with serious behavioural difficulties but are not sexualised; at present these children and young people are being placed with children and young people who are sexualised which places them at significant risk.

There are ongoing difficulties in accessing special care services despite the fact that such placements have been recommended as being necessary by multi-disciplinary and inter-agency forums.

There is a need for independent chair for statutory reviews of children in care and for the review of foster carers.

3. Please comment on the assessment of needs of children admitted to care

At present, resource constraints and difficulties in accessing specialist services are a significant barrier to comprehensive needs assessment of children and young people admitted to care.

4. To what extent are suitable placements available to meet children's assessed needs?

Generally speaking alternative care provides appropriate placements. When children and young people are inappropriately placed (usually in emergency situations) it becomes very evident early in the placement that this was an unsuitable match. However, suitable placements are often not available for large sibling groups, children with special needs and ADHD.
Social Work Departments require access to residential beds in "emergency" situations that will assist in assessing the child or young person and their family's needs. It is thought such a service would assist in gate keeping entry to the alternative care system on a medium term to long-term basis. Attempts to support children and young people with challenging behaviour in the community is inherently risky but can be achieved in some cases but requires the HSE to take corporate responsibility for this type of service provision.
The use of private for profit children's residential centres for children with challenging behaviour is problematic for two main reasons; the centres are not always able to engage the children and young people and secondly, the very significant funds that are required to support such placements militate against the development of HSE services.

5. Are assessments carried out within regulatory time frames?

Assessments are not generally carried out within the regulatory time frames due to lack of resources. Some children and young people do have an assessment prior to admission to care or shortly afterwards but the majority do not.

6. **Comment on placement breakdowns in all alternative care services.**

There are a significant number of breakdowns in placements. One reason for this is that some children and young people are placed inappropriately due to the lack of suitable placements. This is especially true in the case of older adolescents. Breakdowns in placements also result in pressure on the alternative care system where there is a lack of placement choices. The fact that only 80% of foster carers have a link social worker may be a contributory factor to placement breakdown, furthermore, the link social workers that are in place have large numbers of foster carers to support and therefore the amount of time that can be devoted to individual carers is very limited. Given the challenges that children an young people present to foster carers, it is essential that they receive adequate support from the HSE.

7. **Are breakdowns in foster care reported to the Foster Care Committee**

No, this is not in operation in this region.

8. **To what extent do the Alternative Care Services meet the Regulations and National Standards? Include comments regarding the registration, inspection and monitoring of children's residential centres and private foster care.**

Due to lack of resources, specifically deficits in the number of WTE social work posts, alternative care services do not meet regulations or standards. This is evident in relation to the assessment of children and young people admitted to care; care planning; statutory child care reviews and the support of foster carers. However, despite the lack of resources, there is evidence that the visitation of children and young people in care meets the regulations and standards.

The deficits in the number of social work posts is exacerbated by problems with recruitment and retention of staff, including the length of time taken to replace staff who leave the service.

Standards and regulations in residential care are generally met and this is reflected in the inspection reports of SSI and the Registration & Inspection Service. Private foster is not subject to monitoring as there is no provision for this at present.

9. **Identify any examples of best practice in local alternative care services**

Within the constraints of very limited resources some new developments have been introduced in 2005:

A dedicated children-in-care team consisting of social workers and child care workers was established in South Tipperary LHO Area. A 0.5 Psychologist post was designated to this team to address the needs of the children and young people in care in the LHO Area.

Wexford LHO Area introduced a pilot project of social worker and child care worker to work with a specific group of children in care in the South Team (Wexford) was reviewed by the CCM and was found to provide an excellent service to children and young people in care and their families. Also in Wexford LHO Area, the high support unit was reconfigured to offer a high support service to children and young people in the community.

10. **Are there processes in place to establish the views of service users on alternative care services?**

While there are no formal processes, family conferencing (in Wexford only), statutory reviews, and child protection conferences are opportunities for service users to contribute their views.

The majority of children and young people placed in alternative care have a social worker who visits and meets them and their family independently from the service provider. This practice creates opportunity to establish their views. Additionally the child in care reviews and child care planning process in inclusive of the child or young person (where appropriate) and their parent(s). There are also opportunities for children and young people and their families to express their views in child protection case conferences.

11. What are the *formal* processes in place to facilitate the integration of alternative care services with:

- Child Protection and Family Support Services

Service Level agreements are in place the residential care services that are provided by a voluntary group in South Tipperary. Also in South Tipperary, where social work and child care work services are organised into different teams, the foster care team and the children in care team liaise with the referral and assessment (duty and intake) and welfare and protection teams (longer term cases).

In all four areas social work practitioners and residential care staff sit on the residential care advisory and admissions committees in the Wexford LHO Area and also in Wexford, social work and child care workers are represented on the Advisory/ Management Committees of Family Welfare Conferencing and Springboard Projects.

- Other HSE services

Working protocols exist with other HSE services such as PHN and Psychology. Protocols developed to "fast track" children in care through referral processes of other services such as dental and speech and language are in place in South Tipperary

There are close working relationships between social work department and Dept and Hospital/Paediatric services in Wexford general hospital and Waterford Regional Hospital.

- Non HSE services

Community Development Officers located in each of the areas provide links with community/voluntary groups.

Section 4 Family Support Services

4.1 Introduction to Family Support Services

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

A definition of Family Support is provided by the Department of Health and Children in its Family Support Strategy, 2005, (Draft) namely:

"*intervention across a range of levels and needs with the aim of promoting and protecting the health, well being and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk".*

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

4.2 Legislative Framework

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

- Child Care Act, 1991
- Children Act, 2001

4.3 National Policy

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

- The Springboard Initiative, 1998
- The National Anti Poverty Strategy, 1999
- Children First, 1991
- National Children's Strategy, 2000
- RAPID, 2001
- CLÁR, 2001
- Equality and Fairness, A Health System for You, 2002
- National Action Plan Against Social Exclusion, 2003
- Family Support Strategy, 2005 (Draft)

4.3 Local Policy, Family Support Services

There is a regional Family Support Policy that was launched in 2003. While local practice and service provision are reflective of the Child Care Act, 1991. Wexford LHO Area has a Family Support Strategy based on this policy. and the Implementation Officer, Children First plays a lead role developing a family support strategy for Carlow/Kilkenny LHO Area and is due to be launched in May 2006. The interagency group established consisted of representatives from:
Barnardo's Family Support Project; Kilkenny Community Early Years Project; Carlow Kilkenny Parents Support Programme; Carlow VEC Child Care Centre; Carlow Institute of Further Education; Enable Ireland Kilkenny; Comhairle; Forward Steps Resource Centre; Newpark Close Family Development Ltd Kilkenny and HSE SE. it is hoped that the two other LHO Areas will also develop strategies in place in the near future.

4.5 Description of local Family Support Services

Within each Social Work Department there are Family Support Workers led by a Coordinator (Social Work post) which offers support to children and families who become known to the child protection system. This service is a key part of the family support services offered by the Board. Community Child Care Workers are qualified in childcare and work closely with Social Workers in providing support to children and families who are referred to child protection services.
Pre-school Services Officers are located in each of the LHO Areas and they offer support and advice to providers of pre school services as well as having a training and inspection remit. Environmental Health Officers assist in the inspection of pre-school services.

Other disciplines within the HSE that offer essential family support services: Public Health Nursing (e.g. ante natal care, developmental checks, breast feeding education and support, referral to other HSE services) Psychology (e.g. outside office hours service, drop in centres etc); Community Welfare (e.g. financial support); and other specialist services such as Speech and Language Therapy, Occupational Therapy; Physiotherapy and Dental services that are integral to supporting families in caring for their children.

There are a number of Public Health Nursing posts for the Travelling Community. Carlow/Kilkenny LHO area also funds a half post in Community Development for the Travelling Community located at the St. Catherine's Social Services. A preschool for children from the Travelling Community and a crèche located on the halting site is also funded by Carlow/Kilkenny LHO Area.

Five Community Development Workers are employed by the HSE South East one in each of three LHO areas, and two in Wexford. The HSE also grant aids St. Catherine's Community Services Centre, Carlow, which employs two Community Development Workers. This is an essential service whose remit is to empower communities to help themselves – a proven method in improving health and social gain.

Other services in place are parental support projects; neighbourhood youth projects; community resource centres; one parent groups; refuge and outreach work; rape crisis centres; family therapy services.

Number of substantive WTE's by discipline
While it must be acknowledged that much of what all social workers and child care workers do falls into the area of family support a number of posts are specifically dedicated to family support in particular:
1 social work team leader post (Carlow/Kilkenny)
3 social work posts (coordinator posts for the family support work service)
1 senior community development work post
4 community development work posts
35.6 family support worker posts
44.6 WTEs
In addition family support is an integral part of the remit of all HSE disciplines who deliver services to children and families.

- **Local Management/Operational structure**

Social Work Management structure is responsible for specific Child Protection and Family Support Services such as the Family Support Work Service.
The Child Care Manager's office liaises with local community groups and services' Pre-school Services Officer and Community Development Workers.

4.6 Family Support Services Data, 2005

Presented below are local data, which are collected for the Department of Health and Children, as outlined in Section 1.2 of this Report.

4.7 Interim Data Set, Family Support Services Data, 2005 Table 6 – year 2005

Primary Welfare Service Offered	Number offered service		Number who availed of service		Number who did not avail of service		Not known if availed of service	
	No. children	No. families	No. children	No. families	No. children	No. families	No. children	No. families
Springboard	38	23	31	18	1	1	0	0
Social Work Interventions	836	542	470*	306	366	237	0	0
Family Support Worker	76	45	42	33	34	12	0	0
Community Child Worker	35	21	25	14	5	3	5	4
Family Centre	8	8	3	3	0	0	5	5
Community mother	0	0	0	0	0	0	0	0
Home help	0	0	0	0	0	0	0	0
Referred to other professional	112	80	46	39	16	9	40	32
Pre-Schools	0	0	0	0	0	0	0	0
NYP/Community Groups	0	0	0	0	0	0	0	0
Other Services inside HB CWO	16	10	12	9	0	0	4	1
Other Services outside HB	17	16	6	5	0	0	11	11
TOTAL	**1138**	**745**	**635**	**427**	**492**	**260**	**71**	**55**

Note: Table 6 above does not include figures for Wexford and column W is missing figures from Carlow/

Performance Indicators, Pre Schools Services, 2005

CC4a Q1 - Number of pre-school services in the region that have notified the agency and are currently operating a Pre-School Service	**445**
CC4b Q1 - Number of pre school services that are new notifications in accordance with the pre-school regulation 1996, during the quarter	**28**
CC4c Q1 - Number of notified current operation pre-school centres in the region during the quarter	**445**
Q2 - Number of operational pre-school centres in the region that had an annual inspection during the quarter	**422**
CC4d - Number of pre-school Review Visits/Follow Up Visits that took place during the quarter	**70**
CC4e - Number of pre-school Advisory Visits that took place during the quarter.	**227**

4.8 Local Data, Family Support Services, 2005

The following tables are based on the report of the National Child Care Information Project, Census of Family Support Services, devised under the auspices of the Programme of Action for Children.

4.9 a Table: Total number of family support services grouped by category by area, funded by HSE

Code	CATEGORY	No of services funded by HSE
1	After-school and out-of-school services	3
2	Community Development Projects	2
3	Day Foster Care	7
4	Disability Services	10
5	Family Support Projects and Centres	9
6	Family Support Services for Asylum Seekers / Refugees / Migrants	0
7	Family Support Services for Travellers	2
8	Family Support Services for other Minority Groups	0
9	Family Support Services with a residential component	0
10	Home Management Advisory Services	0
11	Mental Health Services	2
12	Mentoring Programmes	0
13	Parent Support & Education Programmes including Community Mothers Programme	7
14	Parent & Toddler Services	38
15	Pre-school services and nurseries including community child services	250
16	Services for domestic violence including refuge services	8
17	Services for young people misusing drugs	6
18	Springboard Projects	2
19	Teenage Health Initiative	2
20	Teen Parent Projects	1
21	Traveller Health Initiatives	12
22	Youth Services including Neighbourhood Youth Projects and Youth Advocate Programmes	8
23	Other	8

Figures are not authenticated (except those from Wexford LHO)

4.9 b Table: list of related programmes operating in area, 2005

Area Partnership or ADM Community Group	Wexford Area Partnership, Co. Wexford Partnership, & WORD (Leader) Waterford Area Partnership; Waterford Council Community Partnerships: Cando Ltd Carlow; Castlecomer District Community; CDSPs (Community Development Support Programme)– South West Wexford Community Development Group Ramsgrange; FAB CDP Coolcotts Wexford; Temple Shannon CDP Enniscorthy; Access 2000 Community Education Women Project Wexford Town; Wolf tone Women's Project, Community House, Wolf Tone Villas, Wexford. Three Family Resource Centres: Kilmuckridge Community & Family Resource Centre, Raheen Family Resource Centre & South End Family resource Centre Wexford. Development Networks: Clonmel Community Partnership; Kilkenny Community Action Network
Local Drugs Task Force	*CBDI Wexford (Operated by the youth service FDYS)*
RAPID	*2 Provincial – New Ross & Wexford Town*
CLÁR	*None –application gone forward for Bunclody.*
Other (please specify)	*None*

Wexford LHO information complete, some information from other LHO Areas is included.

4.10 Individual Reports on Family Support Services

This data was not collected for 2005 but will be available for 2006.

4.10 a Table: Number of reports requested and number of forms returned, 2005
4.10b Summary data from Individual Reports: Organisation Type
4.10c Summary data from Individual Reports: Grant Aid
4.10d Summary data from Individual Reports: Categorisation of Service Level

4.11 Analysis and Commentary Family Support Services

1. The data presented for this section.

The process of gathering data did not commence until later in the year and there was some lack of clarity regarding how this was to be achieved, therefore some data was not gathered for 2005 but will be for 2006.

Data on services offered to family where there was a welfare concerns indicate that there was a 57.3% uptake of services by families, with 7.3% not known if availed leaving 35.4% who did not avail of the service offered. In looking at the data in table 6 it is important to recognise that some families are offered more than one service and that data was not available for Wexford LHO Area and some data was missing for the Carlow/Kilkenny LHO Area.

One important preventative initiative that is not included in the data above is Squashy Couch which opened its doors to teenagers in Waterford City in March 2004. Funded by the Health Service Executive (HSE) South (South East) and the Crisis Pregnancy Agency, the overall aim is to reduce the number of teenage pregnancies in the catchment area, i.e. Waterford city. The services offered include a ***Café*** described by the Project Manager: "*The café is a safe place for teenagers to hang out, meet their friends, listen to music and display their talents, whether literary, musical or artistic. It is open 25-35 hours a week, with extended opening hours on Friday and Saturday evenings. We are strictly smoke, alcohol and drug free and our code of conduct advocates respect for all those who use the service. The café is staffed by health and childcare professionals, childcare and health promotion students, and trained volunteers who take the time to get to know the young people and who can chat about everything from the newest Arctic Monkeys CD to the benefits of healthy eating, or to commiserate when relationships go wrong."*[3]

[3] As above

The project also offers a range of services: information services, sexual health education; nursing services including ante natal services specifically for teenagers, and counselling. An evaluation of the project is planned for 2006.

2. Are there any gaps in the provision of HSE and non HSE family support services

There is a need to ensure value for money with regard to services funded by the HSE. Service level agreements should include compliance with Children First and a commitment to ongoing evaluation and review.

as they had identified a need for early intervention family support services.
It is generally agreed that there is too little focus on preventative measures in relation to families as problems are well established by the time families come to the attention of the HSE. More early intervention family support projects similar to Springboard are needed. South Tipperary LHO Area developed a business plan for the introduction of a Springboard Initiative in their area.
Projects similar to Squashy Couch in Waterford should be put in place in each LHO Area.

3. What are the key actions required in the provision Family Support Services (HSE and non HSE in your LHO area?

To develop a Family Support Strategy in remaining LHO Areas
To develop and implement an area Family Support network in each LHO Area
To support early intervention family support projects in all four LHO Areas.
To source additional funding to consolidate and develop existing service provision by non HSE providers.

4. To what extent do services meet the requirements of the Child Care Act, 1991 and the Children Act, 2001?

The Identification of children in need of care and attention can be difficult and at present the HSE can only offer service to those children and families that come to the attention of its services. In this respect, liaison between Social Work services and PHN, CWO and other HSE and non HSE services is critical in identifying families in need of support.

The Information and Advice Officer plays a key role in ensuring that non statutory services are aware of their obligations under Children First. The post holder offers training in Children First, Keeping Safe (based on Out Duty to Care) and assistance with the development of child protection polices and procedures.

The role of the Children First implementation officer is key for HSE staff in ensuring that staff are aware of their duties and responsibilities under Children First.
The Children Act 2001 has not been implemented to date

5. Is there a Family Support Service plan in place for the LHO area as in 7.2.3. of Children First?

Currently there are no family support service plans in place.

6. Are Family Support Plans under 7.6 of Children First utilised in work with families?

While there are no area family support plans in place, individual family support plans are put in place through child protection case conferences and professionals meetings.

7. Comment on the notification and inspection of Pre-School Services.

At the end of 2005, there were 445 notified pre school services in the region; of these 28 were notified in 2005. 422 inspections were carried out, which means that 94.8 of all services were subject to an inspection. 77 reviews were also completed and 227 Advisory visits took place.

8. Does the operation of Family Welfare Conferencing in the LHO area comply with Sections 7 to 15 and 77 (if enacted) of the Children Act, 2001?

Section 7 to 15 and 77 of the Children Act 2001 is not yet enacted.

9. What are the *formal* processes in place to facilitate the integration of family support services with:

- Child Protection and Alternative Care Services

Family Support Workers are managed within Child Protection and Alternative Care Services which ensures active communication and liaison. Departmental meetings and multidisciplinary training events also assist in sharing of information and expertise. Professionals meetings and Child Protection Case Conference involve key personnel involved in family support services.

- Other HSE services

All disciplines are involved in Professionals meetings and Child Protection Case Conferences (and in Wexford LHO Area, Family Welfare Conferences). Multidisciplinary training facilitates communication.

- Non HSE services

Through Service Level Agreements with Voluntary and Community Service Providers and involvement of HSE staff on the Boards of many of these larger organisations ensures that family support strategies are integral to much of the work of these groups.

The HSE is represented on the County Development Board and takes a lead role in developing and implementing the child care strategy for the LHO Area. The Pre School Officers are involved with County Child Care Committee and represents the Local Health Officer Area of the HSE as a Board member.

Community Development Officers provides linkages with Community/Voluntary family support services/groups throughout the LHO Area in which they are located,

Section Five Child Care Advisory Committee

5.1 Description of Child Care Advisory Committee

5.2 Views and commentary provided by the local Child Care Advisory Committee

The Child Care Advisory Committee was disbanded in May 2004.

Section Six Child Care Training

6.1 Introduction to Child Care Training

This section will outline all child care training provided by or on behalf of the HSE.

Staff training and development is essential to ensure consistent delivery of service and effective interventions in the care of children as highlighted in Children First; National Children's Strategy; National Standards for Foster Care and National Standards for Children's Residential Centres.

6.2 Activity Data, Child Care Training, 2005

The following is a list of in-house training courses provided by the Child Care Training and Development Unit staff in 2005:

Course Title	**Course Duration**	**Target Group**	**Number of Courses held**
Recording Skills	1 day	Residential Child Care Workers	**3**
Recording Skills	1 day	Family Support Workers/ Residential Services	**1**
Supervision Skills	6 days	Multi-disciplinary group of front-line managers with supervisory responsibilities, including Social Workers, Psychologists, Residential Child Care Workers, Speech & Language Therapists and Substance Misuse Co-ordinators	**1**
Making the Most of Supervision	1 day	Social Workers and Community Child Care Workers	**1**
Making the Most of Supervision	1 Day	Psychologists	**1**
Making the Most of Supervision	1 Day	Residential child Care Workers	**7**
Motivating Families for Change	2 days	Social Workers, Psychologists, Community Child Care Workers and Residential Child Care Workers	**1**
Child Development	2 days	Social Workers, Community Child Care Workers and Residential Child Care Workers	**2**
Therapeutic Crisis Intervention	5 days	Residential Child Care Workers	**2**
Therapeutic Crisis Intervention: Physical Exercise Course	1 day	Residential Child Care Workers	**1**
Domestic Violence: Awareness and Response	1 day	Hospital Nurses, Paramedical and ancillary staff	**3**
Course Title	**Course Duration**	**Target Group**	**Number of Courses held**
Child Abuse: Recognition and Response	1 day	Hospital Medical, Nursing, Paramedical and ancillary staff	**1**
Hospital Policy on Child Abuse	.5 day	Hospital staff	**2**

Domestic Violence: Inter Agency and Community Care based	1 day	Multi-agency group membership of Local Area Networks on Violence Against Women	**15**
Child Abuse: Recognition and Response – for Dental staff	.5 day	Conference of the South East Dental Association	**1**
Referral Policy and Managing Child Abuse Referrals	.5 day	Nursing staff from the Sexual Assault treatment Unit at WRH	**2**

Courses Provided by External Facilitators
The majority of the training courses provided by the Child Care Training and Development Unit are developed and delivered by Training Unit Staff; there is also a need for courses provided by external facilitators with specific expertise. In 2005, courses provided by external trainers were:

Course Title	Facilitators	Target Group	Duration	Number of Courses held
Adult Attachment Based Interviewing	Tony Morrison & Clarke Baim	Professionals who work with adults whose behaviour may place children at risk of significant harm	4 days	**1**
Working Effectively in an Intercultural Context	Helen Harnett & Marian Tannam	Social Workers, Public Health Nurses, Psychologists, Area Medical Officers and Community Welfare Officers	2 days	**2**
Working with the Children Act 2001	Teresa Blake, Barrister	Social Workers and Child Care Workers	2 days	**1**
Building Resilience in Children and young people	Professor Brigid Daniel and Sally Wassel	Social Workers, Child Care Workers (Community & Residential), Psychologists, Child and Adolescent Services and Educational Psychologists	2 days	**1**
Adolescent Sex Offenders	Dr. Gary O'Reilly	Psychologists, Social Workers, Community and Residential Child Care Workers	2 days	**2**
Court Room Skills	Teresa Blake, Barrister	Psychologists	1 day	**1**

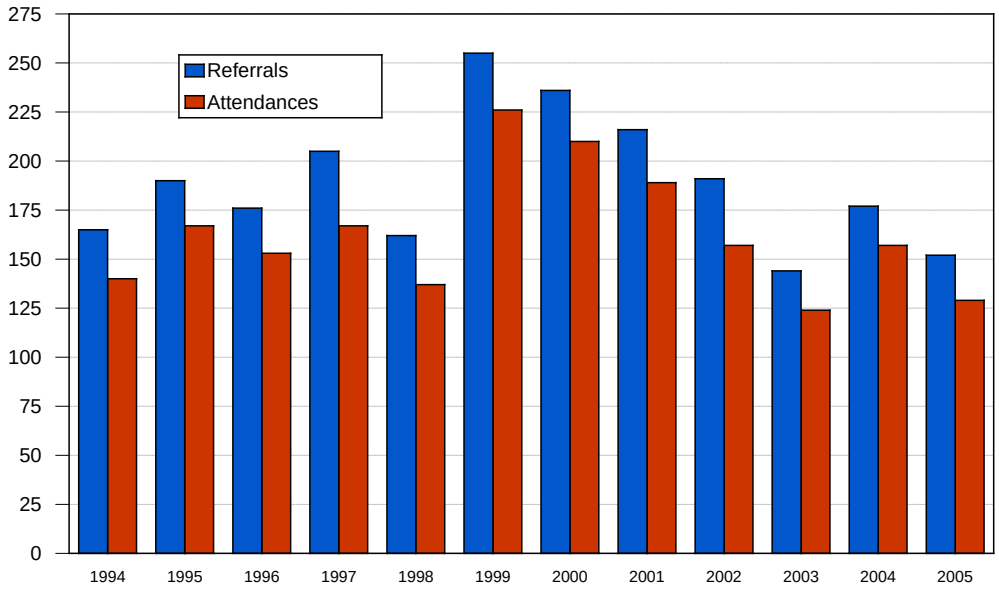
Other comments
Staff from the Child Care Training and Development Unit also work with individual teams in the areas of team development and practice developments. This facilitation is seen as key to service development. Some examples of the work done include: Team building, objective setting and team review with Child in Care Team, South Tipperary: 3 half-day facilitated sessions; Developing a standardised approach to Fostering Assessments: 3 half day facilitated sessions with the Fostering Resource Social Workers from the South East region; Continuation of development work, with the hospital policy and training groups, on Child Abuse policy and a child abuse training course for hospital staff in St. Luke's Hospital, Kilkenny, Waterford Regional Hospital and Wexford General Hospital. Work completed in South Tipperary General Hospitals and training commenced.

6.3 Analysis and Commentary, Child Care Training
Attendance at training events has been good. However, there is a need for key staff to be mandated to attend essential training, e.g. Recognition of Child Abuse; Child Abuse Policy and Procedure (Children First and local procedures).

COMMUNITY CHILD CENTRE
WATERFORD

REFERRALS AND ATTENDANCES

1994 - 2005



- After the downward trend of referrals for child sexual abuse from the year 2000 to 2003, which reflected national and international patterns, the number of referrals in 2004 increased to 177, 23% higher than in 2003. However the number of referrals in 2005 showed a 14% decrease from 2004.

- The 15% rate of non-attendance of referrals during 2005 was higher than in the previous year (11%) but similar to the 14% in 2003.

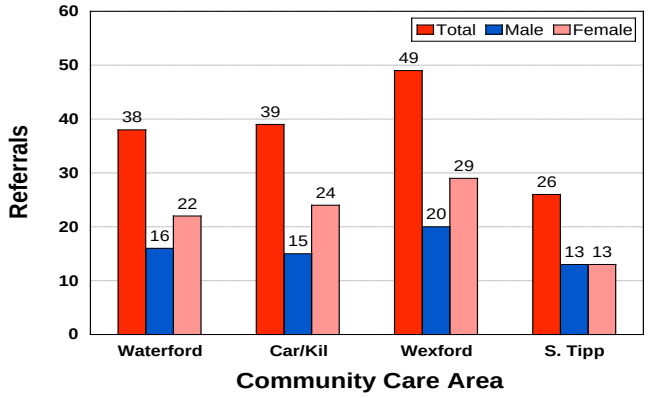
SUMMARY OF ACTIVITY DURING 2005

REFERRALS

NUMBER OF REFERRALS
Brought forward from 2004 and new in 2005

	Male	Female	TOTAL
2004 referrals brought forward	1	3	4
New 2005 referrals	64	88	152
ALL	65	91	156

REFERRALS IN 2005 BY COMMUNITY CARE AREA



25% of referrals were from Waterford, 26% from Carlow/Kilkenny, 32% from Wexford and 17% from S. Tipp.

AGE AND SEX PROFILE OF REFERRALS

	Existing 2004 referrals			New 2005 referrals			TOTAL
Age	Male	Female	Total	Male	Female	Total	
1				2	2	4	**4**
3				3	7	10	**10**
4		1	1	4	5	9	**10**
5		1	1	3	6	9	**10**
6				9	3	12	**12**
7				5	6	11	**11**
8				5	3	8	**8**
9				5	4	9	**9**
10				2	3	5	**5**
11				1	6	7	**7**
12				1	3	4	**4**
13				7	12	19	**19**
14	1		1	7	15	22	**23**
15		1	1	3	6	9	**10**
16				3	5	8	**8**
17				1	2	3	**3**
18				1		1	**1**
33				1		1	**1**
48				1		1	**1**
ALL	**1**	**3**	**4**	**64**	**88**	**152**	**156**

NEW REFERRALS, 2001 to 2005, by month of referral

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2001	16	18	9	24	19	30	16	22	12	10	21	19	**216**
2002	27	18	12	13	15	9	10	20	14	13	25	15	**191**
2003	11	15	12	11	18	9	6	21	12	9	14	6	**144**
2004	18	14	21	2	14	15	6	12	13	29	15	18	**177**
2005	7	6	18	24	11	14	19	12	10	12	10	9	**152**

No pattern of monthly referrals emerges. In 2004, 37% of referrals were in the winter months of January, February, November and December. In 2005, only 21% of referrals were made in the same period.

FAMILIES WITH MORE THAN ONE CHILD REFERRED IN 2005

	2 children referred	3 children referred	4 children referred	5 children referred
Waterford	2 families	2 families		1 family
Carlow/Kilkenny	3 families			
Wexford	1 family	1 family		1 family
S. Tipperary	1 family			

REASONS FOR REFERRALS IN 2005

	W'ford	Car/Kil	Wex	S. Tipp.	TOTAL
Direct disclosure	13	25	30	13	**81**
Concern over sexual play	6	8	11	10	**35**
Behavioural indicators		1	1		**2**
Contact with alleged known abuser	12	1	3	2	**18**
Alleged abuser under 18 years of age	3	2	3		**8**
Suspicion based on medical findings	4	2	1	1	**8**
ALL	**38**	**39**	**49**	**26**	**152**

REFERRALS BECAUSE OF INITIATION OF INAPPROPRIATE SEXUALISED BEHAVIOUR WITH OTHER CHILDREN

Cases brought forward from 2004

One child, six-year old female, was referred. She neither acknowledged engaging other children in inappropriate sexual behaviour, nor disclosed sexual abuse of herself.

Cases referred during 2005

23 children were referred as shown in the following table:

	Male		Female		Total
	1-11 yrs	12-17 yrs	1-11yrs	12-17 yrs	
No. of children referred	8	11	2	2	23
Outcome					
Acknowledged engaging other children in inappropriate sexualised behaviour	6	6	0	0	12
Disclosed abuse of themselves	2	0	0	0	2

ATTENDANCE

ATTENDEES

	Existing 2004 referrals		New 2005 referrals		TOTAL
	Male	Female	Male	Female	
Number of attendees	1	3	53	76	**133**
Number of non-attendees			11	12	**23**
ALL	**1**	**3**	**64**	**88**	**156**

REASONS FOR NON-ATTENDANCE

REASON	Existing 2004 referrals	New 2005 referrals	TOTAL
Consent not given		11	11
More appropriate for C.C.		2	2
Other		10	10
ALL		**23**	**23**

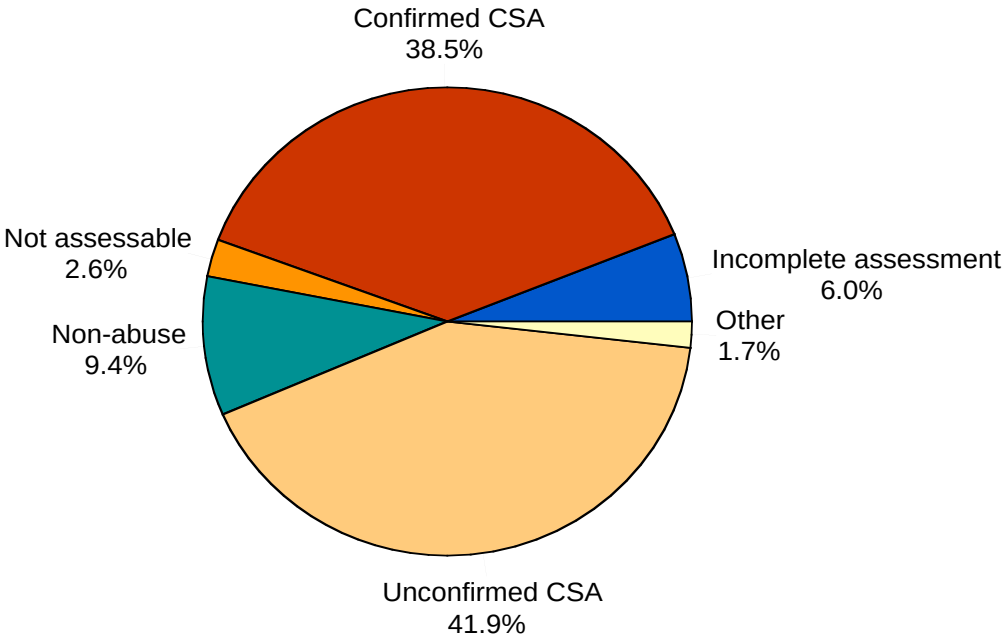
OUTCOME OF ATTENDING REFERRALS

DETAILS OF OUTCOME

Outcome			Existing 2004 referrals	New 2005 referrals
1. Confirmed CSA			1 (25%)	44 (34.1%)
	2004	**2005**		
Penetrative Abuse		10 (22.7 %)		
Non-Penetrative Abuse	1 (100%)	33 (75.0%)		
No Physical Contact		1 (2.3%)		
2. Unconfirmed CSA			3 (75%)	46 (35.7%)
	2004	**2005**		
High Risk	3 (100%)	11 (23.9%)		
Low Risk		35 (76.1%)		
3. Medical assessment only				16 (12.4%)
4. Incomplete assessment				7 (5.4%)
5. Non-abuse				11 (8.5%)
6. Not assessable				3 (2.3%)
7. Other				2 (1.6%)
ALL			**4 (100%)**	**129 (100%)**

OUTCOME OF ATTENDING REFERRALS (n = 117)

Existing 2004 and new 2005 referrals, excluding referrals for medical assessment only



OUTCOME OF ATTENDING REFERRALS by Community Care Area

	W'ford		Car/Kil		Wex		S. Tipp		TOTAL
	'04	'05	'04	'05	'04	'05	'04	'05	
Confirmed CSA		4		14	1	19		7	**45**
Unconfirmed – high risk		2	1	3	2	3		3	**14**
Unconfirmed - low risk		11		7		9		8	**35**
Non-abuse		4		5		1		1	**11**
Medical assessment only		6		4		3		3	**16**
Incomplete assessment		2		2		2		1	**7**
Not assessable				1		2			**3**
Other						2			**2**
ALL		**29**	**1**	**36**	**3**	**41**		**23**	**133**

Reason for incomplete assessment

C.C. Area	W'ford	Car/Kil	Wex	S. Tipp	TOTAL
Incomplete to date					
Appointments not kept	2	2	1		**5**
Consent not given				1	**1**
Inability to engage			1		**1**
ALL	**2**	**2**	**2**	**1**	**7**

At March 2006, all assessments of cases referred in the previous year were complete.

PERCENTAGES OF CONFIRMED CSA CASES in referrals from each C. C. Area
(existing 2004 and new 2005 referrals)
Last column shows comparable percentages for 2003/4

Community Care Area	Referrals	Cases	Percentage		2003/4 %
Waterford	38	4	10.5		29.3
Carlow/Kilkenny	40	14	35.0		27.3
Wexford	52	20	38.5		29.7
S. Tipperary	26	7	26.9		30.9
ALL	**156**	**45**	**28.8**		**29.6**

AGE PROFILE OF CONFIRMED CSA CASES, and such cases as a percentage of referrals in each age group
(existing 2004 and new 2005 cases)
Last column shows comparable data for 2003/4

Age (yrs.)	W'ford	Car/Kil	Wex	S. Tipp	TOTAL	Number of referrals	% of referrals		2003/4 %
3 to 5	1	3	2		**6**	30	**20.0**		**21.1**
6 to 8	1	2	2		**5**	31	**16.1**		**32.5**
9 to 11	1	2	4	1	**8**	21	**38.1**		**36.7**
12 to 14	1	4	11	5	**21**	46	**45.7**		**25.0**
15 to 18		3	1	1	**5**	22	**22.7**		**40.0**
ALL	**4**	**14**	**20**	**7**	**45**	150 *	**30.0**		**29.9**

* Total number of referrals was 156, but six were outside the age ranges in this table

DETAILS OF ALLEGED PERPETRATORS IN CONFIRMED CASES OF CSA

EXISTING 2004 CASES (n = 1)

ALLEGED PERPETRATOR	W'ford	Car/Kil	Wex	S. Tipp	TOTAL
Father			1		**1**
ALL			**1**		**1**

NEW 2005 CASES (n = 44). In one cases there were two alleged perpetrators

ALLEGED PERPETRATOR	W'ford	Car/Kil	Wex	S. Tipp	TOTAL
Uncle	2	1	2		**5**
Brother				1	**1**
Youth		1	1	2	**4**
Adult male	1	1	4	1	**7**
Father		1		1	**2**
Family friend		1			**1**
Adult female				1	**1**
Cousin		5	5	2	**12**
Stepfather	1		1		**2**
Baby sitter/child minder			1		**1**
Parent's partner		1	2		**3**
Former partner of mother/father			2		**2**
Fellow student		1			**1**
Grandfather		1			**1**
Unknown		1	1		**2**
ALL	**4**	**14**	**19**	**8**	**45**

DETAILS OF SUSPECTED ALLEGED PERPETRATORS IN UNCONFIRMED HIGH-RISK CASES OF CSA

EXISTING 2004 CASES (n = 3)

SUSPECTED ALLEGED PERPETRATOR	W'ford	Car/Kil	Wex	S. Tipp	TOTAL
Uncle			1		**1**
Cousin		1	1		**2**
ALL		**1**	**2**		**3**

NEW 2005 CASES (n = 11)

SUSPECTED ALLEGED PERPETRATORS	W'ford	Car/Kil	Wex	S. Tipp	TOTAL
Uncle	2	2			**4**
Father			1	1	**2**
Adult male			1		**1**
Mother		1			**1**
Cousin				1	**1**
Parent's partner				1	**1**
Multiple abusers (>3)			1		**1**
ALL	**2**	**3**	**3**	**3**	**11 ***

* The number of suspected alleged perpetrators was more than 11, since in one case there were multiple suspected alleged perpetrators.

MEDICAL EXAMINATIONS

NUMBER OF CHILDREN EXAMINED

Existing 2004 referrals			New 2005 referrals			TOTAL		
Acute	Planned	All	Acute	Planned	All	Acute	Planned	**All**
1	2	3	22	63	85	23	65	88

REASONS FOR NO MEDICAL EXAMINATION

	Existing 2004 referrals	New 2005 referrals	TOTAL
Refused	1	36	37
Not appropriate		3	3
Failed to attend		5	5
ALL	**1**	**44**	**45**

OUTCOME OF MEDICAL EXAMINATIONS

	Existing 2004 referrals	New 2005 referrals	TOTAL
Normal ano-genital findings	3	59	62
Abnormal findings	0	28	28
Incomplete medical	0	1	1
ALL	**3**	**88**	**91**

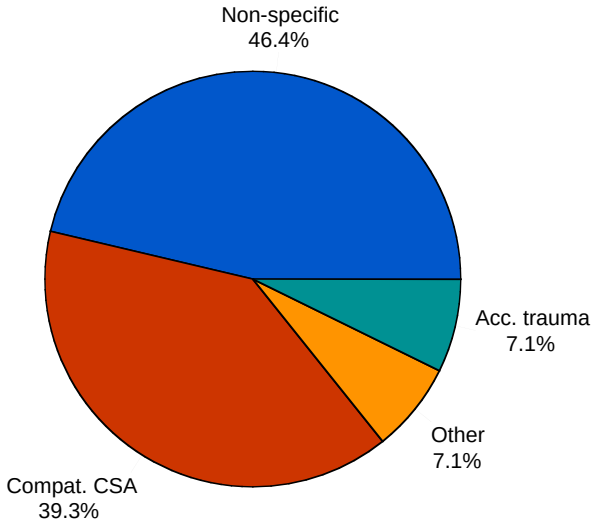
Note: In year 2005 referrals, three children had two abnormal findings

DETAILS OF ABNORMAL FINDINGS

	Existing 2004 referrals	New 2005 referrals	TOTAL
Findings compatible with sexual abuse	0	11	11
Non-specific findings	0	13	13
Accidental trauma	0	2	2
Other	0	2	2
ALL	**0**	**28**	**28**

ABNORMAL FINDINGS ON MEDICAL EXAMINATION (n = 28)

Existing 2004 and new 2005 referrals



SELECTED PARAMETERS OF CHILDREN AND PARENTS AT TIME OF EXAMINATION

CHILDREN IN CARE at time of assessment

	Existing 2004 referrals	New 2005 referrals	TOTAL
Voluntary care	1	16	**17**
Full care order		4	**4**
Interim care order		1	**1**
Emergency care order		1	**1**
ALL	**1**	**22**	**23**

SUPERVISION ORDER. There were no children subject to a supervision order at the time of assessment.

INTELLECTUALLY DISABLED CHILDREN at time of assessment

Range	Existing 2004 referrals	New 2005 referrals	TOTAL
Mild intellectual impairment	1	13	**14**
Moderate impairment		3	**3**
Severe impairment			
ALL	**1**	**16**	**17**

DETAILS OF PARENTS OF ASSESSED CHILDREN (where such information is available)

Marital status of parents

	Existing 2004 referrals	New 2005 referrals	TOTAL
Married	2	46	**48**
Separated		31	**31**
Single	2	43	**45**
Divorced		2	**2**
Widowed		3	**3**
Cohabiting		2	**2**
ALL	**4**	**127**	**131**

Parents reporting sexual abuse of themselves in childhood

Mothers**: Two mothers in the existing year 2004 cases and 29 mothers in the year 2005 cases reported that they themselves had been sexually abused in childhood.**

Fathers: No fathers in the existing year 2004 cases and six fathers in the year 2005 cases reported that they themselves had been sexually abused in childhood.

Parents reporting CSA in extended family

For existing year 2004 assessed cases, two parents reported CSA in extended family; for new year 2005 assessed cases, 39 parents reported CSA in extended family.

GARDA ATTENDANCE AT THE COMMUNITY CHILD CENTRE

- In all existing cases from 2004, no Garda was present nor had any prior statements been taken.
- In new cases in 2005, a Garda was present in 17 cases of which five involved forensic examination. A Garda statement was taken in four cases; prior statements had been taken in 11 cases.

CLINICAL SESSIONS

FREQUENCY OF SESSIONS

No. of sessions	Existing 2004 referrals	New 2005 referrals
1	0	21
2	0	10
3	1	40
4	1	29
5	1	17
6	1	10
7	0	2
8	0	1

TOTAL SESSIONS DURING 2005

The last column shows the total sessions during 2004

	Existing 2004 referrals	New 2005 referrals	Total during 2005		Total during 2004
Sessions	18	444	**462**		**528**

RECOMMENDED THERAPEUTIC INTERVENTIONS

In existing year 2004 cases, **nine** therapeutic interventions were recommended for **four** children; in new year 2004 cases, **245** therapeutic interventions were recommended for **118** children. The recommended services are shown in the following table.

Therapeutic service recommended	Existing 2004 cases	New 2005 cases	TOTAL
Psychology	3	65	**68**
Social Work	2	67	**69**
Child Care Worker	1	50	**51**
Child guidance team		9	**9**
Play Therapy		6	**6**
Adolescent Offender's Programme		5	**5**
Adult Offender's Programme		3	**3**
S.T.I. clinic (for screening)		9	**9**
Other	3	31	34
ALL	**9**	**245**	**254**

Recommended **Psychology, Social Work** and **Child Care Worker** services following referrals from each Community Care Area are shown in the following table.

	W'ford	Car/Kil	Wex	S. Tipp	TOTAL
Psychology	13	16	28	11	**68**
Social Work	11	21	22	15	**69**
Child Care Worker	9	13	16	13	**51**

GENERAL COMMENTS

1. The Community Child Centre has for a number of years attended the national meetings of professionals who work in the area of Child Sexual Abuse assessments.

2. The Centre is now involved in a subgroup of the national meetings developing a Competency Model of Child Interviewing. The subgroup, which has international links with Scotland, Sweden, Iceland and the U.S.A., hopes to develop national guidelines based on this model.

3. A staff member from the Centre has been nominated to participate in a multidisciplinary group developed by South Tipperary Community Care Area and the HSE training unit to establish and implement a group programme for therapeutic interventions relating to adolescent sex offenders.

4. The Centre continues to be involved in providing training in the area of Child Sexual Abuse for Community and Hospital services and for other agencies such as the Waterford Institute of Technology.

5. Service needs – the following service needs continue to be identified:
   - Assessment and therapeutic services for vulnerable adults (including the physically and intellectually disabled and those with sensory impairment).
   - A dedicated out-of-hours service for medical examination of children under the age of 14 years following a recent sexual assault (a Sexual Assault Response Team).

6. The Community Child Centre awaits an announcement on what changes, if any, will be made to the Centre following the introduction of the Health Service Executive in January 2005.

COMPOSITION OF COMMUNITY CHILD CENTRE TEAM

Medical Director	**-**	**Dr Elizabeth Walsh**
Public Health Nurse	**-**	**Ms Elizabeth Cummins**
Social Workers	**-**	**Ms Siobhan McCarthy**
		Ms Louise Hayes
Psychologists	**-**	**Ms Norah Meaney**
		Ms Marie McGowan
		Ms Anne Carri
Administration	**-**	**Ms Tracey Murray**
		Ms Nuala O'Connell

The assistance of Dr. Harold Brenner, Public Health Medicine Consultant, in preparing the statistical abstracts in this report, is acknowledged.

Part 1

Review of Adequacy of Child Care and Family Support Services, HSE South, Cork & Kerry 2005

NOTE:
This Report, for the HSE South Cork & Kerry, includes information, activity data and commentary from individual services as well as data provided by the HSE South Cork & Kerry for the Interim Data Set.

Section 1 Demographic Profile

1.1 Child Well Being Indicators and Demographic Profile

Child Population

Children under 18 expressed as proportion of the total population, Source CSO

Country: Children 0-17 years old: 1,013,031
HSE South, Cork and Kerry: Children 0-17 years old: 147,943
Children 0-17 years old HSE South as proportion of total population country age 0-17 years: 14.6%

Births to underage and teen-age girls, Source CSO
Number of births to females in age categories 15-17

Cork City	22
Cork County	27
Kerry	9

Child Mortality
Number of deaths registered age 0 to 17 by county, Cork and Kerry

Cork City	11
Cork County	33
Kerry	12

Number of deaths among children under 18, expressed as a proportion of all children. This may be subdivided by principal cause of death. Source Vital Statistics, CSO

2005 NATIONAL	**Males Age 0-17**	**Females Age 0-17**
Malignant Neoplasms	12	10
Certain conditions originating in the perinatal period	48	55
Congenital Malformations and chromosomal abnormalities	60	57
Sudden Infant Death syndrome	11	13
Injury and poisoning	44	16
Other	41	44
Total	**216**	**195**

1.2 Data on Child Protection and Family Support Services

Since 1999 the Health Service Executive (previously Health Boards) and the Department of Health & Children developed a suite of National Performance Indicators, which has been refined each year. These Performance Indicators (PIs) are reported on quarterly and form part of the formal performance monitoring arrangements with the Department of Health and Children regarding implementation of the National Service Plan.

The Interim Minimum Dataset was created in 1998 to collect figures in relation to child abuse, admissions to care, children in care and youth homelessness. This was the first national aggregation of child care statistics. The dataset is collected on an annual basis with statistics for children in care, court activity and care providers collected biannually, and work continues to achieve standardisation of data items and processes.

Local data gathered for the Performance Indicators and the Interim Minimum Data Set are presented in this report. In addition data from additional sources such as social work departments, adoption, fostering, family support services and child care training are presented.

Section 2 Child Protection Services

2.1 Introduction to Child Protection Services

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

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

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

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

2. 2 Legislative Framework, Child Protection Services

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

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

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

2.3 National Policy

National policy for child protection services is informed by the UN Convention on the Rights of the Child, 1998, The National Children's Strategy, 2000, and Children First, National Guidelines for the Protection and Welfare of Children, 1999, Children First Explanatory Guide, 2002 and the Children First Initial Assessment Report Guidance, 2002.
Best Health For Children (1999), Best Health For Adolescents (2000)

2.4 Local Policy, Child Protection Services

- Child Protection and Welfare Process Practice Guidelines, Incorporating Children First, 1999, *Southern Health Board, 2003*
- Policy Documents: Youth Homeless Strategy, Department of Health and Children, 2001. Referral Guidelines and Information Pathways for Children Community Speech and

Language Therapy Service (August 2004) Child, Adolescent and Family Psychology Service, and Child and Adolescent Mental Health Service Kerry (CAMHS Kerry), November 2003.

2.5 Description of local Child Protection Services

The HSE has a duty under the Child Care Act 1991 to promote the welfare of children not receiving adequate care and protection. This duty is discharged through a variety of services within the HSE.

Child Protection and Welfare Social Work Department
The Child Protection and Welfare Social Work Department assesses the needs of children about whom a report is made and provides a direct service to these children and their families or where appropriate refers them on to other child and family support services both within the HSE and within the statutory and voluntary sector. There is a Social Work Department in each LHO.

Social Work departments are supported by other Child Care services delivered centrally to the five LHO's in Cork and Kerry.

Child Protection and Welfare Social Work Departments are supported by and work in partnership with Child Health Services.

Family Centre

The Family Centre

- Conducts assessments, including medical examinations, of referred cases of alleged child sexual abuse.
- Offers medical examinations of referred cases of alleged child sexual abuse
- Provides a consultative service to other professionals working in child protection
- Provides training and education in the area of child sexual abuse to other professionals working child protection

Referrals for Assessment are accepted from Child Protection and Welfare Social Work Departments only.
Referrals for medical examinations are accepted from Child Protection and Welfare Social Work Departments, Medical Practitioners and An Garda Síochana.

Family Welfare Conferencing
The Family Welfare Conference Service is a comprehensive decision-making and planning process for a child, about whom there is a welfare or protection concern, which actively involves immediate and extended family, significant others, friends, and relevant professionals. Family Welfare Conferences, have a legislative remit under Parts 2 and 3 of the Children Act, 2001.

Case Conferencing
The Child Protection Case Conference Department arranges and independently chairs all child protection initial case conferences and reviews for children referred from five area based Child Protection and Welfare Social Work Departments in Cork and Kerry. It produces and distributes the decisions, recommendations and minutes of the case conferences.

Liberty Street House Services for Young People Out of Home
Liberty Street House is a service for young people who are out of home and separated children seeking asylum which provides a comprehensive range of services in partnership with the statutory and voluntary sector.

Children First
Children First Information Officers provide advice and support, to voluntary and community organisations providing services to children and young people, on the development and implementation of child protection policies in line with the Children First Guidelines for the Protection & Welfare of Children, 1999. Children First Implementation Officers are responsible for distribution of Children First Guidelines and briefing designated officers as described in Children First – National Guidelines for the protection and Welfare of Children, 1999 on roles and responsibilities as outlined in Children First, 1999.

Child Care Training
The Training Department provides direct and commissioned training and instruction to HSE South staff with regard to Children First and related practices, relevant child protection legislation, procedures and protocols.

Child Care Research
This Child Care Researcher supports and advises on, the implementation and development of child care services through development and delivery of research, audit, survey, review of services and participation in cross disciplinary working groups.

Child Care Information Unit
The Child Care Information Unit is responsible for managing all information, data and statistics relating to child care in the HSE South, Cork and Kerry.

Practice Teachers Development Unit
The Practice Teachers Development Unit supervises and monitors placements for students of Social Work Degree and Masters programmes by liaising with the Principal Social Workers in five LHO areas and the University's Fieldwork Coordinator.

Child Health in Child Protection and Welfare Services

Public Health Nursing
The Public Health Nurse, has a prescribed health care role and involvement with all children, through Primary Home visits to mothers and babies with children in the 0-5 age group and the school service age group involving developmental screening, parenting advice support and education. Referrals, as appropriate, are made to relevant Social Work Departments and Family Support Services. A Public Health Nurse may consequently be involved in Family Welfare Conferences, Strategy Meetings and Case Conferences.

Community Health
Area Medical Officers have regular contact with children through child health screening, health promotion, health education and immunisation service, and medical assessment of children with special care needs from parents for purpose of determining allowance eligibility. Area Medial Officers liaise with and refer to Social Work Departments when a concern about a child arises.

Community Speech and Language Therapy
The Speech and Language Therapy service, through assessment, diagnosis and management of disorders of communication, aims to maximise the interpersonal communication skills of clients. Children can be referred by Social Work Departments and likewise referrals are made to Social Work Department when a concern about a child arises.

Occupational Therapy
Community Occupational Therapy Service is provided to children with a physical disability or congenital deformity, children at risk of developmental delay, children with developmental co-ordination disorder, sensory processing difficulties or sensory impairments. Children can be referred by Social Work Departments and likewise referrals are made to Social Work department when a concern about a child arises.

Child Health Service
The Child Health Service works with child and adolescent health services in the HSE South Cork and Kerry to support delivery of service in line with the recommendations of the Best Health for Children 1999 report and Best Health for Adolescents, 2000.

Child and Adolescent Psychiatry
Child and Adolescent Psychiatry is a consultant led, multi-disciplinary mental health service for children up to the age of 16 years. This service is provided in North Lee and North Cork. Child & Adolescent Psychiatry in South Lee, West Cork and Kerry by the Brothers of Charity Services.

Child Adolescent and Family Psychology
The service provides assessment and intervention to children, adolescents and their families, who present with a range of social, emotional and behavioural difficulties. A consultation service is also provided to other disciplines, parents and carers involved with the child.

Substance & Alcohol Abuse
The service provides assessment and treatment for drug and alcohol abuse. The service delivers an education programme.

Hospital Social Work Departments
The service provides social work to the emergency department in an acute general hospital which focuses on children where a protection or welfare concern has been raised. These are mainly in relation to:

- Children who are in care of the HSE
- Children who are homeless
- Children who are at risk of being neglected or ill treated
- Children whose parents are unable to care of them

Social work service is provided to the inpatient paediatric ward mainly in relation to:

- Children who are in the care of the HSE
- Children who are at risk of being neglected or ill-treated.

Child Protection Services: Number of substantive WTE's by discipline

Total WTEs for service not included. Details for individual service included where provided.

Individual service staffing
Child Protection and Welfare Social Work
North Lee
Substantive WTE posts allocated to the Service 2 Principal Social Workers
WTEs in post during 2005

South Lee
Substantive WTE posts allocated to the Service 1 Principal Social Worker, 3 Team Leaders, 21.3 Social Workers, 3 Child Care Leaders, 3 Child Care Leaders, 1 Child Care Worker, 1 Child Protection PHN, 4 Grade III Clerical Staff

WTEs in post during 2005 All of above: 1 Social Worker Acting as Team Leader, 1Temporary Family Support Worker with allocated hours

North Cork
Substantive WTE posts allocated to the Service, 1 Principal Social Worker., 2 Team Leaders, 9 Social Workers, 4 Child Care Leaders, 1.3 Family Support Worker
WTEs in post during 2005 Principal Social Worker vacant and post filled on acting capacity by Team Leader for 6 months.

West Cork
Substantive WTE posts allocated to the Service 1 Principal Social Worker, 1 Team Leader, 6 Social Workers, 1 Child Care Leader, 2 Clerical Officer Grade III, 0.5 Administrative Officer Grade IV.
WTEs in post during 2005 All in post

Kerry
Substantive WTE posts allocated to the Service 1 Principal Social Worker 3 Team Leaders, 16.5 Social Workers, 3 Child Care Workers, 1 Family Support Coordinator, 2.5 Clerical Officer Grade III, 1.5 Administrative Officer, Grade IV

WTEs in post during 2005 1 Principal Social Worker, 3.5 Team Leaders, 15.5 Social Workers, 5 Family Support Workers, 2.5 Clerical Officers Grade III and 1.5 Administrative Officer Grade IV (+.5 Team Leader working in Kerry General Hospital; 1 Primary Care Social Worker located in Primary Care Practice West Kerry not included, .5 Social Work post designated as Supported Lodgings Coordinator included; 2 Family Support Workers were in post only from September – December 2005)

Child Care Services delivered across five LHO areas in HSE South Cork and Kerry
Family Centre
Substantive WTE posts allocated to the Service Total 11.5
WTEs in post during 2005 Total 9.5 One Area Medical Officer and one Psychology Basic Grade post vacant in 2005

Family Welfare Conferencing
Total 4: 1 Principal Social Worker, 2 Social Work Team Leaders, 1 Grade III Clerical Officer
All in post in 2005

Case Conferencing
Substantive WTE posts allocated to the Service 2 Principal Social Workers, 1.5 Admin GIV, Clerical Officer GIII. All in post during 2005

Liberty Street House Services for Young People Out of Home (for whole area)
UMAS: 2 WTEs 1Team Leader, 1 Social Worker. Both in post in 2005.
YOH: 1 Principal Social Worker, 1 Senior Social Worker, 0.8 Team Leader, 7.31Social Worker, 2 Child Care Worker, 4 Administration
All in post in 2005.

Children First
Substantive WTE posts allocated to the Service 4 Team Leader 2/3 Grade III
Implementation Officers 2 Team Leaders and 1/3 Grade III Clerical Officer
Information Officers 2 WTE posts delivered by 4 part time posts and 1/3 Grade III Clerical Officer
All in post during 2005

Child Care Research
Substantive WTE posts allocated to the Service 1 Team Leader and 1/3 Grade III Clerical Officer
All in post during 2005

Child Care Training
Substantive WTE posts allocated to the Service 2 Team Leaders, 1 Grade IV Administrative Officer
2.8 WTE's in post during 2005

Child Care Information Unit
Substantive WTE posts allocated to the Service, 1 Information Officer, 1 Data Quality Officer.
All in post during 2005

Practice Teachers Development Unit
Substantive WTE posts allocated to the Service 1 Principal Social Worker
1 WTEs in post during 2005

Child Health in Child Protection and Welfare Services
Public Health Nursing
Substantive WTE posts allocated to the Service North Lee 51, South Lee 54.22, North Cork 33.72, West Cork 21
All WTEs in post during 2005

Speech and Language Therapy
Substantive WTE posts allocated to the Service
WTEs in post during 2005

Occupational Therapy
Substantive WTE posts allocated to the Service West Cork 1 post, Kerry 1 Senior OT for children with special needs.

Child and Adolescent Psychiatry
Substantive WTE posts allocated to the Service
North Lee 22.5:
2 Consultants, 2 Senior Registrars, 2 Registrars, 2 Senior Clinical Psychologists, 2 Clinical Psychologists, 2 Principal Social Workers, 2 Social Workers, 1.5 Senior Occupational Therapist, 1 Senior Speech & Language Therapist, 1 Section Officer and 5 Clerical Officers
South Lee Sectors 3, 4, and 7
7.5 WTEs allocated, 6 in post in 2005
North Cork 7.5 WTEs allocated 4.5 in post during 2005
1 Consultant Child & Adolescent Psychiatrist, 1 Registrar, 1 Principal Social Worker (on leave and covered by 0.5 Social Worker post during 2005)
Unfilled 2005: 3.5 WTEs: 1 Senior Clinical Psychologist, 0.5 Senior Occupational Therapist, 0.5 Speech and Language Therapist, 1 Clinical Nurse Specialist and 0.5 Administration post.

Kerry 7.6 WTEs allocated
1.6 Consultant Child & Adolescent Psychiatrist, 1 Registrar, 1 Senior Clinical Psychologist, 1 Principal Social Worker, 1 Community Child & Adolescent Mental Health Nurse, 1 Grade IV Administrative Assistant, 1 Grade III Clerical Officer.
All in post except 0.6 Consultant Child & Adolescent Psychiatrist

Child Adolescent and Family Psychology
Substantive WTE posts allocated to the Service North Lee: 4 WTEs 1 Senior Psychologist, 1 Psychologist, 1 Temp Psychologist and 1 Grade III Clerical Officer. In 2005 1 psychologist post not filled for three months.
North Cork 2 WTEs in post, Kerry 3 WTEs allocated and between 1 and 2 in post
Best Health for Children
Substantive WTE posts allocated to the Service 3
WTEs in post during 2005 3

Substance & Alcohol Abuse
Substantive WTE posts allocated to the Service allocated: 4
WTEs in post during 2005 All in post

Hospital Social Work Departments
Substantive WTE posts allocated to the Service Mercy University Hospital 1
WTEs in post during 2005 Mercy University Hospital 1

Child Protection Services: Local Management/Operational Structure

Child Protection & Welfare Services (direct provision) Management Structure
Assistant National Director - Local Health Manager – General Manager - Child Care Manager - Service Manager

Child Health Services Management Structure
Assistant National Director – Local Health Manager - General Manager- Service Manager

2.6 Child Protection Data, 2005

Presented below are local data, which are collected for the Department of Health and Children, as outlined in Section 1.2 of this Report.

2.7 Interim Data Set, Child Protection Data, 2005 (Tables 1-8)

Table 1 Number of Reports by Category 2005

Number of Reports by Category 2005						
Primary Type Report	**Total**	**North Lee**	**South Lee**	**North Cork**	**West Cork**	**Kerry**
Welfare	1206	371	234	166	83	352
Physical Abuse	294	93	75	34	38	54
Sexual Abuse	324	75	107	47	50	45
Emotional Abuse	246	53	79	46	24	44
Neglect	606	175	136	89	63	143
TOTAL	**2676**	**767**	**631**	**382**	**258**	**638**

Table 2 Number of Initial Assessments by Category 2005*

Number of Initial Assessments by Category 2005						
Primary Type Report	**Total**	**North Lee**	**South Lee**	**North Cork**	**West Cork**	**Kerry**
Welfare	**501**	100	65	113	38	185
Physical Abuse	**124**	20	13	24	21	46
Sexual Abuse	**119**	19	15	31	23	31
Emotional Abuse	**99**	8	14	36	6	35
Neglect	**294**	51	28	70	47	98
TOTAL	**1137**	198	135	274	135	395

**** This includes 104 pre-2005 reports that went to Initial Assessment in 2005***

Table 3 Number referred to CPNMT 2005

Number referred to CPNMT 2005						
Primary Type Report	**Total**	**North Lee**	**South Lee**	**North Cork**	**West Cork**	**Kerry**
Welfare	6	1	0	5	0	0
Physical Abuse	6	3	0	3	0	0
Sexual Abuse	3	0	0	2	1	0
Emotional Abuse	0	0	0	0	0	0
Neglect	8	5	0	0	0	3
TOTAL	23	**9**	**0**	**10**	**1**	**3**

Table 4 Number accepted to CPNS 2005

Number accepted to CPNS 2005						
Primary Type Report	**Total**	**North Lee**	**South Lee**	**North Cork**	**West Cork**	**Kerry**
Physical Abuse	4	2	0	2	0	0
Sexual Abuse	1	0	0	0	1	0
Emotional Abuse	1	1	0	0	0	0
Neglect	11	3	0	5	0	3
TOTAL	**17**	**6**	**0**	**7**	**1**	**3**

Table 5 Of cases accepted to CPNS, cases of confirmed abuse 2005

Of cases accepted to CPNS in 2005, the number that were confirmed abuse 2005						
Primary Type Report	**Total**	**North Lee**	**South Lee**	**North Cork**	**West Cork**	**Kerry**
Physical Abuse	2	2	0	0	0	0
Sexual Abuse	0	0	0	0	0	0
Emotional Abuse	1	1	0	0	0	0
Neglect	4	1	0	0	0	3
TOTAL	**7**	4	**0**	**0**	**0**	3

Table 6 Cases accepted to CPNS but confirmed as Non Abuse 2005
No such cases on HSE South CPNS

Table 7 Number of Family Welfare Conferences, by LHO Area and reason for Conference, HSE South, 2005

	North Lee		**South Lee**		**North Cork**		**West Cork**		**Kerry**		**HSE South Cork & Kerry**	
Reason for Conference	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children
May be in need of care	1	1	4	4	1	1	0	0	1	1	**7**	**7**
Child Protection	0	0	1	1	0	0	1	4	2	2	**4**	**7**
Child Welfare	3	4	2	2	1	1	0	0	3	4	**9**	**11**
Court Directed	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Other – Specify	2	3	0	0	1	1	0	0	0	0	**3**	**4**
TOTAL	**6**	**8**	**7**	**7**	**3**	**3**	**1**	**4**	**6**	**7**	**23**	**29**

Table 8 Outcome of Family Welfare Conferences by LHO Area and reason for Conference, HSE South, 2005

	North Lee	**South Lee**	**North Cork**	**West Cork**	**Kerry**	**Total**
Outcome	**No. children**	**No. children**	**No. children**	**No. children**	**No. children**	**No. children**
Special Care Order	0	4	1	0	1	6
Care Order	0	0	0	0	0	0
Supervision Order	0	0	0	0	0	0
Voluntary Care	0	0	0	0	0	0
Recommendation/ Plan for other	7	3	2	4	6	22
services for child and family						0
Family Plan	0	0	0	0	0	0
No agreement	1	0	0	0	0	1
TOTAL	8	7	3	4	7	29

2.8 Performance Indicators, Child Protection Data, Quarter 4, 2005

Number of child protection case conferences held during the reporting period	47
Number where parent/ guardian of the child was invited	47
Percentage where parent / guardian was invited	100%
Number of child protection case conferences held where the invited parent/ guardian was invited and attended	40
Percentage of child protection case conferences where the invited parent/ guardian attended	85%

Number of reports received to Social Work Departments during reporting period		No. reports per 1,000- child population
Welfare	249	1.68
Physical Abuse	85	0.57
Sexual Abuse	77	0.52
Emotional Abuse	82	0.55
Neglect	90	0.61
Total	583	3.94

Number of reports received that went to Initial Assessment during the reporting period**		No. reports per 1,000- child population
Welfare	121	0.82
Physical Abuse	28	0.19
Sexual Abuse	35	0.24
Emotional Abuse	29	0.20
Neglect	55	0.37
Total	268	1.81

Number of initial assessments that had outcomes during reporting period (*All reports not just those received in reporting period*)	270
Number of these initial assessments that had outcomes in 2005 that were notified to the CPNS in the reporting period	0
Percentage of these initial assessments that were notified to the CPNS	0%

2.9 Children First Training, 2005

Training Department
Number of personnel by discipline and year trained in Children First, 2005
75 Social workers participated in joint training with An Garda Síochána
582 people were trained in practice issues relating to Children First

Children First, Implementation

The following is a breakdown of briefings delivered to designated officers by service type or professional group

AREA	DISCIPLINES / GROUPS
General Briefing Sessions	All disciplines
Hospitals	Cork University Hospital, Kerry General Hospital Bantry General Hospital, St. Michaels Hospital Mallow General Hospital, St. Finbarr's Hospital Community Hospitals
Residential Services	HSE Cork and Kerry, Liberty Street House, Riverview
Single Discipline Groups	Emergency Medical Technicians (EMT's) Pre-School Inspection Team, Community Welfare Officers Environmental Health Officers, Public Health Nursing Family Support Workers, Speech & Language Family Welfare Conferencing, Area Medical Officers Social Workers, Primary Care Unit – GP's HSE Administration, Mental Health Services
Other Groups include	Education Welfare Officers, Youth Health Service, Traveller Primary Health Care, Sexual Health Forum, Accommodation Centre, Kinsale Road, GP's, Home Helps, Reception & Integration Agency, Springboard Project, Community School, Diocese of Cork & Ross, Community Mothers Group
Education	College of Commerce, Cork, Pre- Nursing Cork Institute of Technology, Social Care Institute of Technology, Tralee, Nursing University College Cork, Early Childhood Studies, Social Work, Nursing

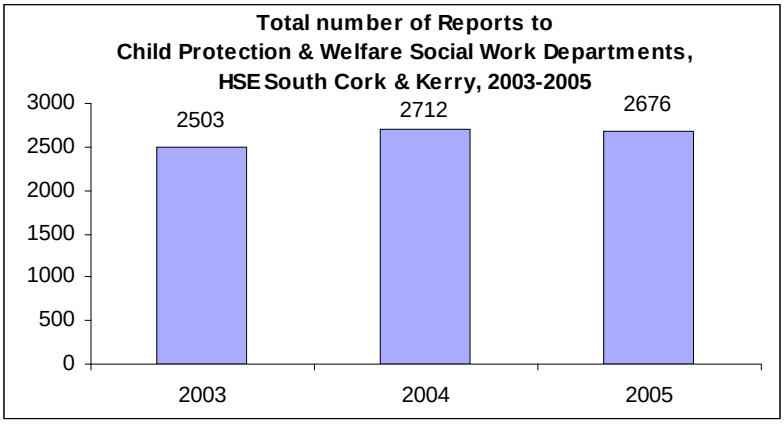
Children First Information & Advice: Community and Voluntary Sector

Number of Workshops delivered	No of attendees
34	**518**

2.10 Interim Data Set, Child Protection Data, 2003 – 2005
Interim Data Set data for HSE South Cork & Kerry, includes cases categorised "ongoing screening" from previous year

Number of reports by category, 2003, 2004, 2005

	2003	2004	2005
Welfare	1150	1331	1206
Physical Abuse	262	313	294
Sexual Abuse	324	317	324
Emotional Abuse	193	200	246
Neglect	574	551	606
TOTAL	**2503**	**2712**	**2676**



Total number of initial assessments, HSE South Cork and Kerry, 2003, 2004, 2005

Number of Initial Assessments by Category, HSE South Cork & Kerry 2003 2004 2005

	2003	2004	2005
Welfare	502	441	501
Physical Abuse	126	103	124
Sexual Abuse	162	138	119
Emotional Abuse	77	68	99
Neglect	286	185	294
TOTAL	**1153**	**935**	**1137**

Number notified to CPNMT 2003, 2004, 2005 Tables 2.1 & 2.2 of Interim Data Set

Note there is one CPNS for the five LHO areas in the HSE South, Cork & Kerry. There are five CPNMT,s in the HSE South, one operating in each LHO area.

Notification to CPNMT in the HSE South Cork and Kerry, arises in the following circumstances:
At the conclusion of an Initial Assessment when there is evidence that a child is at ongoing risk of significant harm a case is referrer red to the CPNMT

Number referred to CPNMTs HSE South, Cork & Kerry, by category of Report, 2003, 2004, 2005

Primary Type Report	2003	2004	2005
Welfare	3	1	6
Physical Abuse	3	1	6
Sexual Abuse	1	0	3
Emotional Abuse	7	3	0
Neglect	10	9	8
TOTAL	**24**	**14**	**23**

Number accepted to CPNS 2003, 2004, 2005 (Table 3.1. item J) includes cases from previous year

Number accepted to CPNS, HSE South, Cork & Kerry, 2003, 2004, 2005

Primary Type Report	2003	2004	2005
Physical Abuse	0	3	4
Sexual Abuse	0	0	1
Emotional Abuse	2	7	1
Neglect	7	8	11
TOTAL	**9**	**18**	**17**

Confirmed abuse 2003, 2004, 2005 (Table 3.1. Item K) includes cases from previous year

Of cases accepted onto the CPNS, number of cases of confirmed abuse, HSE South, Cork & Kerry, 2003, 2004, 2005

Primary Type Report	2003	2004	2005
Physical Abuse	0	2	2
Sexual Abuse	0	0	0
Emotional Abuse	2	2	1
Neglect	6	1	4
TOTAL	**8**	**5**	**7**

Cases accepted to CPNS but confirmed as Non abuse 2003, 2004, 2005 (Table 3.1. item L):
No such cases in HSE South

Table 7 Family Welfare Conferences 2003, 2004, 2005

Family Welfare Conferences held HSE South, Cork & Kerry, 2003, 2004, 2005

2003	2004	2005
16	27	23

Number of children involved in Family Welfare Conferences held HSE South, Cork & Kerry, 2003, 2004, 2005

2003	2004	2005
26	41	29

Family Welfare Conferences by Reason for Conference, HSE South Cork & Kerry, by referring LHO area, 2003

	North Lee		South Lee		North Cork		West Cork		Kerry		Total	
Reason for Conference	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children
May be in need of care	0	0	0	0	0	0	0	0	0	0	0	0
Child Protection	3	3	3	3	3	8	0	0	2	3	11	17
Child Welfare	1	1	0	0	2	5	0	0	2	3	5	9
Court Directed	0	0	0	0	0	0	0	0	0	0	0	0
Other – Specify	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	4	4	3	3	5	13	0	0	4	6	16	26

Family Welfare Conferences by Reason for Conference, HSE South Cork & Kerry, by referring LHO area, 2004

	North Lee		South Lee		North Cork		West Cork		Kerry		Total	
Reason for Conference	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children
May be in need of care											**0**	**0**
Child Protection	5	7			1	1			1	1	**7**	**9**
Child Welfare	8	12	2	5	2	3	1	1	3	4	**16**	**25**
Court Directed									0	0	**0**	**0**
Other – Specify	2	3	1	3					1	1	**4**	**7**
TOTAL	**15**	**22**	**3**	**8**	**3**	**4**	**1**	**1**	**5**	**6**	**27**	**41**

Family Welfare Conferences by Reason for Conference, HSE South Cork & Kerry, by referring LHO area, 2005

	North Lee		South Lee		North Cork		West Cork		Kerry		Total	
Reason for Conference	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children	No. conferences	No. children
May be in need of care	1	1	4	4	1	1	0	0	1	1	**7**	**7**
Child Protection	0	0	1	1	0	0	1	4	2	2	**4**	**7**
Child Welfare	3	4	2	2	1	1	0	0	3	4	**9**	**11**
Court Directed	0	0	0	0	0	0	0	0	0	0	**0**	**0**
Other – Specify	2	3	0	0	1	1	0	0	0	0	**3**	**4**
TOTAL	**6**	**8**	**7**	**7**	**3**	**3**	**1**	**4**	**6**	**7**	**23**	**29**

Family Welfare Conferences: Table 8 2003, 2004, 2005

Outcome of Family Welfare Conference, HSE South Cork & Kerry, by referring LHO area, 2003

	North Lee	**South Lee**	**North Cork**	**West Cork**	**Kerry**	**Total**
Outcome	No. children	No. children	No. children	No. children	No. children	No. children
Special Care Order	1					1
Care Order						0
Supervision Order						0
Voluntary Care	1					1
Recommendation/ Plan for other	2	2			6	10
services for child and family						0
Family Plan		1	13			14
No agreement						0
TOTAL	4	3	13	0	6	26

Outcome of Family Welfare Conference, HSE South Cork & Kerry, by referring LHO area, 2004

	North Lee	South Lee	North Cork	West Cork	Kerry	Total
Outcome	No. children	No. children	No. children	No. children	No. children	No. children
Special Care Order	2					2
Care Order			2			2
Supervision Order						0
Voluntary Care			1			1
Recommendation/ Plan for other	18	8	1	1	6	34
services for child and family						0
Family Plan						0
No agreement	2					2
TOTAL	22	8	4	1	6	41

Outcome of Family Welfare Conference, HSE South Cork & Kerry, by referring LHO area, 2005

	North Lee	South Lee	North Cork	West Cork	Kerry	Total
Outcome	No. children	No. children	No. children	No. children	No. children	No. children
Special Care Order	0	4	1	0	1	**6**
Care Order	0	0	0	0	0	**0**
Supervision Order	0	0	0	0	0	**0**
Voluntary Care	0	0	0	0	0	**0**
Recommendation/ Plan for other	7	3	2	4	6	**22**
services for child and family						**0**
Family Plan	0	0	0	0	0	**0**
No agreement	1	0	0	0	0	**1**
TOTAL	**8**	**7**	**3**	**4**	**7**	**29**

2.10 A Child Protection Services: Local Services Data HSE South Cork & Kerry

Child Care Services delivered across five LHO areas in HSE South Cork and Kerry

Family Centre (Child Sexual Abuse Assessment Unit) Data, 2005

Type of Referral	Number
Assessment	63
Medical Examination Only	7

Gender of child referred	Number
Female	43
Male	27

Referrals by LHO area Referring

North Lee	South Lee	North Cork	West Cork	Kerry
12	28	10	9	11

Family Welfare Conferencing

Of the 23 Family Welfare Conferences held in 2005, 6 were held in the spirit of Children Act, 2001.

Case Conferencing

Total number of Conferences scheduled 118
Total number conferences held 98

Type of conference held by referring LHO area Social Work Department, 2005 Total, 98

	North Lee	South Lee	North Cork	West Cork	Kerry	Totals
Initial Conference	31	11	20	6	4	72
Review Conference	16	1	6	2	1	26

Number of conferences held within 21 days by type of conference, 2005, total 13

Initial Conference	6
Review Conference	7

Liberty Street Services for Young People Out of Home (for whole area)

Number of Youth Homeless Contact Forms (YHCF) and Number of Homeless Children, broken down by Age and Gender						
Age	No of YHCFs completed		Total YHCFs (by age category)	No of Children for whom a YHCF has been completed		Total no. of Children (by age category)
	Male	Female	M & F	Male	Female	M & F
0 - 3			0			0
4 - 9			0			0
10			0			0
11			0			0
12			0			0
13		1	1		1	1
14	2		2	2		2
15	7	6	13	7	6	13
16	21	24	45	21	24	45
17	34	30	64	34	30	64
Total	64	61	125	64	61	125

Child Care Research
Review of Adequacy of Child Care and Family Support Services, 2004
Commenced Audit of case files in five Child Protection and Welfare Social Work Departments, in the HSE South, Cork and Kerry, relating to reports made from July to December, 2003, to examine for compliance with *Child Protection & Welfare Process Practice Guidelines incorporating Children First 1999, SHB, 2003*.

Children First

AREA	DISCIPLINES / GROUPS
General Briefing Sessions	All disciplines
Hospitals	Cork University Hospital, Kerry General Hospital Bantry General Hospital, St. Michaels Hospital Mallow General Hospital, St. Finbarr's Hospital Community Hospitals
Residential Services	HSE Cork and Kerry, Liberty Street House, Riverview
Single Discipline Groups	Emergency Medical Technicians (EMT's) Pre-School Inspection Team, Community Welfare Officers Environmental Health Officers, Public Health Nursing Family Support Workers, Speech & Language Family Welfare Conferencing, Area Medical Officers Social Workers, Primary Care Unit – GP's HSE Administration, Mental Health Services
Other Groups include	Education Welfare Officers, Youth Health Service, Traveller Primary Health Care, Sexual Health Forum, Accommodation Centre, Kinsale Road, GP's, Home Helps, Reception & Integration Agency, Springboard Project, Community School, Diocese of Cork & Ross, Community Mothers Group
Education	College of Commerce, Cork, Pre- Nursing Cork Institute of Technology, Social Care Institute of Technology, Tralee, Nursing University College Cork, Early Childhood Studies, Social Work, Nursing

Children First Implementation Officers
Delivered a total of 100 Children First Briefing sessions in 2005.

Practice Teachers Development Unit
15 practice teachers in each of two placement block per annum (January-April and September-December).
All Students unless otherwise stated are placed from UCC: five from the BSW course, 12 from the MSW course. One Repeat Placement for an MSW Student was sought by UCC and obtained by the Student Unit and this occurred within the North Lee Social Work Team from May 2005-August 2005.

Number of students placed in HSE South by department: January-April 2005
Child Protection and Welfare Social Work Department North Lee: 2, South Lee: 2
Family Centre:1, Neighbourhood Youth Project (Mayfield):1
Adoption:2, Fostering:1,
Tralee Community Care: 1, Killarney Community Care: 1, North Cork Community Care (Mallow): 1
West Cork Community Care:1
Child and Adolescent Mental Health Service (North Lee East):1
Child and Adolescent Mental Health Service (North Lee West):1
Liberty Street Services for Young People out of Home:1, Arbour House:1

Number of students placed in HSE South by department: September-December 2005
Child Protection and Welfare Social Work Department North Lee: 2, South Lee: 2
Family Centre: 1
Neighbourhood Youth Project(Mayfield):1
Adoption:2, Fostering:1
Tralee Community Care: 1, Killarney Community Care: 1, North Cork Community Care (Mallow): 1
West Cork Community Care: 1
Child Psychiatry(North Lee East):1, Child Psychiatry(North Cork):1
Liberty Street House(Services for young people out of home):1, Arbour House:1

Child Care Training
75 People trained in Children First
582 Trained in Children First Related Skills and subjects
75 Social Workers trained in context of Joint Training with An Garda Síochana

Child Health in Child Protection and Welfare Services

Speech and Language Therapy

6079 Children were seen by Speech and Language Therapists during 2005. The Service estimates that only a small percentage of these children meet criteria for inclusion in this report: the data base does not provide for identification.

Occupational Therapy

West Cork: 2 children were referred to the service in the context of child protection or welfare concerns
Kerry: 10 children were referred to the service in the context of child protection or welfare concerns ,. 8 male, 2 female.
Source of referrals; 2 parents, 2 Child Protection & Welfare Social Work, 1 Physiotherapy, 2 Speech and Language Therapy, 1 NEPS, 1 Child, Adolescent and Family Psychology, 1 PHN

Child and Adolescent Psychiatry

North Lee: Children were referred to the service in the context of child protection and welfare concerns and to child protection and welfare social work departments by the service but data is not available for the year 2005.
South Lee (Sectors 3, 4, & 7) Data not available on the number of referrals to the department that were made in the context of a child protection and welfare concern, however 32 children involved with the service in 2005 are also involved with the Child Protection and Welfare Social Work Department and the CAHMS South Lee referred 9 children to Child Protection & Welfare Social Work in 2005.
North Cork: Consultant Child & Adolescent Psychiatrist Case Load, 2005: 10% of children were in Foster Care, 1% had parents absent. The ratio boys to girls was 1:1.

Child Adolescent and Family Psychology

North Lee
No children were referred to the child protection and welfare social work department.
North Cork
12 Children, 6 male, 5 female, were referred by child protection and welfare social work departments between February and October 2005. All of these children remained on the waiting list by the end of December 2005.
1 Child (male) was referred to the child protection and welfare social work department in September 2005. The child had been placed on the Psychology Departments waiting list in June 2004, and removed from that waiting list in August 2004.
West Cork
Total referrals to West Cork Child, Adolescent & Family Psychology Service in 2005: 128.
Number of referrals of children in the context of child protection and welfare concerns: 31 (Male = 11, Female = 20)
Source of these referrals: Social Work =14, parent = 11, GP/AMO = 2, NEPS/Teacher = 3, Speech & Language Therapist = 1.
There was on average a six month waiting time for these cases.
Where the Social Work Department was not already involved with these children / families, referrers were informed of the need for referral to the social work department because of child welfare and protection issues and requested that they follow up in this respect. In some cases the department identified that social work was involved ,but were not the initial source of referral
Kerry
19 children in the care of the HSE South were referred to the Department in 2005. 17 of these were referred by the child protection and welfare social work department , 2 by the fostering department.

Substance & Alcohol Abuse

A total of 186 children were referred in 2005 however no breakdown of referrals from child protection and welfare social work departments is available.

Maximum waiting time for a medical review was 1 week, and for an addiction counsellor was 1 month. 4 children were referred to child protection and welfare social work departments

2.11 Performance Indicators, Child Protection Data, 2003 – 2005

CC 6 a and b, 2003, 2004, 2005
The format for presentation of Performance Indicators to the Department of Health and Children changed from 2004 to 2005. Comparisons with previous years are not included in this report.

2.12 Analysis and Commentary, Child Protection Services

2.12 1 Are there any gaps in the child protection service?
2.12.2 Did waiting lists exist in the Social Work Department at any stage during the year? If so please comment
2.12.3 Did waiting lists exist for children who were referred to Social Work Department for any internal (HSE) or external services. Please comment.
2.12.4 Is the Child Protection committee in place**?**
2.12.5 Is the CPNMT is in place?
2.12.6 Is the Gardai/HSE liaison management team in place?
2.12.7 Have you implemented local child protection guidelines based on Children First?
2.12.8 Identify any examples of best practice in local child protection services
2.12.9 Are there processes in place to establish the views of service users on child protection services?
2.12.10 Are there formal processes in place to facilitate the integration of child protection services with:

- Alternative Care and Family Support Services
- Other HSE services
- Non HSE services

Source: Submissions from service managers, endorsed by CCM
All services identified inadequacies in service delivery, some common themes emerged. Comments are presented with the name of the service that reported the comment.

The need for a Family Support service was identified by all Social Work teams and also by PHN, Psychiatric social workers and the Residential Services.

The lack of psychology services for children was identified by Social Work Departments in North Cork, West Cork and Kerry and in West Cork and Kerry it was felt there should be a broader professional basis whereby Psychology services are part of the Social Work team. The lack of a Psychology service to children in foster care was noted.

Individual departments identified particular needs:
Anecdotal evidence about **gap in access to and provision of psychological assessment**, child guidance, adult counselling and therapeutic support for special educational needs of children;
Social Work North Cork, West Cork, Kerry, The Family Centre, Case Conference.

The lack of **services for some children such as those with sexually inappropriate behaviour**, frequently results in consultations regarding referral to the Family Centre, which is not the appropriate service for them. *The Family Centre*
Particular need of social work departments **access to psychology for children especially children in Foster Care** *Kerry*
Out of hours social work service *Kerry*
Emergency reception to care *in Kerry*

Waiting lists for Psychology and CAMHS Kerry*:* Due to there being only one psychologist for children in the community during 2005 and also that the HSE's Child and Adolescent Psychology service takes referrals from numerous sources and children in care are not necessarily prioritised over these community referrals.

It would be helpful to have **formal governance for services within and external to the HSE, which would give priority of access to services** when a Child Protection Case Conference recommends this. *Case Conferencing also reflected in comment by Social Work Department, Kerry, above.*

Need for **broader professional base in Child Protection Teams** to include psychology and public health nursing *(West Cork, Kerry Social Work Departments)*

Need for **family support workers / service** – *Social Work North Lee, South Lee & North Cork Social Work, PHN, Psychiatry SW Residential service.*
Child Protection and Welfare Social Work
North Lee Due to significantly high case loads, children in care cannot receive ongoing desirable **social work support** and in many cases cannot receive **prompt attention** and intervention.

South Lee An Increase in basic grade social worker staff is required to address a backlog of work within the department as the **case loads in the department are presently at full capacity.**

North Cork In 2005 four children referred for **alternative care placements** were not offered placements.
Demand for the **Family Support Service** as a preventative measure, remains under-resourced and developed in the Social Work Department.
Gap in provision of **therapeutic intervention and counselling for children who are victims of sexual, physical and emotional abuse**.

West Cork There is a need for a **broader professional base**, to include psychology and nursing within the child protection team.
Access to ancillary services – psychology, child mental health, child and adult counselling is unsatisfactory.
Overall volume of work does not allow **legitimate expectations of service to be** met.

Kerry
There is no **emergency reception centre** for children no access to **social work service out of hours**. Plans are in place to make emergency foster carers available to the Gardai out of hours, in 2006.

In the absence of either an **Out of Hours Service** or an identified emergency residential placement to meet this need social workers and foster families have been contacted directly by Gardai out of hours seeking placements.

Social Work Support for children and families where parents are separating in difficult / volatile circumstances : to support children assessed in need in accordance with referrals made by the Court under Section 20 of the Child Care Act.

Dedicated services are required for families from different cultures and services for asylum seekers. This Department would welcome the development of a Public Health Nurse specialist in child protection at Assistant Director of Public Health Nursing level to improve inter-disciplinary communication, assessment and planning.

Service to Homeless Teenagers: It would be useful to have access to a small number of sheltered/supervised flats for young adults who require support but are ready for more independence than their own home or a children's home.

The Family Centre: Child Sexual Abuse Assessment Unit
The absence of **follow up therapeutic services for children assessed** in the Family Centre is a considerable gap in the child protection service. The result of a needs assessment carried out in 2004 showed that parents felt that they were not adequately supported.

A significant gap in the child protection service is the **lack of services for the assessment and treatment of offenders**, both adolescent and adults in interfamilial cases.

Case Conference Department:
Initial and Review Case conferences are **not being held within target time frames**: the average waiting time to hold a conference was 79.38 calendar days in comparison to 50.98 days in 2004 partially due to the needs of service users and partly due to the inability to facilitate the conferences due to workload (planning and chairing conferences, preparing and issuing minutes, decisions and recommendations, preparing data) and current staffing levels.

There were 20 Conference cancellations in 2005. The impact of not being able to adequately respond to the demands of the service is that in general terms it impinges on the management of child protection cases.

The Child Protection Case Conference strives to **involve all appropriate professionals** from a variety of statutory, voluntary and private organisations. On occasions this can be problematic and is influenced by organisation culture and sometime an agency's relationship with the HSE. In this context more needs to be done to promote working together as services providers.
Difficulties arise on occasions due to **waiting lists for psychological assessments** or Autism Spectrum Team assessments. In these circumstances the department records the view that participants believe that the child or family urgently needs these services.

It would be helpful to have formal governance for services within and external to the HSE, which would give priority of access to services when a Child Protection Case Conference recommends this. ***See also interdisciplinary work***
Liberty Street House
The gaps in service are:
- **Specific accommodation options for young people with a learning disability** who require long term supported accommodation.
- **A range of treatment programmes and accommodation for young people with drug and alcohol abuse problems** as the current services do not meet their specific needs.
- There is a requirement for **appropriate services for young people turning eighteen years**.

Research
In the absence of routine access to data for years 2004 and 2005 from child protection social work departments the **regular audit programme** linked to the implementation of Children First and local practice guidelines **was deferred**.

Children First
- The **CPNS is not operational in Cork University Hospital** and though functional in **Kerry General Hospital it has not been accessed**.
- **Mental Health and Disability Services have not engaged** in briefings on Children First. Work to involve this service was ongoing in 2005.
- **Meeting with private childcare providers** is proving to be an ongoing difficulty: four evening and Saturday workshops were held in 2005.

Community Health South Lee

A decision by Area Medical Office service not to **participate in certain Child Protection Notification System Management Teams** means that there is no input from Medical Personnel to assessments on notifications to the system. The Area Medical Officer service in South Lee believes the involvement would be of benefit.

Public Health Nursing South Lee
Statutory Services alone are inadequate for the Refugee Asylum 0 -5 age group in South Lee.

Occupational Therapy Kerry does not provide a specific service to the child protection service, therefore OT is a gap in service.

Child and Adolescent Mental Health Service / Psychiatry
North Lee:

- The department has concerns regarding the **length of time for risk assessments** to be completed and the availability of written risk assessment reports.
- There are concerns that **resources available are allocated to cases designated high priority risk to the neglect of more chronic and long term cases** where there are also significant concerns.
- There appears to be a **shortage of ongoing child care and family supports** to children and families where welfare needs are identified.

Kerry:

- The team is **under resourced:** The Expert Group on Mental Health Policy in the report "A Vision for Change 2006" recommended that there should be 1 CAMHS Team per 50,000 population The current CAMHS team in Co Kerry is providing a Mental Health Service to a population of 133,767 (2002 Census)In addition the allocations by discipline within the team falls short of the recommendations.
- There is a need for **the immediate appointment of a second Consultant Child & Adolescent Psychiatrist and fully developed multi-disciplinary team** to provide a Mental Health Service to children/adolescents in South Co Kerry
- There is no access to a Day Hospital
- Numbers **referred to Inpatient Units outside the Region in 2005**: 3 young persons attending the Kerry CAMHS Service were referred to Inpatient Units outside the HSE Southern Region. The children referred to the Inpatient Adolescent Psychiatric Units come under the remit of the Child Care Act. There were significant child welfare and child protection concerns in each case as well as Mental Health Disorders.
- There is **no access to Inpatient children/adolescent beds** in the Southern Region. This has resulted in children/adolescents from Co Kerry having to be placed in Inpatient Units in Galway or Dublin or in the UK
- **Capital Development Funds** are needed to **buy rather than lease appropriate service premises**
- There is a need for a **separate Mental Health of Intellectual Disability Team** to provide a comprehensive Mental Health Service to children and adolescents with intellectual disability

Child Adolescent and Family Psychology
West Cork There is **no designated Psychology post for the cohort of children identified in the Child Care Act, 199**1. There are 2 WTE posts in the Service to respond to the needs of all children with a range of emotional and behavioural difficulties in the West Cork area. There is an identified need for posts within Child & Family Psychology Services to provide psychological assessment and therapeutic interventions for children who are not receiving adequate care and protection, for children in foster care as well as providing ongoing support to foster carers.

2.12.2 Did waiting lists exist in the Social Work Department at any stage during the year? If so please comment

North Lee
Very large case loads led by "necessity" to "waiting lists", although a formal waiting list does not exist. In duty, for example, cases are prioritised, but in many cases wait a significant period of time prior to active intervention.

Kerry
Children did await allocation of Child Care Work services (particularly in South Kerry where there was no Child Care Worker for most of the year). One child from South Kerry was allocated to one of the North Kerry Child Care Workers in view of the urgency of his need.

A waiting period of approximately 2 months operates for allocation of Family Support Work.

Area Medical Officers South Lee have expressed concerns over time period sometimes involved in gaining access to the Social Work Department and lack of child welfare as opposed to child protection services.

2.12.3 Did waiting lists exist for children who were referred to Social Work Department for any internal (HSE) or external services. Please comment.

Occupational Therapy
West Cork: One child was placed on and removed from the waiting list in March and one child placed on the waiting list in March and removed in October.
Kerry Approximate waiting list time 3 months, dependent on child's age and level of physical or sensory need.

Child and Adolescent Mental Health Service
North Lee All referrals are categorised as emergency, priority or routine. Data for children referred specifically in the context of child protection and welfare concerns is not available.

South Lee No data is available on waiting lists.

North Cork Children in care are prioritised as they are considered o be within the service. Maximum waiting time for these children is one month unless there are difficulties accessing information regarding these children.

Kerry all referrals are prioritised on the basis of clinical complexity and severity.
Three waiting lists operated during 2005, data relation to the lists for 2005 is as follows:
Urgent, 77 children, maximum waiting lit 3 years 3 months
Semi Urgent 113 children, maximum waiting time 3 years 11 months
Non Urgent: 12 children, maximum waiting time 5 years 5months.

- A number of children were referred to the service in the context of child protection and welfare concerns, however data is not available for these referrals for 2005.
- Children considered to be at risk of neglect or ill treatment or where there were concerns that their parents were unable to care for them, were referred to the Child Protection and Welfare Department. Data is not available for these referrals.

Child and Adolescent Psychology

North Cork: 12 Children were placed on the waiting list between February and October 2005, all of these children remained on the waiting list by the end of December 2005.

West Cork: The average waiting time for children referred in the context of child protection and welfare concerns was 6 months.

Kerry: 20 children referred in the context of child protection and welfare concerns, were placed on the waiting list between February and November, 2005. Four children were removed from the waiting list during 2005. The maximum waiting time for these children during 2005 was 11 months.
During 2005 approximately 100 children on waiting lists that dated back to 2003, were seen by the Kerry Child and Adolescent Psychology Department. Of these children 19 were in care of the HSE.

Anecdotal evidence was reported on waiting lists for children **referred from** Child Protection and Welfare **Social Work Departments to**

- Case Conference
- Alternative Care *(North Lee Social Work)*
- Child and Adolescent Psychology *North Lee, North Cork, West Cork, Kerry, Liberty Street House Services for Young People out of Home*
- Child Guidance Child and Adolescent Mental Health Service *North Lee, North Cork, West Cork, Kerry*
- Family Support *South Lee, Kerry*
- Speech and Language Therapy, Occupational Therapy and Educational Psychological Assessments *North Cork*

Comments on waiting lists for children referred from Child Protection and Welfare Social Work Departments to other services ***continued***,

It would be helpful to have formal governance for services within and external to the HSE, which gave **priority of access to services** when a Child Protection Case Conference recommends this. *Case Conferencing*

Need for **priority access or dedicated service** to conduct **psychological assessments** and provide support *Reflected in comments about children **referred** to Residential Care and Fostering and those **in** alternative care by Social Work Kerry, above, and in comments by Social Work and Psychology Service for Children in Care*

Child Protection and Welfare Social Work Department
North Lee
Children referred to the following services were placed on waiting lists: Secure Care – Nationally , Residential Services, Fostering Resource Unit, Child and Adolescent Guidance, Child and Adolescent Psychology.

North Cork
Three clients referred to Child and Adolescent Mental Health were *possibly* placed on waiting lists for prescribed treatment.
This department experienced a delay in access to Child Protection Case Conference service of between 5 and 6 weeks from the point of referral.

West Cork Children referred to the HSE Child and Adolescent Psychology, and CAMHS were placed on waiting lists.

Kerry

Children, including children in care of the HSE, were on waiting list. A number of children in foster care were waiting 6 months and longer for a psychology service during 2005. A smaller number of children were also on waiting lists for the Child and Adolescent Mental Health service.

The Family Centre
Children referred by Social Work Departments were seen within four weeks of referral with the exception of four cases. (In two cases the parents were unsure about going ahead with the assessment and ultimately attended for histories only, another child had a medical examination on the day of referral but was not ready to attend for assessment, one child had a six week wait due to staff shortage/ annual leave.)

Liberty Street House
Clients referred to the Child and Adolescent Psychology Department were placed on waiting lists.

Case Conference Departments Service In 2005 the average waiting time to hold a conference was 79.38 calendar days in comparison to 50.98 days in 2004. The target time is to hold conferences within 21 days of referral. To address this delay the department operated a priority system of referrals received. *See also Q2 above*: It would be helpful to have formal governance for services within and external to the HSE, which would *give priority of access to services when a Child Protection Case Conference recommends this.*

2.12.4 Is the Child Protection committee in place?
Local Child Protection Committee meetings were held in all LHO areas in 2005. In the absence of the Regional Child Protection Committee, it has been difficult to give direction to these meetings.

2.12.5 Is the CPNMT is in place?
A CPNMT is in place in each LHO area. Membership consists of Child Care Manager, Principal Social Worker, Director of Public Health Nursing Senior Psychologist in each area. In North Lee and South Lee, there was no Senior Medical Officer representation, but SMOs did participate in the North Cork, West Cork and Kerry teams.

2.12.6 Is the Gardai/HSE liaison management team in place?
In 2005, meetings were held between the Child Care Manager and Inspectors to establish Gardai/HSE liaison. Principal Social Workers Sergeants and Inspectors met in all areas.

2.12.7 Have you implemented local child protection guidelines based on Children First?
Yes. The HSE South operates local Child Protection and Welfare Service Process Practice Guidelines, Incorporating children First, Introduced to practice in 2003.

A **dedicated Children First Team** comprised of Implementation Officers working with all designated officers and An Garda Síochana and Hospitals and Information and Advice Officers working with community based organisations is in place working across the five LHO areas in the HSE South, Cork and Kerry.

All designated officers are offered the opportunity to attend briefings on their roles and responsibilities for child care and family support in the context of Children First.

The **Training Department** runs multidisciplinary training and information courses on aspects of practice in accordance with Children First, 1999 across the five LHO areas in the HSE South, Cork and Kerry.

The **North Cork Social work Department** provided *Children First* briefings to staff at St. Stephens Hospital and local mental health service providers. North Cork Social Work Department Report
2.12.8 Identify any examples of best practice in local child protection services

Child Protection and Welfare Social Work

South Lee

Multi-disciplinary approach to child protection: Cases may be worked by social workers together with two other disciplines to work with, public health nursing, and child care workers.

Development of expertise in a specific area : South Lee Social Work department has in the last two years worked intensively with families that have come into Ireland seeking asylum or refugee status and consequently developed a level of expertise in this area of child protection work. The department has also developed expertise working in the area of child trafficking.

North Cork

A proactive approach was taken to the provision of parenting courses and the Child Care Leaders delivered three parenting programmes.

Family Welfare Conferencing

The Service was set up in anticipation of the implementation of the Children Act 2001 however the delivery of Family Welfare Conferencing outside of the legislation was also established by the then Southern Health Board.

The Family Centre

In the absence of Best Practice guidelines for Investigative Assessments in the Irish context, the protocol for the Family Centre Assessments incorporates best practice guidelines from other jurisdictions e.g. England, Scotland and USA.

The Family Centre is an active member of the National Group of Child Sexual Abuse Assessment Units in Ireland, which meets bi-annually to look at all issues of best practice.

Child Care Research

- Analysis of data, in relation to Practice Standards implemented under the auspices of Children First, relating to reports to Child Protection and Welfare Social Work Departments between July and December 2003, was published in the Review of Adequacy of Child Care and Family Support Services for 2004, delivered during 2005.
- The first audit of social work departments case files based on Local Practice Guidelines incorporating Children First, was designed and preparation with auditors commenced in late 2005.

Children First

- The HSE South operates one set of local Child Protection and Welfare Service Process Practice Guidelines, Incorporating children First, Introduced to practice in 2003, for all designated officers.
- The Children First Co-ordinating Group is a multidisciplinary forum overseeing the implementation of Children First in the HSE South. This group meets quarterly.
- The HSE South has a dedicated fulltime Children First Team with Information and Advice Officers working with organisations outside the HSE and with Implementation Officers working with services inside the HSE and An Garda Síochana
- Implementation Officers regularly provide information to students at UCC and Tralee Institute of Technology.

Case Conference Department

Since 2005, when consideration is being given to the separation of a child or young person from their family other than on an emergency or respite basis, a child protection case conference is considered the appropriate forum to consider this matter. This ensures that such an important recommendation is open to challenge and renegotiation if necessary and that ultimately they arise out of multi disciplinary consensus.

Liberty Street House

Parent Support Programme is an eight week programme which gives parents the opportunity to discuss difficulties in parenting teenagers. This programme takes place three times annually.

Child Health Service: Roll-out of Caring for your Baby 0-6 months old and Caring for your Child 6 months to two years old. These information packs have been developed by the HSE South (east). The evaluation of the packs has indicated high satisfaction rates among parents. As a result the roll out of both packs to parents is underway in this area.
Referral guidelines and forms have been standardised for community service disciplines.
Child and Adolescent Mental Health Services:
These services are multidisciplinary.

South Lee (Sectors 3,4 and 7) Registrars in psychiatry participate in a multidisciplinary team and work on child protection issues in this context. The service has developed a working partnership with the ISPCC which provides child hood support workers and a mentoring service. The work is in the process of being evaluated by the CAMHS South Lee.

Kerry: Quarterly Service Meetings take place between Kerry CAMHS and the local Kerry ASD Intervention Team, Brothers of Charity

- The Senior Clinical Psychologist and CAMHS Nurse Kerry CAMHS ran a Cognitive Behavioural Therapy Group for children and adolescents with Anxiety Disorders in Summer 2005 (Evidence based practice)
- A Parenting Group was run by the Principal Social Worker for parents of children with behavioural disorders attending Kerry CAMHS (Evidence based practice)

2.12.9 Are there processes in place to establish the views of service users on child protection services?

Child Protection and Welfare Social Work
The HSE complaints procedure exists for clients of all services. Within this system services have to address any concerns that they may raise through this process.

South Lee The findings to date in respect of this procedure is that most of the complaints centre around staff practice or differing views by service users as to how their cases were managed, most outcomes are resolved through the complaints process but not necessarily to the satisfaction of the service users at every occasion. In 2005 South Lee received 6 formal complaints from service users.

Kerry the formal HSE complaints procedure exists for all clients. Informal feedback that is given to staff by clients. Reviews of Children in Care specifically canvas parents, children, foster carers and residential staff for views which are considered as part of the review and inform a care plan.

The Family Centre
In the event of a child not being offered an Assessment at the Family Centre, there is an Appeals Process of which parents are advised.

Case Conference
The service meets with referring Child Protection and Welfare Principal Social Workers and Team Leaders on a quarterly basis to discuss service provision and to develop policy. This is a useful forum for managing the interface between organisational service user and provider. There could be benefits in the future for developing a similar forum with other disciplines and members of the public. During training sessions the question is often asked why only area teams can request a child protection case conference and this is probably an aspect of the service which warrants further research.

Children First

The Children First Co-ordinating Group is a multidisciplinary forum monitoring the implementation of Children First in the HSE South, Cork and Kerry, at which exchange of information and planning work is routinely carried out.

Children First Officers request feedback from participants at Children First briefings which are held twice yearly across all areas.

2.12.10 Formal processes in place to facilitate the integration of child protection services with:

- Alternative Care and Family Support Services
- Other HSE services
- Non HSE services

The five LHO areas in the HSE South operates one multidisciplinary Child Protection and Welfare Practice Guidelines, incorporating Children First, for all designated officers outlining reporting and assessment protocols for concerns about a child's welfare or protection.

The five LHO areas in the HSE South operate Common Multidisciplinary Training Programmes based on national and local policy and protocols.

Assessments of children referred to Child Protection and Welfare Social Work Departments are multidisciplinary in nature – involving consultation with disciplines other than social work.

All referrals to alternative care are processed and managed by a Central Admissions Committee operating across five LHO areas.

Child Protection and Welfare Social Work
North Lee
Cooperation and joint working between social work and other disciplines takes place in several forums including: professional meetings, strategy meetings, Case Conference, Family Welfare Conference, placement meetings, admission to care and discharge from care meetings, Reviews (Children in Care), Garda/Social Work liaison meetings, referral meetings with various agencies (HSE South/non HSE South), consultancy meetings with various other disciplines.

South Lee
Social Work department works as a multi-disciplinary team. It jointly works cases with voluntary and statutory agencies.

North Cork
Throughout 2005, the Social Work Department continued to develop interagency working relationships through
joint working, regular liaison including CAMHS, Psychology Department and An Garda Síochana. The social work department has improved working processes and outcomes for service users.

Two Fostering Link Workers and the Family Support Workers are located in the same premises allowing for the development of closer working relationships as these services are already integrated.

West Cork
The Fostering Worker is located in the same premises [as Social Work], allowing for the development of closer working relationships.

Social Work participates in the LHO *Children and Families Care Group* and the local Child Protection Committee.

Kerry
The HSE Family Support Service is operated within the Department though independent of social work, taking referrals from a broad range of agencies / professionals.

A long-standing voluntary Inter-Agency Group on Child Protection and Welfare arranges talks regularly throughout the year which are attended by all professional staff grades. The informal contacts made at these talks are as important as the information presented there.

The Family Centre
Consultation with the Child Protection Social Work Teams takes place on a regular basis.

The Family Centre staff participates on a formal basis with other professionals, with regard to children referred to the Family Centre and also with regard to children not referred, but where consultation is sought, by attendance at planning meetings / professionals meetings, strategy meetings / case management and case conferences

The Case Conference Department in conjunction with the Family Welfare Conference Service provided multidisciplinary training in 2005, to professionals whose work brings them into contact with both these services.
The Child Protection **Case Conference** strives to involve all appropriate professionals from a variety of statutory, voluntary and private organisations.

Liberty Street House Services for Young People out of Home
Interagency network for service providers to young people who are out of home .
Other forums include joint case management with Area social work teams, the Youth Homeless Forum, the Adult Homeless Forum, Northside and Southside networks, the International Organisation for Migration and Ireland En-Route.

Family Welfare Conferencing
A FWC Advisory Group operates comprising multidisciplinary representation from HSE: South personnel, including, CWO, SW, Psychology etc.

Child Care Training
Training Officer is a formal member of the Children First Monitoring group and a member of The (HSE) National Trainers Network and there are Formal and ongoing contacts with An Garda Síochána. There are also a number of participations in HSE meetings with regard to protocol, legislation. Furthermore there is formal co-facilitation with other HSE departments (family centre, fostering resource unit and customer relations office) and non-HSE organisations (an Garda Síochána, Tabor Lodge, neighbourhood youth projects.)

Area Medical Officers
AMOs communicate with both HSE and non-HSE services in identifying children at risk and in exploring the difficulties in question and bringing the necessary resources together to meet those difficulties in the interest of the health and well-being of the child.

Best Health for Children
Links have been developed during 2005 between the child care and child health training units of the HSE South. It is hoped to work together on some training modules where there is obvious overlap.

Public Health Nursing
- Alternative Care and Family Support Services
  Foster Care/Community Social Work Services
  Home Help Services, Springboard and Community Organisations
- Other HSE services
  Community Welfare Officer, Speech & Language Therapist, Psychology Services, Psychiatric Services, School Public Health Nursing Services, Springboard, Child Protection Notification System, Case Conference Department.
- Non HSE services
  GP, Practice Nurses, Community Organisations e.g. NICHE, Farranree Family Resort Centre

Speech and Language
Speech & Language Therapy Managers are committed to facilitating therapists to attend case conferences whenever necessary and encouraging liaison with child protection services, family support services.

Occupational Therapy West Cork
Attendance at any strategy meetings called by Social Work Department would be considered a priority.

Occupational Therapy Kerry
Referrals have been made to Occupational Therapy from the Social Work Department for children with physical and sensory needs who are also within the child protection service. Case conferences have occurred on occasion for some of these children to aid multidisciplinary working.

Child and Adolescent Psychiatry, North Lee
As part of normal practice, the Dept of Child & Adolescent Psychiatry engages in ongoing liaison with Child Protection and Welfare services through written and verbal communication and attendances at case conferences, strategy meetings and professionals meetings.

Child and Adolescent Psychiatry, South Lee
Integration of Child Protection Services has become a part of our ongoing work. The Department regularly meets with agencies to discuss joint families that they are working with. Regular liaison takes place with the HSE Child Protection Department, Barnardos, Educational Welfare Department, I.S.P.C.C. and Liberty Street Services.

The Department of Child & Adolescent Psychiatry also meet with individual Social Workers to identify how best to support children and families that they work with.

As a CAMHS Team we have a commitment to ongoing professional education and take Clinical Psychology students and Social Work students on placement.

Child Care Research
- The work of the office requires consultation and collaboration with all service managers in child care and related community child health services for delivery of the review of adequacy of child care and family support annually and with child care services for research and audit.
- Requests to carry out research or for support with development of research methodology or monitoring of work programmes issue from a range of service managers or Child Care Managers.
- Participation on multidisciplinary forums to provide input to the implementation or development of local policies provides a mechanism for consultation and joint work.

Children First
This department operates as the single point of contact for all briefings on Children First in the HSE South Cork and Kerry. It is responsible for delivering multidisciplinary briefings and training or information sessions to designated officers and voluntary and community organisations.

Child Care Information
- Data for child protection and welfare services collected and managed centrally for five LHO areas by the Child Care Information Unit.
- Data for Missing Children and Family Notifications is managed centrally for five LHO areas by the Child Care Information Unit for local national and international distribution.

Practice Teachers Development Unit
Students are placed in all child care social work services.

Child Health Service
Links have been developed during 2005 between the child care and child health training units of the HSE South.

Child and Adolescent Psychology
Processes for integration of child protection and alternative care services exist in:
North Lee: via formal professional forums: the care group, the Case Conference and Fostering Approvals Committees.
North Cork through joint assessments with social work departments; interdisciplinary consultation and participation in multidisciplinary forums that include case conferences, family welfare conferences and core group review meetings.
West Cork through use of formal referral policy and procedures operated with all statutory and voluntary services.
Kerry with alternative care services through meetings at a local and regional level with other organisations who address the needs of families in crises, through presenting at their conference on supporting the family, Mallow, Co. Cork 14.11.2006 and through attending the Regional Committee on Parenting initiatives. And with Other HSE Services**:** Through attendance at case conferences, multidisciplinary forums and meetings , professional case meetings and training events.

Substance and Alcohol Abuse
The Youth Programme employs formal referral processes, and liases and participates within multidisciplinary forums and operates joint case management with other services.

Section 3 Alternative Care Services

3.1 Introduction to Alternative Care Services

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

The HSE also provides for the aftercare needs of children who have been in its care.

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

3.2 Legislative Framework, Alternative Care Services

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

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

3.3 National Policy, Alternative Care Services

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

- Guide to Good Practice in Children's Residential Centres, 1996
- Standards and Criteria for the Inspection of Children's Residential Centres, 1999
- Children First, National Guidelines for the Protection and Welfare of Children,1999
- Towards a Standardised Framework for Inter-country Adoption Assessment Procedures, 1999
- Statement of Good Practice: Separated Children in Europe Programme, 2000
- National Standards for Children's Residential Centres, 2001
- Youth Homelessness Strategy, 2001
- National Children's Strategy: Our Children – Their Lives, 2001
- Report of the Working Group on Foster Care: Foster Care - A Child Centred Partnership, 2001
- Our Duty to Care: The principles of good practice for the protection of children and young people, 2002
- The National Standards for Foster Care, 2003
- Trust in Care: Policy for Health Service Employees on Upholding the Dignity and Welfare of Patients / Clients and the Procedure for Managing Allegations of Abuse against Staff Members, 2005

3.4 Local Policy Alternative Care Services

Local policies or guidelines for alternative care services.
Policy and Procedures Manual for Fostering
Complaints Procedure in Respect of Children in Foster Care
Guidelines for the Fostering Approvals Committee

3.5 Description of local Alternative Care Services

Alternative Care services are divided into Fostering Services, Residential Care, Inspection and Monitoring and Adoption Services.

Fostering
There are two fostering teams, one based in Cork serving Cork City and county with outreach workers based in North Cork and West Cork and one based in Kerry.

Residential Services
Residential Services are managed, for 5 LHO areas, by a Child Care Manager who is supported by a Co-ordinator of Residential Services and Residential Admission Officer.

Fostering Resource Unit, Cork
The Fostering Resource Unit is responsible for recruitment, assessment, training and provision of support to foster carers.

Fostering Resource Unit, Kerry
The Fostering Resource Unit is responsible for recruitment, assessment, training and provision of support to foster carers.

Residential Services
Co-ordinator of Residential Services

Residential Admissions Office
The Central Admissions Officer is responsible for co-ordinating all referrals made by Social Workers for placements of children in the HSE South children's residential care services. A central admissions committee is established by the office, comprising Residential Unit Managers, representation from Fostering, Child Protection and Welfare Social Work, Clinical Psychology for Residential Services, an Education Co-ordinator, the Admissions Officer and the Co-ordinator for Residential Services. The function of the central admissions committee is to assess the suitability of referrals for residential care placement and referrals of children for step-down residential care placements.

Residential Units
Treeview Residential Unit
Treeview is a mainstream residential centre providing short to medium care on both a full time and respite basis, for 10 children both boys & girls 8-14yrs All children are in the care of the HSE.

Carraig Nua Residential Unit
Carraig Nua is a 3 bed community based residential unit providing short/medium residential care for 13 – 17 year olds, male and female.

Kerry Residential Services

- Woodlee Residential Unit is a mainstream residential unit providing care for three female young people, aged 13 – 18 years.
- Westcourt Residential Unit is a mainstream residential unit providing care for three male young people, aged 12 – 15 years.
- Avonlee is a mainstream residential unit providing care to 2 girls both aged 15 years and 1 boy aged 15 years.
- Deenagh House is a mixed unit for up to five young people aged 8-15 years.

High Support Residential Units

Prospect Lodge Residential Unit
Prospect Lodge provides a therapeutic residential placement for teenage boys who are unable to live at home or in foster care.

Loughmahon Residential Unit
Loughmahon provides a short to medium term high support residential service for young women aged 12 to 17 years.

Áirne Villa Assessment and Resource Unit
Áirne Villa provides an assessment & respite service to young people within the Health Service Executive South (Cork/Kerry). The assessment service is conducted over a seven-week period for a mixed client group up to the age of 18yrs.

Children out of Home
Pathways
Pathways is a Cork city based service with a regional remit to accommodate adolescent boys out of home in the HSE South. The accommodation is emergency and short-term only for young people out of home under Section 5 of the Child Care Act, 1991; integrated within that remit are separated children seeking asylum.

Aftercare
Wellsprings
Wellsprings is a Residential Aftercare Service which provides short to medium term placement for up to 8 young women between the ages of 16 and 23.

Adoption
The Adoption Department is responsible for the assessment of prospective adoptive parents and placement of children with adoptive parents in relation to domestic and inter-country adoptions. The department also provides a search and reunion service for clients.

Number of substantive WTE's by discipline, not including foster carers
Number of substantive WTE's by discipline

Individual Service Staffing

Alternative Care
Fostering Resource Unit, Cork
Substantive WTE posts allocated to the service, 1 Principal Social Worker, 2 Team Leaders, 11 Social Workers, 1 Grade IV Administrative staff, 2 Grade 3 Clerical staff.
WTEs in post during 2005, all of the above.

Fostering Resource Unit, Kerry
Substantive WTE posts allocated to the service, 1 Principal Social Worker, 1 Senior Social Work Practitioner, 3 Social Workers.

WTEs in post during 2005, all of the above.

Residential Services
Co-ordinator of Residential Services
Substantive WTE posts allocated to the service:

Residential Admissions Unit
Substantive WTE posts allocated to the service, 0.5 Team Leader, 0.5 Clerical Officer

Therapeutic Crisis Intervention
Substantive WTE posts allocated to the service, 1 Therapeutic Crisis Intervention Trainer, 1 Therapeutic Crisis Intervention Co-ordinator.
WTEs in post during 2005, all of the above.

Psychology Service to Residential Units
Substantive WTE posts allocated to the service, 3 Senior Psychologists
WTEs in post during 2005, all of the above

Registration, Inspection and Monitoring Unit
Substantive WTE posts allocated to the service, 2 Inspectors
WTEs in post during 2005, all of the above.

Residential Units
Treeview Residential Unit
Substantive WTE posts allocated to the service, 1 Unit Manager, 1 Deputy Unit Manager, 1 Psychologist, 1 Home Co-ordinator, 4.5 Child Care Leaders, 4.5 Child Care Workers, 1 Grade 3 Clerical, 1 Cook.
WTEs in post during 2005, Unit Manager, Deputy Unit Manager and Outreach Worker in acting positions.

Carraig Nua Residential Unit
Substantive WTE posts allocated to the service, 23.57

Kerry Residential Childcare Services
Westcourt
Substantive WTE posts allocated to the service, 1 Child Care Leader, 7 Child Care Workers
WTEs in post during 2005, all of the above.
Woodlee
Substantive WTE posts allocated to the service, 1 Child Care Leader, 7 Child Care Workers.
WTEs in post during 2005, all of the above.
Avonlee
Substantive WTE posts allocated to the service, 1 Child Care Leader, 5 Child Care Workers.
WTEs in post during 2005, all of the above
Deenagh
Substantive WTE posts allocated to the service, 1 Child Care Leader, 7 Child Care Workers.
WTEs in post during 2005, 0.80 A/Unit Manager (14 hours parental leave), 1 Child Care Leader, 3 A/Child Care Leaders, 4.89 permanent Child Care Workers, 2.62 temporary Child Care Workers, 0.33 Relief Child Care Worker.
Wellsprings
Substantive WTE posts allocated to the service, 8.5 in residential centre plus 3 in outreach service
WTEs in post during 2005, all of the above.

Children out of Home
Pathways
Substantive WTE posts allocated to the service, 1 Unit Manager, 1 Deputy Unit Manager, 5 Child Care Leaders, 6 Child Care Workers, 1 Grade 3 Clerical staff.
WTEs in post during 2005, 0.8 Unit Manager, 1 Deputy Unit Manager, 3 Child Care Leaders, 6.5 Child Care Workers, 1 Grade 3 Clerical staff.

High Support Residential Units
Prospect Lodge
Substantive WTE posts allocated to the service, 15.5
WTEs in post during 2005, as above.

Aftercare
Cara Lodge
Substantive WTE posts allocated to the service, 1 Clinical Director, 1 Unit Manager, 1 Deputy Unit Manager, 1 Counsellor, 14 Child Care Workers, 2 Administration staff.
WTEs in post during 2005, all above in post for 6 months as Cara Lodge was closed from 1/01/2005 to 29/06/2005.

3.6 Alternative Care Data, 2005

Presented below are local data, which are collected for the Department of Health and Children, as outlined in Section 1.2 of this Report.

3.7 Interim Data Set, Alternative Care Data, 2005

- Section II Tables 9 – 12 inclusive year 2005
- Section III Tables 13 – 21 inclusive year 2005
- Table 26 Aftercare year 2005
- Tables 27a and 27b, year 2005

Section II Admissions to Care
SECTION II – ADMISSIONS TO CARE AND COURT ACTIVITY Tables 9 – 12 inclusive year 2005

Table 9, Total number of admissions to care for residential care; total number of admissions to care for foster care; total number of admissions to care for at home on care order; total number of admissions to care for other category, by year, 2005

Number of Admission to care in 2005, by age, gender and type																				
	Type of Care																			
Year	Foster Care General		Foster Care Special		Foster Care Relative		Pre-Adoptive Placement		Residential General		Residential Special Care		Residential High Support		At Home under care order		Other - Specify		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2005	171	129	0	0	62	36	5	4	17	4	0	2	0	1	3	3	7	4	265	183

Table 10, Number of Admissions to Care in 2005 by Principal Reason for Admission

Principal Reason	Numbers Admitted under		Numbers admitted to care Voluntarily	TOTAL
	Emergency Care Order	Other Court Order		
Abuse:				
Physical Abuse of Child	3	7	8	18
Sexual Abuse of Child	0	1	2	3
Emotional Abuse of Child	0	5	3	8
Neglect of Child	7	14	26	47
Child Problems:				0
Child with emotional / behavioural problems	0	7	54	61
Child abusing drugs/ alcohol	0	0	0	0
Child involved in crime	0	0	0	0
Child pregnancy	0	0	0	0
Physical/ mental health illness/ disability in child	0	0	3	3
Mental health problem/ intellectual disability in child	0	1	5	6
Other – Please specify	0	1	3	4
Family Problems:				
Parent unable to Cope/ Family difficulty re housing/finance	0	11	133	11 133
Family member abusing drugs / alcohol	1	20	14	0 35
Domestic violence	0	3	0	3
Physical illness/ disability in other family member	0	0	25	0 25
Mental health problem/ intellectual disability in other family member	0	6	38	44
Asylum Seekers – Unaccompanied Minors	0	5	0	5
Other – Please Specify	3	2	37	42
TOTAL	14	83	351	448

Table 11, Number of Children who were the subject of a new Supervision Order in 2005 by Age and gender, 2005

Age	Males	Females	TOTAL
< 1 year	1	3	4
1 year	5	4	9
2 years	2	4	6
3 years	2	1	3
4 years	1	1	2
5 years	3	0	3
6 years	1	1	2
7 years	0	4	4
8 years	3	3	6
9 years	2	2	4
10 years	0	2	2
11 years	2	1	3
12 years	1	1	2
13 years	1	6	7
14 years	4	2	6
15 years	2	1	3
16 years	3	3	6
17 years	1	3	4
TOTAL	34	42	76

Table 12, Total number of requests for reports on children for Section 20 Child Care Act 1991; total number of requests for other reports on children by year, 2005

	2005
Child Care Act, 1991 Section 20 – Family Law	24
Other – Please Specify	0
Total Number of Reports sought by the Courts	24

Section III Tables 13 – 21 inclusive, year 2005

Table 13, Total number of children in residential care; total number of children in foster care; total number of children at home on carer order; total number of children in other category of care at 31/12 for Q4 2005

	Type of Care																			
Year	Foster Care General		Foster Care Special		Foster Care Relative		Pre-Adoptive Placement		Residential General		Residential Special Care		Residential High Support		At Home under care order		Other - Specify		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2005	213	222	0	0	118	123	4	1	17	15	0	1	1	2	4	6	20	14	377	384

Table 14, Length of time in current care type of children in care

Type of Care	Detail	Length of Stay 2005			
		<1 yr	1-5 yrs	>5 yrs	**Total**
A. Foster Care	General	129	162	144	**435**
B. Foster Care	Children with Special				
	Requirements or Extra Supports	0	0	0	**0**
C. Foster Care	With Relatives	89	107	45	**241**
D. Pre-Adoptive Foster Placement		4	1	0	**5**
E. Residential	General Centre	18	11	3	**32**
F. Residential	Special Residential	1	0	0	**1**
G. Residential	High Support	2	1	0	**3**
G. At home	Under Care Order	8	2	0	**10**
H. Other – Please Specify		26	4	4	**34**
TOTAL		**277**	**288**	**196**	**761**

Table 15, Number of children in care by total length of time in care, 2005

	Length of Stay			
	<1 yr	1-5 yrs	>5 yrs	Total
Number of children	277	288	196	761

Table 16, Total number who are subject of new supervision orders by year, 2005

Number of Children who are subject of a Supervision Order**2005**		
Males	**Females**	**TOTAL**
21	**34**	**55**

Table 17, Location of Children in Care placed outside Health Board area and Principal Reason for Placement, 2005

Location	Principal Reason			
	Relative Placement	**Specialised Needs**	**Other**	**Total**
ERHA: ECAHB	0	0	0	0
NAHB	0	0	1	1
SWAHB	0	0	2	2
MHB	0	0	0	0
MWHB	3	0	4	7
NEHB	1	0	0	1
NWHB	0	0	1	1
SHB	0	0	0	0
SEHB	9	0	6	15
WHB	0	0	0	0
Northern Ireland	0	0	0	0
Britain	1	0	0	1
Other- Please Specify	0	0	0	0
TOTAL	14	0	14	28

Table 18, Number of Children in Care by Principal Reason for being in Care at last Review Date.

Principal Reason	Under Current Care Order	Admitted to Care Voluntarily	Total
Abuse:			
Physical Abuse of Child	42	8	50
Sexual Abuse of Child	8	2	10
Emotional Abuse of Child	32	5	37
Neglect of Child	162	58	220
Child Problems:			
Child with emotional/ behavioural problems	10	16	26
Child abusing drugs/ alcohol	1	2	3
Child involved in crime	0	0	0
Child pregnancy	0	1	1
Physical/ mental health illness/ disability in child	0	1	1
Mental health problem/ intellectual disability in child	2	2	4
Other – Please specify	2	0	2
Family Problems:			
Parent unable to Cope/ Family difficulty re housing/finance	35	60	95
Family member abusing drugs/ alcohol	41	16	57
Domestic violence	8	2	10
Physical illness/ disability in other family member	0	4	4
Mental health problem/ intellectual disability in other family member	2	15	17
Asylum Seekers – Unaccompanied Minors	4	0	4
Other – Please Specify	148	72	220
TOTAL	497	264	761

Table 19, Number of Children in Care by Status of Primary Care Giver on Admission.

Family Type	Numbers
Married Couple	126
Married but Living Apart	73
Divorced	5
Cohabiting Couple	84
Widow/ Widower	31
Lone Parent (unmarried)	364
Other – Please Specify	78
TOTAL	761

Table 20, All Residential Centres in Community Care Area, at 31st December 2005

Residential Centre Name	HB	Vol	Private	No. of Places	No. of bed Nights used in year	No. Staff approved	No. Staff employed
Gleann Alainn	x			7	1138	28	28.95
Ard Doire	x			5	986	26	24.69
Loughmahon	x			6	1034	14.5	29.9
Prospect Lodge	x			5	1382	16	16.45
Carraig Nua	x			3	1011	23.57	15.64
Mount St Joseph's Passage	x			10	2877	25	25.74
Treeview Residence Cobh	x			10	1691	20	19.23
Airne Villa Assessment & Resource	x			6	941	20	18.88
Pathways	x			5	1014	14	12.13
Parkview	x			5	791	7	7
Marina	x			3	662	3	3
Willows	x			1	198	7	7
Kerry Residential Childcare						40	46.69
Woodlee	x			3 to 4 (Siblings)	930		
Westcourt	x			4	1095		
Deenagh House	x			5	842		
Avonlee	x			3	1104		

Table 21, The number of families who provided foster care in 2005

General / Special	269
With Relatives	68
TOTAL	337

Table 26, Number of individuals aged 18 or over, in aftercare by type of care in 2005

Type of Care	Males	Females	TOTAL	No. receiving educational/ training support
A. Foster Care	27	22	49	34
B. Residential Care	4	9	13	4
C. Supported Lodgings/ Assisted Independent Accommodation	11	8	19	9
D. Other – Please Specify	7	5	12	2
TOTAL	49	44	93	49

Table 27a, The number of children coming to the attention of the HSE South in 2005 as unaccompanied minors in accordance with Section 8(5) of the Refugee Act, 1996 (As amended).

Age	Males	Females	TOTAL
< 1 year	0	0	0
1 year	0	0	0
2 years	0	0	0
3 years	0	0	0
4 years	0	0	0
5 years	2	0	2
6 years	0	1	1
7 years	0	0	0
8 years	0	0	0
9 years	0	0	0
10 years	1	0	1
11 years	0	0	0
12 years	0	2	2
13 years	0	3	3
14 years	1	1	2
15 years	0	3	3
16 years	2	4	6
17 years	4	1	5
18 years	2	0	2
TOTAL	**12**	**15**	**27**

Table 27b, In relation to Question 27a. above, where information is available, please specify outcome of each case

Outcome	Males	Females	TOTAL
1. Re-united with family	5	9	14
2. Placed in Care (as in Q10)	0	0	0
3. Found not to be a minor	2	4	6
4. Other – Please Specify	5	2	7
TOTAL	12	15	27

3.8 Performance Indicators, Alternative Care, at Quarter 4, 2005 (unless otherwise stated)

- CC2 (a) at Q 4 for the year 2005
- CC2 (b) at Q 4 for the year 2005
- CC2 (c, d, e) cumulative for the year 2005
- CC3 (b) at Q 4 for the year 2005
- CC7 (d, e, f) cumulative for the year 2005

CC2a and b at Q4 by year 2005
Total number of active approved foster carers at 31/12; total number of new foster carers in year in question; total number of foster carers who left the service in year in question

CC2 Number of children on the last day of the reporting period who are not already in a foster care placement			
	Total	**Cork**	**Kerry**
At home	19	15	4
In residential awaiting foster care	11	8	3
Other	2	0	2

	Total	**Cork**	**Kerry**
Total number of approved relative foster carers	107	97	10
Total number of approved non-relative foster carers	352	291	61
Total number of approved foster carers	459	334	71
Total number of approved foster carers with an allocated named social worker	405	388	71
Percentage of approved foster carers with an allocated named social worker	88%	86%	100%
Number of new approved foster carers in the reporting period	7	7	0
Number of foster carers who left the service on a permanent basis during the reporting period	5	1	4
Total number of active approved foster carers	442	374	68
Percentage change in availability of *active* approved foster carers since the last reporting period	1%	3%	-4%

CC3b at Q4 total number of children under 12 years in residential care at 31/12 by year 2005

Number of children under 12 years of age in Residential Care during the reporting period by length of stay in residential placement	
Period of stay	**2005**
0 - 3 months	1
4 - 6 months	
7 - 12 months	
12 + months	1

CC7 HSE South, Cork and Kerry
CC7 Q4 the data relates to the reporting period Q4 unless otherwise stated

- Number of children in the care of the HSE Southern Area at the end of the reporting period
- Number of children in the care of the HSE Southern Area who have a written care plan drawn up in accordance with the 1995 Child Care regulations at the end of the reporting period
- Number of children who came into the care of the HSE Southern Area during the reporting period who have a written care plan drawn up in accordance with the 1995 Child Care regulations prior to placement
- Number of children due a review during the reporting period
- Number of children due a review during the reporting period whose review took place during the reporting period
- Number of children due a review during the reporting period whose review did not take place during the reporting period
- Number of children in care at the end of the reporting period with an allocated social worker

CC7 Number of children in the care of the HSE Southern Area at the end of the reporting period

Type of Care	Number	Percentage
Non-Relative Foster Care	435	57%
Relative Foster Care	241	32%
Pre-Adoptive Foster Care	5	1%
Residential Care	36	5%
Other	44	6%
Total	761	100%

CC7 Number of children in the care of the HSE Southern Area who have a written care plan drawn up in accordance with the 1995 Child Care regulations at the end of the reporting period

Type of Care	Number	Percentage
Non-Relative Foster Care	287	66%
Relative Foster Care	137	57%
Pre-Adoptive Foster Care	5	100%
Residential Care	34	94%
Other	30	68%
Total	**493**	**65%**

CC7 Number of children who came into the care of the HSE Southern Area during the reporting period who have a written care plan drawn up in accordance with the 1995 Child Care regulations prior to placement

Type of Care	Number	Percentage
Non-Relative Foster Care	14	33%
Relative Foster Care	4	19%
Pre-Adoptive Foster Care	5	100%
Residential Care	2	40%
Other	1	11%
Total	26	32%

CC7 Number of children due a review during the reporting period

Type of Care	Number	Percentage
Non-Relative Foster Care	69	16%
Relative Foster Care	45	19%
Pre-Adoptive Foster Care	2	40%
Residential Care	8	22%
Other	8	18%
Total	132	17%

CC7 Number of children due a review during the reporting period whose review took place during the reporting period

Type of Care	Number	Percentage	Actual number. of reviews that took place
Non-Relative Foster Care	10	14%	58
Relative Foster Care	8	18%	33
Pre-Adoptive Foster Care	2	100%	2
Residential Care	2	25%	8
Other	3	38%	8
Total	25	19%	109

CC7 Number of children due a review during the reporting period whose review did not take place during the reporting period

Type of Care	Number	Percentage
Non-Relative Foster Care	59	86%
Relative Foster Care	37	82%
Pre-Adoptive Foster Care	0	0%
Residential Care	6	75%
Other	5	63%
Total	107	81%

CC7 Number of children in care at the end of the reporting period with an allocated social worker

Type of Care	Number	Percentage
Non-Relative Foster Care	435	100%
Relative Foster Care	241	100%
Pre-Adoptive Foster Care	5	100%
Residential Care	36	100%
Other	44	100%

3.9 Registration, Inspection and Monitoring Data

Registration, Inspection and Monitoring Data 2005		
	Number	**Comments**
Number of new centres registered in 2005	0	
Number of centres closed in 2005	1	Non HSE Centre
Number of non HSE centres inspected in 2005	2	1 for Re-Registration and 1 unannounced which led to a de-registration/closed
Number of SSI inspections carried out in 2005	3	2 High Support Units and 1 Special Care Unit
Number of monitoring reports completed in 2005	126	

3.10 and 3.11 Domestic Adoption and Inter-country Adoption Data, HSE South Cork and Kerry, 2005

Adoption Services	**2005**
Domestic Adoption	
No. placed in pre-adoptive care	9
No. placed for adoption	12
No. returned home	3
Inter Country Adoption	
No. applications received	142
No. applications awaiting first assessment (2004 applicants only) at year end	107
No. applications awaiting second assessment (2004 applicants only) at year end	35
Projected waiting time* for first assessment	19.2
Projected waiting time* for second assessment	11.08
Duration of first assessment** (in months)	11.764
Duration of second assessment** (in months)	4.657
Number of assessments completed in 2005	64
No. of post placement reports completed in 2005	
Adoption Committee	
No. of cases to committee	92
Number Approved	
Inter Country	67
Domestic	6
Adoption Act 1988	5

3.12 Search and Reunion Data, 2005

- Number of requests in year, 2005, **86**

3.13 Interim Data Set, Alternative Care, 2003 – 2005

- Total number of admissions to care for residential care; total number of admissions to care for foster care; total number of admissions to care for at home on care order; total number of admissions to care for other category, by year 2003, 2004, 2005 (Table 9)
- Total number of children in residential care; total number of children in foster care; total number of children at home on carer order; total number of children in other category of care at 31/12 by year 2003, 2004, 2005 (table 13)
- Total number of requests for reports on children for Section 20 Child Care Act 1991; total number of requests for other reports on children by year 2003, 2004, 2005 (table 12)
- Number of children in residential care by length of stay categories by year 2003, 2004, 2005 (Table 14)
- Number of children in foster care by length of stay categories by year 2003, 2004, 2005 (Table 14)
- Number of children at home under care order by length of stay categories by year 2003, 2004, 2005 (Table 14)
- Number of children in other placement by length of stay categories by year 2003, 2004, 2005 (Table 14)
- Table 16 Total number of new supervision orders by year 2003, 2004, 2005

Table 9, **Total number of admissions to care by category of care, by year 2003, 2004, 2005**

	Type of Care																			
Year	Foster Care General		Foster Care Special		Foster Care Relative		Pre-Adoptive Placement		Residential General		Residential Special Care		Residential High Support		At Home under care order		Other - Specify		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2003	121	90	0	0	30	30	3	3	5	9	0	1	1	0	0	1	0	0	160	134
2004	199	158	0	0	43	35	12	4	8	24	0	2	0	0	0	0	2	5	264	228
2005	171	129	0	0	62	36	5	4	17	4	0	2	0	1	3	3	7	4	265	183

Table 13, **Total number of children in care by category of care and total number of children at home on carer order; and in care in total number of children in other category of care at 31/12 by year 2003, 2004, 2005**

Number of Children in Care in 2003, 2004, 2005 by age, gender and type of care																				
	Type of Care																			
Year	Foster Care General		Foster Care Special		Foster Care Relative		Pre-Adoptive Placement		Residential General		Residential Special Care		Residential High Support		At Home under care order		Other - Specify		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
2003	200	208	1	1	75	86	1	2	17	13	0	3	2	1	0	0	6	5	302	319
2004	211	235	0	0	100	97	5	4	18	12	0	1	2	2	1	2	7	7	344	360
2005	213	222	0	0	118	123	4	1	17	15	0	1	1	2	4	6	20	14	377	384

Table 12, **Total number of Requests for Reports on Children sought by the Courts from the Health Boards in Legislation Other than Sections 13, 17, 18 and 19 of the Child Care Act 1991 (Other than Care Order and Supervision Order)., 2003, 2004, 2005**

	2003	2004	2005
Child Care Act, 1991 Section 20 – Family Law	5	25	24
Other – Please Specify	2	30	0
Total Number of Reports sought by the Courts	7	55	24

Table 14. Length of Time in current care type of Children in care

Type of Care	Detail	Length of Stay 2003				Length of Stay 2004				Length of Stay 2005			
		<1 yr	1-5 yrs	>5 yrs	**Total**	<1 yr	1-5 yrs	>5 yrs	**Total**	<1 yr	1-5 yrs	>5 yrs	**Total**
A. Foster Care	General	68	178	162	**408**	98	184	164	**446**	129	162	144	**435**
B. Foster Care	Children with Special Requirements or Extra Supports	0	1	1	**2**	0	0	0	**0**	0	0	0	**0**
C. Foster Care	With Relatives	44	89	28	**161**	55	96	46	**197**	89	107	45	**241**
D. Pre-Adoptive Foster Placement		2	1		**3**	8	1	0	**9**	4	1	0	**5**
E. Residential	General Centre					11	14	5	**30**	18	11	3	**32**
F. Residential	Special Residential					0	1	0	**1**	1	0	0	**1**
G. Residential	High Support					3	1	0	**4**	2	1	0	**3**
G. At Home	Under Care Order				**0**	2	1	0	**3**	8	2	0	**10**
H. Other – Please Specify		2	8	1	**11**	10	4	0	**14**	26	4	4	**34**
TOTAL		**125**	**297**	**199**	**621**	**187**	**302**	**215**	**704**	**277**	**288**	**196**	**761**

Table 16, Total number of new supervision orders by year 2003, 2004, 2005

2003			2004			2005		
Males	Females	TOTAL	Males	Females	TOTAL	Males	Females	TOTAL
13	11	24	11	15	26	21	34	55

3.14 Performance Indicators, Alternative Care, 2004 – 2005

- CC2a and b at Q4 by year 2003, 2004, 2005
  - Total number of active approved foster carers at 31/12; total number of new foster carers in year in question; total number of foster carers who left the service in year in question
  - CC3b at Q4 total number of children under 12 years in residential care at 31/12 by year 2003, 2004, 2005
  - CC3b at Q4 by the four length of stay categories, by year 2003, 2004, 2005
  - CC7b at Q4 by the four care categories, by year 2003, 2004, 2005
  - Total number of inter country adoption applications received by year; total number of domestic adoption applications under the Adoption Act 1952 received by year; number of domestic adoption applications under the Adoption Act 1988 received by year 2003, 2004, 2005
  - Total number of requests for search and reunion by year 2003, 2004, 2005

CC2a and b at Q4 by year 2005, 2004, 2003

CC2			
Number of children on the last day of the reporting period who are not already in a foster care placement	**2005**	**2004**	**2003**
At home	19	13	26
In residential awaiting foster care	11	7	11
Total	30	20	37
Approved Foster Carers	**2005**	**2004**	**2003**
Non- relative	352	346	340
Relative	107	96	99
Total	459	442	439
Total number of approved foster carers with an allocated named social worker	405	434	368
Percentage of approved foster carers with an allocated named social worker	88%	98%	84%
Number of new approved foster carers in the Q4 reporting period	7	7	14
Number of foster carers who left the service on a permanent basis during the reporting period	5	6	13
Total number of active approved foster carers	442	Not required in 2004	Not required in 2003

CC3b at Q4 total number of children under 12 years in residential care at 31/12 by year 2005, 2004, 2003

CC3			
Total number of children under 12 years of age in Residential Care during the reporting period - this PI in 2005 & 2004 was during the reporting period (changed in 2006) so the figure is for Q4 only - Pg 46 needs to specify Q4	2005	2004	2003
Period of stay			Not required in 2003
0 - 3 months	1	0	
4 - 6 months	0	0	
7 - 12 months	0	1	
12 + months	1	1	
Total for Q4	2	2	0

Total number of children in care at the end of the reporting period, who have a written care plan as defined by Child Care Regulations 1995, by year, 2005, 2004, 2003

CC7			
Total number of children in care at the end of the reporting period, who have a written care plan as defined by Child Care Regulations 1995	2005	2004	2003
Foster Care General	287	236	158
Foster Care Relative	137	99	53
Pre-adoptive	5	7	3
Residential	34	34	24
Other	30	14	3
Total	493	390	241

Total number of inter country adoption applications received by year; total number of domestic adoption applications under the Adoption Act 1952 received by year; number of domestic adoption applications under the Adoption Act 1988 received by year 2004, 2005

Adoption Services	**2004**	**2005**
Domestic Adoption		
No. placed in pre-adoptive care	15	9
No. placed for adoption	2	12
No. returned home	4	3
Inter Country Adoption		
No. applications received	166	142
No. applications awaiting first assessment (2004 applicants only) at year end	121	107
No. applications awaiting second assessment (2004 applicants only) at year end	45	35
Projected waiting time* for first assessment	15.8	19.2
Projected waiting time* for second assessment	9.5	11.08
Duration of first assessment** (in months)	10.3	11.764
Duration of second assessment** (in months)	4.5	4.657
Number of assessments completed in 2004	65	64
No. of post placement reports completed in 2004.	89	
Adoption Committee		
No. of cases to committee	82	92
Number Approved		
Inter Country	67	67
Domestic	3	6
Adoption Act 1988	4	5

Total number of requests for search and reunion by year, 2004, 2005

Adoption Services	**2004**	**2005**
Number of applications for **tracing**	28	86

3.15 Analysis and Commentary, Alternative Care

1. Gaps in the provision of alternative care services
2. Comment on the assessment of needs of children admitted to care
3. To what extent are suitable placements available to meet children's assessed needs?
4. Are assessments carried out within recommended time frames?
5. Placement breakdowns in all alternative care services
6. Are breakdowns in foster care reported to the Foster Care Committee ?
7. Are there processes in place to establish the views of service users on alternative care services?

Source: Submissions from service managers, endorsed by CCM

1. Gaps in alternative care services

The HSE – South is striving towards developing a continuum of care for children ranging from foster care, through residential care to special care, where appropriate. The aim is a co-ordinated approach with appropriate transfer pathways. The integration of the residential services is an important first step.

Fostering Resource Unit, Cork

a. There is a deficit in teenage placements, (see figures for question 4, below).
b. There is a shortage of placements for young people coming out of residential care. (see question 4, below)
c. There is a shortage of specialised fostering placements to work with children with severe behavioural issues, mild learning disabilities and complex medical needs.
d. An out of hours, on-call, telephone support for foster carers.

Adoption

There is a need to source suitable accommodation for search and reunion service delivery.

Services outside the alternative care services have identified the following gaps:

Child Protection and Welfare Social Work Department
Kerry

Children, including children in care of the HSE, were on waiting list for psychology services. A number of children in foster care were waiting 6 months and longer for a psychology service during 2005.

Liberty Street House (copied form 2.12, 2)

Specific accommodation options for young people with a learning disability who require long term supported accommodation.
A range of treatment programmes and accommodation for young people with drug and alcohol abuse problems as the current services do not meet their specific needs.

Community Psychology Service

There is anecdotal evidence to suggest a need for a dedicated community based psychology service for children referred to care, so that a comprehensive assessment can inform care planning. Source: Fostering Resource Unit Cork, Kerry; Psychology Service to Residential Services

Fostering Resource Unit Cork Evidence supporting the need for an out of hours service in 2005: 49 children in foster care were involved in circumstances in 2005 that occurred after hours whereby after hours social work involvement would have been warranted and could have potentially prevented a placement breakdown and / or an absconsion from a foster placement.

2. Comment on the assessment of needs of children admitted to care

Foster Care
Common themes emerge from the Fostering Unit in Cork and the Fostering Unit in Kerry. Assessments of children needs are made by the referring area Child Protection and Welfare Social Work Team. These assessments need to be informed by psychological assessment. Additionally, there needs to be psychological support available to those children who are within the system once in a foster care placement. There are gaps in the provision of placements to meet children's assessed needs, especially for teenagers, for sibling groups who would benefit from being placed together and for those children with mild learning disabilities, children with behavioural difficulties and children with sexualised behaviours who require placement with no other children.

In Cork, in 2005, approximately 20% of placements were a suitable match, based on the assessed needs of the child.

In Kerry, in 2005, an Essential Information Form and a Planning Form were introduced to improve the matching process between child and foster carers. In 2005, the majority of placements made were suitable to the needs of the young person referred.

3. To what extent are suitable placements available to meet children's assessed needs?

Fostering Department in Kerry: An essential information form and a planning form were introduced to improve the matching process between child and foster carer.
The assessment process could benefit from a paediatric psychological assessment of all children at the point of placement.

In 2005 the majority of placements made in Fostering Kerry were suitable to the needs of the young people. (Fostering Department Kerry)

Residential Care and Fostering: there is a need for comprehensive psychological assessment of a child prior to referral to care. *Source social work, psychology, fostering, and alternative residential care.*

Fostering Resource Cork
The number of teenagers (11and older) referred in 2005: 182
The number placed appropriately: 39
The number placed inappropriately: 58
The number not placed: 85

The number of children requiring foster placements coming out of residential: 16
The number placed 0

The number of children with complex medical needs, severe behavioural issues, mild learning disabilities, and or physical disabilities requiring specialist foster care placements to meet their needs:

4. Are assessments carried out within recommended time frames?
Foster Care Assessments
No data is available on the length of time for conducting assessments for foster carers.
There is no regulatory timeframe for the conducting of assessments of children who are admitted to care.

5. Placement breakdowns in all alternative care services
Of all children placed in care by **Central Admissions Committee** at the end of 2005, no placements had broken down.

Fostering Kerry: There were a 5 placement breakdowns in 2005.

Liberty Street House
17 year old male: placed in supported lodgings, July 2004, placement broke down on 29th June 2005. Young person went to stay with brother and subsequently prison.
Male 17 year old placed in supported lodgings, November 2004, placement broke down on the 30th January 2005. Young person went home for a week and to prison on the 7th February 2005.

Child Protection and Welfare Social Work Departments
North Lee: a number of breakdowns
South Lee: no data

North Cork

North Cork Placement breakdowns or placement disruptions by gender age and dates, 2005						
Number	Gender	Age	Placement Type	Date Admission	Date Discharge	Outcome
1	F	16	High Support	Jan 05	Oct 05	Returned Home
2	F	17	Foster Care	Jan 05	April 05	Residential Care
3	F	17	Residential Care	April 05	Nov 05	Wellsprings
4	M	14	Assessment Centre	Nov 05	Nov 05	Returned Home
5	F	2	Foster Care	Aug 05	Sept 05	Foster Care
6	F	3	Foster Care	Aug 05	Sept 05	Foster Care
7	M	12	Relative Foster Care	May 93	Aug 05	Relative Foster Care

Breakdowns 1,2 and 3 occurred as a result of the young persons refusal to reside in the service. Breakdowns 4,5 and six occurred when the Social Work Department / Service Provider terminated the placement. The 7th child moved following the death of the carer

West Cork: 6 breakdowns: all foster care 5 female, 1male

Kerry

Kerry Placement breakdowns or placement disruptions by gender age and dates, 2005						
Number	Gender	Age	Placement Type	Date Admission	Date Discharge	Outcome
1	Male	12	High Support	August 2004	June 2005	Special Care
2	Male	17	Relative Foster Care	September 2004	March 2005	Other foster placements Family home
3	Male	17	Foster Care	February 1991	August 2005	New foster placement
4	Male	7	Foster Care	August 2005	September 2005	Home / New foster placement
5	Male	5	Foster Care	August 2005	September 2005	Home / New foster placement
6	Female	17	Relative Foster Care	February 2000	December 2005	New relative foster placement
7	Male	11	Relative Foster Care	February 2000	December 2005	New relative foster placement
8	Female	14	Residential Care	August 2005	October 2005	Home

1. Difficulty securing appropriate residential care to address significant behavioural difficulties presented by a young boy. A high support placement broke down. The young person spent time at home before being sent for assessment to St. Michaels in Dublin. Special Care was sought and refused. The young person returned home, then on an emergency basis was offered a placement in a residential centre in Kerry which was not adequate to his needs, a further remand to St. Michael's and then a move to Special Care.

2. A relative placement broke down due to behaviour and relationship difficulties.

3. A foster carer indicated their intention to retire from foster care requiring a new placement be sourced for the young person.

4& 5 The emergency foster placement sourced for two young boys with considerable behaviour and emotional difficulties proved unable to care for them.

6 & 7 Two siblings whose relative foster placement broke down due to relationship difficulties between children and carer and were placed in another relative placement.

8 Teenager with a number of placements whose placement in residential care was unable to engage and contain her behaviour. A decision was made for her to go home.

6. Are breakdowns in foster care reported to the Foster Care Committee ?
Reviews of foster carers take place following breakdown of a foster care placement. The review is presented to the Foster Care Committee.

To what extent do the Alternative Care Services meet the Regulations and National Standards?

Fostering Resource Units, Cork and Kerry
- Continuous quality improvement, in accordance with National Standards for Foster Care 2003, commenced in the HSE South in 2005 to examine compliance against three of the national standards (No. 2, No. 7 and No. 13).
- Overall reports from ISSI, in respect of all residential units, were generally positive.

Identify any examples of best practice in local alternative care services

Foster Care
- Regular in-service training for approved foster carers was developed in 2005.
- A newsletter for foster carers in the HSE South was introduced in 2005.

Residential Care
- In 2005, a centralised admissions committee for all children referred to residential care in the HSE South, Cork and Kerry, completed the first year of operation. The committee meetings are held against the criteria that the committee is best placed to find the best match between identified needs of a child within available residential care placements and best placed as a forum where an overview can be maintained of the needs of the current population of children in residential care.
- Through this, and multi-disciplinary committee examines all referrals made by social work departments for a placement within the residential care system and make recommendations for placements or otherwise.
- The development of a written document outlining the ethos of residential care and the theories underpinning residential care services was produced:

7. Are there processes in place to establish the views of service users on alternative care services?

Foster Care
The HSE South operates a complaints procedure, which is available to any person who has been a client of the services and wishes to comment on the services.

A review process for foster carers was introduced in 2005.

Care planning and care reviews offers service users an opportunity participate in the planning of the services for them.

The Children in Foster Care book is a Department of Health and Children publication, 2003, provided by Child Protection and Social Work Departments to children who are to be placed in a foster care placement. It outlines the placement process and the roles of the different parties within the health service who will be involved in their care. It aims to provide information and empower a child coming into a foster care placement.

8. What are the formal processes in place to facilitate the integration of alternative care services with:

- **Within Alternative Care Services**
- **With Child Protection and Welfare Services**
- **With Other services**

Formal Process to facilitate integration within Alternative Care Services
A joint residential admissions committee operates for all residential units in the HSE South Cork and Kerry.

Central Admissions Committee
The Central Admissions Committee is a multi-disciplinary process that facilitates the integration of alternative care with child protection and family support services. The need for a child to come into care is an outcome of assessment.

Fostering Resource Unit, Cork
1. A liaison is appointed to each child protection team.
2. Child protection Social Workers and Fostering Resource Unit Link Workers work jointly on a regular basis.
3. A formal referral process for placements exists.
4. A joint CQI project implemented between Area Teams and the Cork/Kerry Fostering Resource Units in relation to the National Standards for Foster Care.
5. Fostering Resource Unit representatives attend the PSW and Team Leader meetings.
6. Joint training programmes for Foster Carers facilitated by Fostering Resource Unit and child protection staff.
7. A Fostering Resource Unit representative sits on residential admissions panel.

Fostering Resource Unit, Kerry
There are a number of forums in place to integrate to the fostering service with all of the HSE and Non HSE services.
Strategy Meetings, Referral Meetings, Placement meetings, Foster Care Reviews, Area management meetings, Joint Cork, Kerry management meetings and team meetings, Interagency meetings.

Therapeutic Crisis Intervention
TCI training has been identified at corporate level as being one of the elements in a set of necessary conditions for ensuring best practice in residential care. As both the population of children and carers are transient and different centre's or units are at different levels of incorporating this training TCI is in the process of integration.

Psychology Service to Residential Services
There is in place a formal referral and application process to a central admissions committee of the Children's Residential Care Service.

All cases are managed on a multi-disciplinary basis jointly with the child protection and family support services.

Residential Units
Treeview
Child Protection and Family Support Services: formal referral process to residential care through a central admissions committee: joint case management between social workers and residential care
Other HSE services: via referral from case manager(social worker)
Non HSE services: schools-applications are made directly to the school by the centre: other agencies via referral from case manager.

Carraig Nua

Carraig Nua works directly with social work departments, clinical psychology and psychiatry**.** In 2005 a central admissions committee was formed for all mainstream and high support units. This committee now processes all referrals from the Cork/Kerry area

Kerry Residential Services
Regular interactions with other H.S.E. services including Psychology, Social Work, Family Support, Speech and Language services.

Mount St. Joseph's
Joint case management with social worker
Referrals made to central admissions committee
Joint consultation meetings with Social Worker, Unit Manager and Springboard.
School – referral for placement made between management.

Wellsprings
Wellsprings has representation on the Youth Homeless Forum, is a member of the Interagency group of Homeless services in Cork, and the National Network of Aftercare Workers. There are representatives of the HSE on our Admission and Discharge Committee. In the past year we have been hosting theme based groups to discuss on an interagency level issues that are relevant to the participating agencies.

Riverview
Admissions Committee Riverview
Panel meetings Liberty Street House
Care plan reviews
Admission meetings
Discharge meetings
Inter-agency meetings

Airne Villa
Personnel from the above services are invited to attend multi disciplinary meetings at Áirne Villa on an ongoing/needs basis.
1. Admission Panel Meeting
2. Assessment Team Meetings
3. Recommendations Meetings
4. Feedback Meetings

Pathways
We are linked to Liberty Street Services for young people out of home Child protection and family support services access our service via a formal referral process.
We are involved in the youth homeless forum.

Loughmahon
The Social Work Departments.
Clinical Psychology for the Residential Child Care Services.

Cara Lodge
The Admission and Discharge Processes are exercised in a shared responsibility with the HSE South
All professionals and parents are invited to admission meetings, reviews (monthly) and discharge meetings
We are monitored monthly by the Registration, Inspection and Monitoring Unit
Shared training workshops with staff of HSE-South
Availability of Senior Clinical psychologist of HSE-South for assessments twice monthly

Formal Process to facilitate integration with Child Protection and Family Support Services

The five LHO areas in the HSE South operate one multidisciplinary Child Protection and Welfare Practice Guidelines, incorporating Children First, for all designated officers outlining reporting and assessment protocols for concerns about a child's welfare or protection.

The five LHO areas in the HSE South operate Common Multidisciplinary Training Programmes based on national and local policy and protocols.

Assessments of children referred to Child Protection and Welfare Social Work Departments are multidisciplinary in nature – involving consultation with disciplines other than social work.

- Principal Social Worker and Team Leader forum for all HSE children care services in the five Local Health Office areas across the HSE South, Cork and Kerry.
- Formal referral processes in place from Child Protection and Welfare Social Work Teams to Fostering Resource Units in Cork and in Kerry.
- Training programmes for foster carers are jointly facilitated by the Fostering Resource Unit and the child protection staff in Cork.
- The Fostering Resource Unit is a member of the Central Admissions Committee.
- The formal processes in place for consultation on cases are:
    a. Strategy Meetings.
    b. Referral Meetings
    c. Placement Meetings
    d. Foster Care Reviews
    e. Area Management Meetings
    f. Case Conferences
    g. Family Welfare Conferences

Formal Process to facilitate integration of alternative care services with other services

Adoption
The Adoption Department is involved with a number of organisations established to represent national groups within the community of children who have been adopted into Ireland under foreign adoptions.

Section 4 Family Support Services

4.1 Introduction to Family Support Services

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

A definition of Family Support is provided by the Department of Health and Children in its Family Support Strategy, 2005, (Draft) namely: "*intervention across a range of levels and needs with the aim of promoting and protecting the health, well being and rights of all children, young people and their families in their own homes and communities, with particular attention to those who are vulnerable or at risk".*

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

4.2 Legislative Framework

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

- Child Care Act, 1991
- Children Act, 2001

4.3 National Policy

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

- The Springboard Initiative, 1998
- The National Anti Poverty Strategy, 1999
- Children First, 1991
- National Children's Strategy, 2000
- RAPID, 2001
- CLÁR, 2001
- Equality and Fairness, A Health System for You, 2002
- National Action Plan Against Social Exclusion, 2003
- Family Support Strategy, 2005 (Draft)

4.4 Local Policy, Family Support Services

4.5 Description of local Family Support Services

The HSE South delivers direct family support services through Springboard, a Neighbourhood Youth Project and Community Work Departments and indirectly to a number of organisations via grant aid directly managed by Community Work Departments.

Springboard, Farranree and Knocknaheeney

- Springboard delivers a broad range of family support services to families and children in the Farranree and Knocknaheeney areas. These services are broadly preventative.
- The project is moving to a purpose-built multi-agency building in late 2006.
- The principal gaps which the project encounters are the lack of preventative services and a need for integration of services on a local basis.
- Children First is implemented by the service.
- In relation to input by clients, the project is being evaluated and a report should be completed by 2007.
- In terms of best practice, service is delivered at universal, selective and targeted levels. This theoretical underpinning has helped to deliver a creative and flexible response to a wide variety of problems encountered by people in the areas.
- In 2005, the project worked with 56 families at an intensive individual level in relation to problems of child protection and welfare and neglect.
- In relation to integration, the programme is delivered under the auspices of the Child Care Manager's Office and works closely with child protection services, child health services, community welfare service and child and adolescent mental health services.

- The project also has close contact with local community development projects and with the Niche Service in Knocknaheeney with which it is conducting joint research.
- The project is also involved in joint community development projects in Blackpool and The Glen areas.

Mayfield Neighbourhood Youth Project

- Mayfield Neighbourhood Youth Project works with young people with a view to resolving or ameliorating personal, family and social difficulties, especially those whose development is affected in a way which threatens their continued care within their own community.
- The neighbourhood youth project works with children from 5 to 18 years of age and their families.
- The programme provided includes individual, group, and family work.
- There are 4.5 WTEs, 1 Project Leader, 3 Project Workers, .5 Administrator and a part-time cleaner.
- The principal gap encountered by the Neighbourhood Project is an ongoing need to address the effects of violence on children. The Neighbourhood Youth Project is attempting to address this in collaboration with other H.S.E services and Community Groups.
- In relation to interactive and inter-agency work, the Neighbourhood Youth Project conducts joint work with the local child protection and welfare service and a number of local agencies. The areas of work covered are night time activities for older teenagers, a community response to domestic violence, supporting the work of voluntary and community groups whose work includes children in the area.

Pre-School Inspection Service

- The Pre-School Inspection Service is centrally managed by one Child Care Manager and has five Inspection Teams, one in each of the LHO areas.
- There are 12 WTEs allocated to the service, 6 Public Health Nurses, 6 Environmental Health Officers. During 2005, 6 Public Health Nurses and 5.5 Environmental Health Officers were in post.
- The service is involved in the enforcement of the Child Care (Pre-School Services) Regulations 1996 – Inspection and Advisory Service.
- In 2005, a Policies and Procedures Document for the Pre-Schools Department was launched.
- The Pre-Schools Review Group set up a support structure for Inspection Teams, in relation to unresolved inspection issues. These are discussed and progressed on a bi-annual basis.
- Meetings are set up with providers, Child Care Managers, Inspectors and Heads of Discipline to address issues in relation to inspections.
- The services operate Children First Guidelines.
- Views of service users are received through meetings conducted with the Cork Early Years Network on a quarterly basis. This network is a group of representatives of various organisations who support pre-school providers.
- In 2005, a three-day workshop for pre-school staff was held. Issues covered were freedom of information, legal advice and clarity on the polices and procedures document.
- Regarding integration with other services, the Pre-School Inspection Teams liaise with the Social Work Departments regarding referrals of child protection and abuse or neglect.

4.6 Family Support Services Data, 2005

Presented below are local data, which are collected for the Department of Health and Children, as outlined in Section 1.2 of this Report.

4.7 Interim Data Set, Family Support Services Data, 2005

Family Support Services Data, HSE 2005								
6. Primary Welfare Service Offered to support child/family								
	T		**U**		**V**		**W**	
Primary Welfare Service Offered	**Number offered service**		**Number who availed of service**		**Number who did not avail of service**		**Not know if availed of service**	
	No. children	**No. families**	**No. children**	**No. families**	**No. children**	**No. families**	**No. children**	**No. families**
Springboard	0	0	0	0	0	0	0	0
Social Work Interventions	260	177	221	151	0	0	39	26
Family Support Worker	40	26	22	12	0	0	15	11
Community Child Worker	7	6	5	4	0	0	1	1
Family Centre	4	4	2	2	0	0	2	2
Community mother	0	0	0	0	0	0	0	0
Home help	8	4	3	2	0	0	5	2
Referred to other professional	20	14	18	12	0	0	1	1
Pre-Schools	1	1	1	1	0	0	0	0
NYP/Community Groups	2	2	1	1	0	0	1	1
Other Services inside HB	15	13	12	10	0	0	3	3
Other Services outside HB	10	9	6	6	0	0	4	3
TOTAL	367	256	291	201	0	0	71	50

4.8 Performance Indicators, Pre Schools Services, 2005

CC4 for Q4 unless otherwise stated

CC4 Pre Schools 2005	
Total number of notified current operational pre-school centres in region during the reporting period	579
Number of new pre-schools notified during the reporting period	28
Number of pre-schools annual inspections that took place during the reporting period (Excludes 1st Inspections)	175
Percentage of currently notified preschools that had an annual inspection during the reporting period	30%
Number of pre-school Annual & 1st Inspections that took place during the reporting period	194
Percentage of currently notified preschools that had an inspection (annual or 1st) during the reporting period	34%
Number of review visits/ follow-up inspections that took place during the reporting period	34
Number of pre-school Advisory visits that took place during the reporting period	38

Local Data, Family Support Services, 2005

The following tables are based on the report of the National Child Care Information Project, Census of Family Support Services, devised under the auspices of the Programme of Action for Children.

4.9a Table: Total number of family support services grouped by category supported by the HSE

CODE	CATEGORY OF SERVICE	Number of such service in area funded by HSE
1	After-school and out-of-school services	*28*
2	Community Development Projects	13
3	Day Foster Care	*Enter Number in Area*
4	Disability Services	6
5	Family Support Projects and Centres	28
6	Family Support Services for Asylum Seekers / Refugees / Migrants	10
7	Family Support Services for Travellers	11
8	Family Support Services for other Minority Groups	3
9	Family Support Services with a residential component	*Enter Number in Area*
10	Home Management Advisory Services	*Enter Number in Area*
11	Mental Health Services	4
12	Mentoring Programmes	*Enter Number in Area*
13	Parent Support & Education Programmes including Community Mothers Programme	54
14	Parent & Toddler Services	82
15	Pre-school services and nurseries including community child services	151
16	Services for domestic violence including refuge services	9
17	Services for young people misusing drugs	*Enter Number in Area*
18	Springboard Projects	3
19	Teenage Health Initiative	4
20	Teen Parent Projects	2
21	Traveller Health Initiatives	7
22	Youth Services including Neighbourhood Youth Projects and Youth Advocate Programmes	11
23	Other	6

4.9 b Table: list of related programmes operating in area, 2005

Area Partnership or ADM Community Group	*16*
Local Drugs Task Force	*2*
RAPID	*6*
CLAR	*2*
County/City/Kerry ChildCare Committees	*3*

4.9 Individual Reports on Family Support Services

4.10a Table: Number of organisations/groups in receipt of grant aid (Total 49a)

Number of service reports requested (using form)	Number of forms returned

4.10b Table: Organisation Type by number

Type of organisation	Number
Voluntary / Community Organisation	233
Jointly Managed by HSE and Voluntary / Community Organisation	10
Private Organisation	
Other	

4.10c Table: Number and Type of Grant Aid and total Value

Category of grant aid from HSE	Number of Grants	Total Value
Section 65 Grant	105	1,987,911
Section 10 Grant	204	2,208,026

4.10d Table: Categorisation of service level of organisation funded

Classification of service level based on Hardiker	Number of services in category
First Level	225
Second Level	33
Third Level	10
Fourth Level	2

Section Five Child Care Advisory Committee

The Child Care Advisory Committee has not operated in the HSE South in 2005 as the committee was established by members of the former Health Board, which was defunct in 2005.

Section Six Child Care Training

Information on training is contained within Chapter 2.