

REPORT *of the*
TASK FORCE *on the*
CHILD AND FAMILY
SUPPORT AGENCY

July 2012

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Department of Children and Youth Affairs
43-49 Mespil Road
Dublin 4
Tel: +353 (0)1 647 3000
Fax: +353 (0)1 667 0826
E-mail: contact@dcya.gov.ie
Web: www.dcy.a.ie

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PREFACE FROM THE TASK FORCE

The Task Force is pleased to present its recommendations to the Minister for Children and Youth Affairs in this report, the culmination of nine months of intensive work. During the course of its work, the members have been painfully aware of the plethora of recent reports documenting the suffering of children in Ireland, including:

- the Report of the Independent Child Death Review Group
- the Roscommon Child Care Inquiry Report
- the Monageer Inquiry Report
- the Ryan Report.

These reports thoroughly document that in spite of efforts of staff from varied agencies, the fragmentation and silos that exist in services is the systemic cause of the failure to meet children's needs. They have repeatedly pointed to a lack of accountability amongst agencies and professionals and failure to meet the needs of the child with devastating results.

In making its recommendations, the Task Force has taken the view that this is a **once in a generation** opportunity to fundamentally reform children's services in Ireland. The recommendations contained in this Report are focused on putting the child at the centre of policy and services. The conclusion is that the Government must create and resource a new agency, with a new alignment of services, which has the vision, integrated services, budget and clear accountability to the public and the Oireachtas recommended in this report. Government has appointed the first cabinet level Minister for Children and Youth Affairs and committed to improving the provision and organisation of services for children through the establishment of the Child and Family Support Agency. However, as evidenced in all the reports and reviews over many years, such endeavours can only succeed if the department and agency silos that characterise services to children and families are finally addressed. We call on all of those whose commitment and support is required to exercise historic leadership and swiftly support the integration of services that are core to children's well-being and protection within one government agency as emphatically recommended by this Task Force.

What Kind of Agency?

It is crucial that certain services for children are realigned from across a number of agencies into a single comprehensive, integrated and accountable agency for children and families, the Child and Family Support Agency (CFSA).

The CFSA needs to be as broadly based as possible and should include those services that might in the first instance help prevent problems arising for the family, that would identify problems and provide supports at an early stage, and that assist children and families in managing serious problems that require specialised interventions beyond their own resources. Therefore, in addition to child welfare and protection services, the core services of the CFSA must include a broad based range of primary prevention, early intervention, family support and therapeutic and

care interventions. Achieving the Task Force's vision for children requires a range of integrated support services to be under the consolidated management structure of the CFSA; these services include public health nursing, speech and language therapy, psychological services, family support services (both universal for all families and targeted for families in need of more intensive support), accessible mental health services, along with effective connections with schools and other community agencies. All of these services have been identified as critical to the needs of vulnerable children in recent reports.

Why?

The Task Force's design of the range of services to be overseen by the CFSA is centred on the needs of children and families, rather than existing professional or organisational boundaries.

Without comprehensive, early and multi disciplinary responses to the needs of children and families, the child welfare and protection services will continue to have to address crisis situations without the necessary range of supports. The earlier, missed opportunities in such situations expose children to unacceptably poor outcomes and mean that interventions are usually expensive and often ineffective. There is the human cost of damage to individual children, but also as demonstrated by Irish and international research, escalating costs to the State in terms of immediate avoidable expenditure on residential, detention and prison services and also further long-term direct costs for Gardaí, Justice, social welfare, health and homeless services.

It is the Task Force's view that the range of recommended services to be included in the new Agency is critical to the improved and integrated model of care for children which must be implemented. As this country's painful history has demonstrated, the current silo structure of services to children and families is a failure, as is the prevailing societal and official expectation that social workers are solely responsible for addressing the situations that arise. The message from government must be that society as a whole has a part to play in the wellbeing of children, and that services of varied agencies and departments that are core to child and family supports must operate in a singular, unified fashion.

The public and the Oireachtas rightly expect improved performance and accountability of services in relation to the welfare and protection of children. It is clear that a radical reconfiguration of children services is now urgently required, which will improve not just individual professional accountability, but also clear management responsibility with clear lines of accountability between the top of the organisation and front line services.

As a Task Force we are convinced that the approach to services set out in this report is the most likely to remedy the deficiencies in service delivery identified so clearly in the numerous investigation reports from the Kilkenny Incest Case to the recent Report of the Independent Child Death Review Group. If it falls, as has been the case to date, to social workers alone to meet the needs of children, without the

integrated support of the necessary range of professional disciplines, we will continue to fail.

How?

Leadership: The Task Force commends the Government for appointing a full cabinet Minister for Children and Youth Affairs and recognises the major commitment made by Government to the new Agency in the Programme for Government. However, continued strong leadership at government, ministerial and department level, as well as within the CFSA, will be essential. At national level, relevant government departments and agencies must also put families and children at the centre of policy and services. Other reforms and plans should not be allowed to derail or dilute the plans for the CFSA, as a piecemeal approach will not result in improvements in children's lives.

Mutidisciplinary Engagement: All professionals working with children – including teachers, social workers, child care workers, youth workers, family support workers, public health nurses, general practitioners, psychiatrists, psychologists, speech and language therapists and others - have a collective, shared responsibility for the wellbeing and protection of children. Professionals must view their responsibility to individual professions as a secondary concern to their responsibilities to children.

As cited in the Nigerian proverb: "It takes a whole village to raise a child".

Interagency Working: Universal and targeted services provided by the new Agency, together with services for children and families provided by other government departments or agencies and those provided by non-governmental organisations, must be co-ordinated and joined up on the ground where families and children live out their lives. Children's Services Committees should be the mechanism for doing this at local level. It is crucial that the Committees work to an overall national strategy and plan.

Change Management: The Task Force recommends as essential in this transition period that a properly resourced dedicated transition team – a joint Department of Children and Youth Affairs and new Agency Implementation Team - is put in place to lead and embed the integration of the proposed services into a cohesive and highly functioning CFSA which is fit for function. This team will require expertise in project management, risk analysis and change management, and a comprehensive implementation plan. Other departments and agencies have been resourced to manage complex change and reforms, and such a team with appropriate expertise should be put in place immediately.

The Task Force's recommendations on the responsibilities of the CFSA are clear and should be delivered as soon as possible. It is recognised that the logistical and legal preparations are significant. Where such factors mean that it is not feasible to have all services fully located within the CFSA on establishment day discrete and dedicated budget, staff and management arrangements should be put in place within the existing organisation responsible to facilitate the earliest and most

effective possible transition. There should be a clear line of sight over these arrangements from the Department of Children and Youth Affairs and the Implementation Team. This has been the model for transitioning child welfare and protection services from the HSE and, where necessary, it should be deployed to maintain momentum and ownership of other elements of the change process.

On behalf of the members, I can say that we are unequivocal in the views we have put forward in this preface and Report. What we have recommended, we realise, is a significant undertaking. However, to finally put children first and centre we have set out what is required to achieve the Government's goals of changing the past and creating a future system of children's services of which we can all be proud.

We know Government has and is taking many hard and courageous decisions in regard to the nation's economic and reform requirements. We urge Government now to equally take a historic and courageous decision for our children.

Kindness to children, love for children, goodness to children -- these are the only investments that never fail. --Henry David Thoreau

Maureen Lynott
Chairperson
On behalf of the Task Force

Executive Summary and Key Recommendations

General

Numerous investigation reports have documented how fragmented services have failed to meet the needs of children. It is crucial that certain services for children are now realigned from across a number of agencies into a single comprehensive, integrated and accountable agency for children and families, the Child and Family Support Agency (CFSA). The Task Force's vision for the Child and Family Support Agency is that it will, under the direction of the Department of Children and Youth Affairs, provide leadership to relevant statutory and non-statutory agencies, to ensure that the conditions needed for children's well being and development are fulfilled. The Task Force's 'vision for a quality Irish childhood' is relevant to and intended to encompass all organisations, agencies and sectors that provide services to children, young people and their families.

Key messages from international comparisons ¹

1. The catalyst for reform has been child abuse inquiries with emerging recommendations emphasising the need to get the child protection system 'right.'
2. All reform initiatives / services frameworks are provided on a cross government departmental basis and almost always include children's services, health, education and justice.
3. Most jurisdictions have specific child protection services which operate in parallel to local interagency planning structures and service frameworks that focus more broadly on child well-being.
4. All reform initiatives / services frameworks emphasise a collective /shared responsibility for the welfare and protection of children with interagency collaboration central to improvement and progress.
5. All reform initiatives / services frameworks have an increased focus on early intervention and prevention.

High Level Governance for the Child & Family Support Agency (Section 4)

The Task Force was mindful of the failures of governance in the past that have led to loss of public confidence in child protection and welfare services. In forming its recommendations regarding governance, the Task Force reviewed different models of governance and came to the conclusion that due to the specialist role and function of the Child and Family Support Agency, it should be operationally separate from the DCYA and governed by a board. This is considered the most appropriate option for the Agency given its specific role and function which relies on professional assessment and decision making.

¹ Centre for Effective Services *Learning from Service Delivery Frameworks and Models in other jurisdictions* Prepared by the Centre for Effective Services for the Task Force

The responsibility of the Minister to determine policy and, supported by her Department, to hold the Agency accountable for implementation should be fully provided for in legislation and the practice of governance. However, within these parameters, the Task Force sees a reasonable degree of managerial autonomy as critical to increasing a focus on performance management and, at the same time, providing for the development of innovation. Both of these elements are critical to the development of child and family services at this present time.

The specialist nature of this work also merits role separation and the creation of a situation where the Agency is recognised as having the specialist skills to sort out problems as they arise. In turn, the DCYA is seen as having its own distinct role in terms of strategic direction, oversight and monitoring. It also has a variety of roles which go beyond those within the proposed remit of the Agency. A separate agency governance creates better distinctiveness between the Department's role and the Agency's.

Creating a well functioning agency is not just about separating policy design from implementation. Rather, it is a complex process that requires consideration of autonomy, control, accountability, and relationship management. The Task Force believes that the establishment of the Child and Family Support Agency represents an opportunity to learn from the past and put clear accountability lines in place that enable a greater focus on performance. The Programme for Government specifically identifies the need to improve accountability.

The Task Force urges that the Government pays particular attention to outlining roles and responsibilities for the Agency at executive and board level. In turn, these roles, responsibilities and relationships must be coherent with the policy development and performance management role of the Department. Also critical to the success of the new agency will be the clarity of function of the Department and its internal capacity, in terms of resources, governance levels, and mandate to fulfil its role in leadership for the sector and the aspiration to improve children's services and outcomes.

The Task Force also wishes to emphasise the importance of ongoing interdepartmental and intersectional relationships. Children's needs are such as to span a range of sectors and the policy and administration apparatus at national and local level needs to reflect this reality. There are precedents already available, such as the use of cabinet committees and joint appointments of Ministers of State, which could usefully support such collaboration and integration.

Organisation Structure (Section 5)

The Task Force identified and considered, at a high level, the key issues which need to be addressed in developing an appropriate organisational design for the new agency. The Task Force has recommended a set of core design values and principles which should inform the approach to establishing the agency. The Task Force recommends that further work be done by the DCYA/CFSA, in line with the values

and principles and having regard to the recommended service model for the new agency, in order to inform the final organisational structure.

The Task Force favours the creation of a two tier organisational design for the new agency, which provides for strong national / central direction over performance oversight, combined with decision making and service responsibilities at local level. Services should be provided at the lowest appropriate level with strong local accountability. The Task Force believes that flatter hierarchies between the frontline and the top of the organisation will assist in achieving smoother decision making, role definition and accountability.

The Task Force is concerned that there is currently a significant disparity in terms of population size across the existing Integrated Service Area (ISA) structure. The Task Force favours alignment with local authority boundaries, rationalisation of the existing structure and a reduction in the current number of ISAs. For the purposes of continuity any such rationalisation should take place within two years, while taking due account of parallel reforms in other sectors. Key to any change to the existing structure is the need to ensure that the final organisational design is such that each local area has the necessary population size/scale/critical mass to ensure the provision of services for children and families in line with the highest standards.

Scope of Services (Section 6)

The Task Force considered the feasibility of two main service relationship types with the CFSA:

1. **Direct Services:** Services which will be directly provided or directly commissioned by the CFSA (referred to as “core services” elsewhere in the report);
2. **Interface Services:** Services provided by other parties (e.g. public or non governmental service providers) which the CFSA considers essential for keeping children safe and promoting their welfare. These services will be aligned with the CFSA in a defined and structured way with mutual accountability for agreed processes and deliverables.

In exploring the options the Task Force was anxious to ensure any recommended changes are optimal for children and families, taking account of the benefits and the risks of disaggregating services for children. In addition the Task Force believes that, irrespective of what services are to be directly provided, there will remain a range of services provided outside the Agency which will require well defined and developed formal relationships to enable the Agency’s role in supporting families and protecting children and promoting their wellbeing.

Recommendations in respect of certain services to become part of “direct services” of the Agency are based on the following overall conclusions:

1. The role of specific professionals or services place them in a unique position vis-à-vis prevention and early intervention for children and families which is strongly aligned to the mission and vision of the Agency;
2. Some services operate in a universal setting which positions them as part of a critical interagency interface (in particular schools; primary care teams/networks);
3. Because of the “universal” aspects of some services they provide a non-stigmatising “face” for the new Agency, casting it as an organisation which supports and assists parents in their parenting role. These services have the potential to assist the Agency in providing earlier, more accessible and responsive interventions.
4. Some services already play a critical role in child protection as a key identifier of child protection concerns and/or a key referrer to child protection services.
5. Some services already intervene with parents in areas which are of direct relevance to outcomes for their children – for example in the areas of maternal health; domestic violence etc.
6. Some services include as their key client group the same children and families that are in need of child welfare and protection services and who may already be interacting with those services. For families, this means they must respond to the structure of the delivery system with no holistic child-centred service being provided, resulting in a “refer on” culture and the inevitable falling through the gaps for some children and their families.
7. Some specialist services are focused on assessment and treatment of problems for which children with welfare or protection needs frequently show very high levels of need. For example, neglect has the “most potent effects on language development”. However, children suffering from neglect frequently do not have their language delay assessed or treated as part of a package of needs. This inevitably means that problems associated with unresolved speech and language difficulties are compounded.
8. Some services have been highlighted again and again in a range of reports in terms of their specific lack of connectivity and co-ordination with child welfare and protection services despite the significant shared client population.
9. Some services have been developed and provided in ways which are profession focused and led – they do not support multi-disciplinary working and thinking or a holistic approach to the complex needs of some children and families. Better communication and collaborative working between disciplines is of critical importance in achieving a child-centred service.

- The Task Force also took significant cognisance of the findings of the recent reports on child protection failures, which cite the lack of accountability amongst varied agencies as a systemic contributor to such failures.

The Task Force’s recommendations in regard to the scope of services are as follows:

Service	Relationship with CFSA
Public Health Nursing	The CFSA should directly employ the PHNs that provide the child and family component of the service. PHNs should be <i>co-located</i> with the local health service, to avoid fragmenting the service. The Task Force recognises that this may not always be possible, for example in rural areas, in which case the service may be directly commissioned.
Speech and Language Therapy	The children’s component of community based speech and language therapy should be directly provided by the Agency. This includes SLTs that are part of specialist teams such as CAMHS and ACTS.
Child and Adolescent Mental Health Services (CAMHS)	CAMHS should be directly provided by the CFSA
Psychology Services	Psychology services should be directly provided by the CFSA.
Garda Youth Diversion Projects	The CFSA should develop a structured interface with both the Gardaí and youth organisations managing these projects
Young Persons’ Probation Service	Young Persons’ Probation should remain under the remit of the Department of Justice and Equality. Its potential inclusion in the CFSA should be reviewed at a later date.
Children Detention Schools	Children detention schools should be directly managed by the CFSA
Domestic and Sexual Violence Services	All DSV services should be directly provided by the CFSA, or commissioned from the voluntary sector with the exception of Sexual Assault Treatment Units.
Hospital Social Workers	Social workers in maternity and paediatric hospitals should continue to be based within these hospitals, but they should be employed, and receive continuous professional development under the CFSA.
National Educational and Welfare Board	Education and welfare services should be directly provided by the CFSA

The Task Force acknowledges that these recommendations, together with the transition of child welfare and protection services from the HSE and the incorporation of the Family Support Agency, represent a significant undertaking. To mitigate risk, a properly structured change management approach is demanded. The Task Force is therefore making the following recommendation in relation to the transition process:

- The Task Force recommends as essential in this transition period that a properly resourced dedicated transition team – a joint Department of Children and Youth Affairs and new Agency Implementation Team - is put in

place to lead and embed the integration of the proposed services into a cohesive and highly functioning new agency which is fit for function. This team will require expertise in project management, risk analysis and change management, and a comprehensive implementation plan.

- The Task Force is of the view that policy and legislation, while essential, do not ultimately solve issues for children and families; people do. In order to ensure that there is a competent workforce for children and families, the Task Force recommends that the CFSA should provide continuous professional development (CPD) to ensure leadership and support for all professionals under its remit.

Service Model (Section 7)

1. The Task Force recommends that the service delivery model makes use of a shared national service outcomes framework both for its own directly delivered services but also as the tool for its role in promoting integrated planning and working in respect of children's services with those providers outside of core services. In other words, the service delivery model should be focused on **improving well-being and outcomes** for children based on the five national outcomes:
 - I. Healthy, both physically and mentally
 - II. Supported in active learning
 - III. Safe from accidental and intentional harm / Secure in the immediate and wider physical environment
 - IV. Economically secure
 - V. Part of positive networks of family, friends, neighbours and the community / Included and participating in society
2. The service delivery model should be **child centred** where the best interests of children shall be the primary consideration and children's wishes and feelings should be given due regard. Taking account of their age and understanding children should be consulted and involved in all matters and decisions that may affect their lives.
3. The Agency should **provide services to and support families at all levels along a continuum** from children in need to children in the care of the State. The Hardiker Model is an internationally recognised model for understanding the needs of children within a population. The model must recognise that children have universal needs but they may migrate to higher levels of needs/response, and the need for ongoing family support and further preventive measures continues. Clarity on the scope for supportive services; respective roles of family support and child protection; and the critical thresholds for escalation to higher levels of intervention/protection are essential to keep the correct balance and ensure the right responses for children and families on an individual basis.

4. The service model should focus on **strengthening services at universal level** within the remit of the Agency, thereby preventing problems from arising in the first place and managing such problems at the earliest opportunity by linking families to the most appropriate family support service. Supporting families within the community and working to prevent children from entering the child protection system is essential requiring an **emphasis on early intervention community based services**.
5. The CFSA should adopt an **integrated service delivery model**. This integrated model requires a full range of services and system integration within the CFSA from universal and primary services through to secondary and tertiary level services. In this model there should be an integrated system of children's services that have formal linkages with external services and that have established processes and procedures that have children's wellbeing as their focus at all levels of need.
6. **Children's Services Committees** should be utilised as the key interface between core CFSA services and other services, including universal services. The development of CSCs provides a strong basis for **interagency working** and for the planning, co-ordinating and delivering of services at local level. Under the direction of the DCYA, the CFSA will have a leadership role in the development and roll-out of the initiative.
7. The service delivery model should have **clear and consistent referral pathways** for children and families which are based on their assessed needs and with responses appropriate to meeting these needs. These pathways may be single or multiple in terms of access points but each pathway will focus on identifying (i) what needs arise; (ii) the optimal assessment level (i.e. common or specialist or both); (iii) identified service response option or options; (iv) how the care pathway will be tracked and reviewed.
8. **Standardised assessment procedures and protocols** should support the development of and use of various pathways and should link with **Children First** processes and procedures (as a key referral point from universal services).
9. The CFSA model should provide a framework for information sharing between core CFSA services and other services. Once **Children First** is placed on a legislative footing, agencies will have a duty to cooperate and share information in a child's best interest.
10. The primacy of **Children First** should be maintained. Consistent accountable child protection practice should be delivered in line with best international evidence.
11. A national strategy/plan for **children's workforce development** should be formulated. **Interagency guidance** (including information sharing systems and

associated ICT systems) should be developed, and staff in all services working with children should participate in joint interagency training across sectors.

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List of Acronyms & Abbreviations

ACTS	Assessment, Consultation and Therapy Service
ARM	Alternative Response Model
CAMHS	Child and Adolescent Mental Health Services
CDS	Children Detention Schools
CES	Centre for Effective Services
CFRC	Child and Family Research Centre
CFS	Child and Family Services
CFSA	Child and Family Support Agency
Cosc	National Office for the Prevention of Domestic, Sexual and Gender-based violence
CPD	Continuous Professional Development
CSCs	Children's Services Committees
DCYA	Department of Children & Youth Affairs
DEIS	Delivering Equality of Opportunity in Schools
DoH	Department of Health
DJE	Department of Justice and Equality
DRM	Differential Response Model
DSV	Domestic and Sexual Violence Services
EPA	Environmental Protection Agency
FSA	Family Support Agency
GYDP	Garda Youth Diversion Projects
HSCLP	Home School Community Liaison Programme
HSE	Health Service Executive
ION	Identification of Need
ISA	Integrated Service Area
IYJS	Irish Youth Justice Service
JLO	Juvenile Liaison Officer
LAN	Limerick Assessment of Need
NEWB	National Educational and Welfare Board
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Cooperation and Development
PCN	Primary Care Network
PHN	Public Health Nurse
SASSY	Substance Abuse Service Specific to Youth
SATU	Sexual Assault Treatment Unit
SCP	School Completion Programme
SLT	Speech and Language Therapist
WTE	Whole Time Equivalent
YoDA	Youth Drugs and Alcohol Service
YPP	Young Persons Probation

Section 1 Introduction

1.1 Background

Integration, levels of need, and pathways of care have been ongoing issues in children and family services in Ireland since the establishment of the National Children's Office following the publication of the National Children's Strategy in 2000. The approach taken has focused on harnessing the cross-departmental efforts around children's outcomes in policy terms, followed by the development of local service design that carries the integration achieved through to individuals and their families.

Children and Family Services have been moving towards that integrated model for a number of years now – where the points of integration obviously include the critical interactions with the health system but also education, local authority, policing and justice systems.

The Programme for Government has provided more momentum for change by undertaking to “fundamentally reform the delivery of child protection services by removing child welfare and protection from the HSE and creating a dedicated Child Welfare and Protection Agency, reforming the model of service delivery and improving accountability to the Dáil.”²

The resulting reform programme, now well underway, is focussed on the integration of children's policies and services under the Department of Children & Youth Affairs and its operation under a new Child & Family Support Agency. The new Agency needs to be positioned so it can relate to a range of services and agencies. Health services, schools, local authorities, gardaí, youth services, pre-schools and the community & voluntary sector, amongst others, will represent key relationships for the Agency. Already the Government has announced that the Family Support Agency (FSA) will be merged into the new Agency. The FSA has responsibility for funding a network of family resource centres in disadvantaged areas and administers a grants scheme for family-related counselling. The Government has also announced that the role of the National Education and Welfare Board will be reviewed this year in the context of the establishment of the Agency.

Thus there will be one agency responsible for child welfare and protection services reporting to a dedicated Department of Children and Youth Affairs led by the first senior Minister for Children and Youth Affairs. These key structural reforms reflect the moves underway to address public concerns regarding the need for improved performance and accountability in relation to the welfare and protection of children.

² Government of Ireland (2011:56) *Programme for Government 2011 – 2016* at http://www.taoiseach.gov.ie/eng/Publications/Publications_2011/Programme_for_Government_2011.pdf

1.2 Establishment of Task Force

The Minister for Children & Youth Affairs established the Task Force to assist her Department in the work of preparing for the establishment of the Child and Family Support Agency on a statutory basis in early 2013. She asked it to base its work on best practice in child welfare, family support and public administration consistent with the Government's public sector reform agenda. The detailed Terms of Reference are attached at Appendix 1.

In accordance with the Terms of Reference, the Task Force was mandated to:

- Propose a vision and the principles to guide operations;
- Advise on the appropriate service responsibilities, and the delivery of same;
- Review existing financial, staffing and corporate resources; and propose a methodology for resource allocation;
- Propose an organisational design and operating child welfare and protection service model;
- Prepare a detailed implementation plan;
- Identify the main priorities and core relationships required;
- Oversee the implementation and monitor progress, pending establishment of the Agency.

1.3 Task Force membership

The Task Force was chaired by Ms Maureen Lynott and comprised ten members drawn from a range of statutory, non-statutory, private and academic backgrounds. Collectively, they have broad experience at a senior level in relation to child and family services and major public service reform programmes. The individual members are:

- **Chair: Ms Maureen Lynott**, Management Consultant and former Chair, Children First National Guidelines,
- **Mr Jim Breslin**, Secretary General, Department of Children and Youth Affairs,
- **Prof Pat Dolan**, UNESCO Chair and Director, Child and Family Research Centre, NUI Galway,
- **Ms Norah Gibbons**, Director of Advocacy, Barnardos,
- **Mr Gordon Jeyes**, National Director, Children & Family Services, HSE,
- **Ms Sylva Langford**, former Director General of the Office of the Minister for Children and Youth Affairs,
- **Dr Kevin McCoy**, Management Consultant and former Chief Inspector, Northern Ireland Social Services Inspectorate,
- **Mr Pat McLoughlin**, Chief Executive, Irish Payment Services Organisation Limited, with extensive senior management experience in the public sector,
- **Ms Ellen O'Malley-Dunlop**, Chief Executive, Dublin Rape Crisis Centre,
- **Mr Liam Woods**, National Director, Finance, HSE,
- Secretariat: **Ms Emma Bradley & Ms Gill Barwise**, Department of Children and Youth Affairs.

Section 2 Approach to Task

2.1 Methodology

2.2 Plenary Meetings & structure of this report

The first meeting of the Task Force was held on 15th September 2011 and it has held 18 plenary meetings.

An initial priority for the Task Force was to develop the overall vision of the Agency and principles which would govern the Agency's work. These are set in section 3. The Task Force's recommendations on high level governance arrangements are in section 4, and a proposed organisation structure is in section 5.

Included in the Task Force's terms of reference was a request to advise on the appropriate service responsibilities for the Child and Family Support Agency. Section 6 details the Task Force's deliberations and recommendations on the scope of services that should be integrated within the Agency. Section 7 outlines the Task Force's recommendations for developing a service model for the CFSA.

2.3 Subgroup Structure

Two sub-groups assisted the Task Force in advancing its work.

2.3.1 Organisation design

Mandate:

This sub-group was asked to propose an organisation design for the new Agency and a plan for resource allocation and staffing configuration.

Members:

Task Force Members: Chair - Pat McLoughlin, Maureen Lynott, and Dr Kevin McCoy.

DCYA: Elizabeth Canavan, Assistant Secretary.

Children and Family Services, HSE: Colette Walsh, Head of Corporate Services, Seamus Woods, Head of Change Management.

2.3.2 Service model and governance

Mandate:

This sub-group was asked to propose a service delivery model for the services for which the Agency will have responsibility and a corporate governance, management and accountability framework.

Members:

Task Force Members: Chair - Dr Kevin McCoy, Co-Chair - Sylva Langford, Prof Pat Dolan, Norah Gibbons, Gordon Jeyes, and Ellen O'Malley-Dunlop.

DCYA: Michelle Shannon, National Director, Irish Youth Justice Service.

2.4 Project Team

The Task Force also acknowledges the assistance provided by the Project Team established in connection with the management of change involved in the creation of the new Agency. The Project Team's work is concerned with supporting the coordination and monitoring of the Task Force's work and the HSE's Children and Family Services Directorate in developing changed structures and processes for the delivery of child welfare and protection services. The members of the Project Team are:

Members:

DCYA: Chair – Elizabeth Canavan, Colm Keenan and Denis O'Sullivan.

Children and Family Services, HSE: Gordon Jeyes, Colette Walsh, and Seamus Woods.

CES: Nuala Doherty, Katie Burke, and Stella Owens (with assistance from others on CES team).

Secretariat: DCYA - Emma Bradley, Siobhan Young, Dorothy Fisher, Marie Dullea and Gill Barwise.

2.5 Policy Goals in establishing the Agency

The establishment of a Child and Family Support Agency comes at a time when the governing department is also in its early days. This provides a unique opportunity to establish governance arrangements afresh with a focus on best practice but also a model which is fit for purpose. It also presents its own vulnerabilities given the need for both organisations to simultaneously establish realms of authority which are well understood, well integrated and complementary. The work of the Task Force in examining the question of vision repeatedly returned to a debate regarding the role of the Department of Children and Youth Affairs itself and not just of the new Agency. It is the Task Force's view that it is critical to have clarity about the policy goals of establishing a separate agency and thereby the most effective governance arrangements which in turn resonate with the role of the Department. A discussion regarding the recommended governance of the Agency may be found in section 4 of this report.

2.6 Change Processes in the HSE

While the Task Force was completing its work, the HSE has also been laying the groundwork in preparation for transition to the new Agency.

2.6.1 Reforms of Child and Family Services

Significant changes in organisational and accountability arrangements within the existing HSE's Children and Family Services have taken shape. These services have a budget of approximately €550 million and over 3,000 staff. These services have recently been grouped under a single National Director with dedicated service and budgetary responsibility with a view to their transfer to the new Agency as soon as the necessary legislation is enacted.

The HSE's 2012 budget provision provided for a dedicated subhead to pave the way for the new Agency in 2013. It brings the activities and staffing associated with these services under the direct management control of the National Director for Children and Family Services, whom the Minister for Children and Youth Affairs has nominated as the CEO designate of the new Agency. The Public Appointments Service is recruiting senior management personnel for the Agency by way of open competition. With the CEO, they will have the immediate responsibility for supporting the development of both the performance standards and cultural identity of this vital new organisation.

The Task Force was kept informed of the parallel developments in HSE Children and Family Services as the CEO designate was a member. The Project Team also provided information concerning these work areas.

2.7 International Comparisons

At the Task Force's request, the Research Unit of the Department of Children and Youth Affairs prepared a paper entitled '*Overview of information and data relating to child welfare, care and protection systems in four selected jurisdictions.*' In addition, the Centre for Effective Services (CES) prepared a paper entitled '*International Comparisons – Overview of National Governance Arrangements with specific focus on governance of child protection and welfare services.*' These papers provided a useful backdrop to the Task Force's work. The findings are included in the relevant chapters as they relate to the specific deliberations and recommendations of the Task Force.

Section 3 Vision

3.1 Vision for a Quality Irish childhood

Ireland aspires to be a model among developed countries in terms of children's wellbeing and development. Care for all children and childhood is tangible along the whole spectrum of childhood experience from 0 to 18 – from the stable and secure majority to the vulnerable minority.

As a result children feel nurtured, protected, safe, cared for and listened to. They know that they are a cherished and vital part of Irish society. Communities, professionals and organisations consistently put their welfare first. They have established rights and entitlements in the spheres of health, education, welfare, arts, sport and culture.

Society's collective intention is that Irish children are:

- Healthy, physically, mentally and emotionally
- Supported in active learning
- Safe from accidental and intentional harm / secure in the immediate and wider physical environment
- Economically secure
- Part of positive networks of family, friends, neighbours, and the community; are included and participating in society.

Children are integral to and valued by communities and there is community ownership of child wellbeing. Parents, extended families and communities have a practical understanding of children's needs and do everything in their power to meet these needs. Adults set a good example to children, benefiting from positive interventions to enable them to be good parents and elders. Society invests in preparing and supporting parents and their extended families in their parenting and caring roles.

3.2 Delivering the Vision

On behalf of the Government, the Minister for Children and Youth Affairs, through her Department, leads and drives towards the attainment of this vision across the **whole of Government**. Services universally availed of such as health, education, and recreation, meet the needs of the majority of children, providing quality outcomes, efficiently and effectively. Universal services also routinely provide additional supports which are available to all families and children in the community to enable children to benefit from full participation. An agency, the Child and Family Support Agency, under the aegis of the Minister and her Department, plays a pivotal role in the realisation of our vision for the wellbeing and development of children.

The Task Force is firmly of the view that this 'vision for a quality Irish childhood' is relevant to all government departments, agencies and organisations that provide services to children, young people and their families, and to the wider community whose support is required.

3.2 Vision for the Child and Family Support Agency

The Child and Family Support Agency, working in collaboration with the Department, provides leadership to relevant statutory and non-statutory agencies, ensuring that the conditions needed to achieve children's wellbeing and development are fulfilled.

The Agency is responsible for the wellbeing of children and families who require targeted supports due to family and social circumstances. These range from support to families in the community to highly specialist interventions where children are at risk of being unsafe. Such children and families are not an isolated grouping nor are they a static grouping as children and families can move in and out of needing support as their life circumstances change.

In fulfilling its statutory role, the Agency ensures that:

- The needs of such children and families are identified at the earliest sign of their emerging need;
- A coordinated set of supports that addresses all the facets of a child's wellbeing is put in place which incorporates and utilises well-developed interagency working mechanisms;
- The effectiveness of the supports is monitored;
- For the services provided directly or funded by the Agency, service delivery systems and practice are continuously reviewed to ensure they respond successfully to changing needs, and unmet need is clearly identified as a part of ongoing planning and reporting processes to the Department and the Minister;
- It provides mechanisms to engage with children, families and communities regarding the design and quality of service provision.

The Agency operates on four levels of engagement and support to children and families:

- The Agency aims, in as far as is possible, to support the more vulnerable child and family to participate in education, health and recreation services that cater for the universal needs of Ireland's children. It engages with the providers of these universal services to children to ensure that:
 1. In providing services to all children, they are capable of adapting to the needs of children who require additional social supports;
 2. They give priority to identifying children and families who may need targeted supports and have the competence to do so;
 3. They have a clear line of sight to the Agency's targeted services, thus ensuring that no child falls between the cracks;
 4. They act as "step down" services, providing ongoing support to children and parents who have availed of an early intervention or a high risk service and who still require some support, albeit at a lower level.
- In the interest of prevention, the Agency makes support services available to all children and families in the community in order to minimise the numbers who move into a position of vulnerability.
- The Agency also addresses the need for early intervention ensuring that those in need of targeted services are visible and are responded to in a timely manner with access to multi-disciplinary services.

- The Agency strives to ensure that where children are in need of more intensive services, are at risk of being unsafe, or whose circumstances require they be in the care of the State, those interventions are provided as close to maintaining family and community ties as possible, for the shortest time based on the best interest of the child, and to the highest level of child care and child protection standards for such interventions.

3.3 The Principles governing the Agency's work

The policies and services of the Agency are rooted in the ethos of the UN Convention on the Rights of the Child, and in constitutional and statutory law, that is, the best interests of the child are paramount. It will embed this by working to the following principles:

- Empowering families and placing the voice of children and families centre stage;
- Taking a strengths based perspective which is mindful of resilience as a characteristic of many children and families;
- Involving service users and providers in the planning, delivery and evaluation of child and family support services;
- Encouraging families to self-refer based on easy to understand, multi access referral paths;
- Strengthening informal support networks in the community and with universal services for children;
- Consistently providing evidence informed, proportionate interventions that are needs led and strive for the minimum intervention required;
- Routinely using success and performance measures in order to evaluate the outcomes for service users and responsiveness to changing needs and practice;
- Flexibility in delivery of services based on interdisciplinary working and cross agency co-operation;
- Promotion of social inclusion related to ethnicity, disability and rural/urban communities; and
- Working to the highest standards of public sector governance and management.

Section 4 High Level Governance

4.1 Introduction

The Task Force believes that the establishment of the Child and Family Support Agency represents a significant opportunity to improve children's outcomes and to restore public confidence in children's services.

Based on the vision and the scope of services proposed in this report, good governance will remain a key challenge for any Agency in the current climate. Clarity of leadership and accountability were central issues considered by the Task Force. It was clear to the Task Force that this issue is a key concern to Government in the context of wider public sector reform.

4.2 Methodology

The Task Force established a subgroup to focus specifically on the area of governance. As well as considering the Public Management Review Ireland – Towards an Integrated Public Service report published by the Organisation for Economic Cooperation and Development (OECD),³ subgroup members prepared a number of papers. These provided the subgroup with the principles of good governance and an overview of models used by Irish agencies. The Task Force also reviewed international models of governance (with the assistance of the Centre for Effective Services) to inform its decision making. Three options for governance are presented with advantages and disadvantages for each.

4.3 Governance

Governance is generally understood to encompass how an organisation is managed, its corporate structure, its culture, its policies, and the way that it deals with various stakeholders. Good governance means:

- Focusing on the organisation's purpose and on outcomes for service users and service providers,
- Performing effectively in clearly defined functions and roles,
- Promoting values for the organisation and demonstrating the values of good governance through behaviour,
- Taking informed, transparent decisions and managing risk,
- Developing the governing body's capacity to be effective, and,
- Engaging stakeholders and making accountability real.

It has been described as "the way in which organisations are directed, controlled and led. It defines relationships and the distribution of rights and responsibilities among those who work with and in the organisation, determines the rules and procedures through which the organisation's objectives are set, and provides the means of attaining those objectives and monitoring performance. Importantly, it defines where accountability lies throughout the organisation."⁴

³ OECD (2008) *OECD Public Management Reviews: Ireland -Towards an Integrated Public Service* available at http://www.oecd.org/document/31/0,3746,en2649_33735_405291191111,00.html

⁴ UK Cabinet Office *Guidance on Review of Non-Departmental Public Bodies*, June 2011

4.4 OECD Towards an Integrated Public Service Report (2008)

A comprehensive overview of how agencies are managed in Ireland is provided by the OECD. This report outlines how agencies are commonly used to provide public functions. The number of agencies has doubled in Ireland since the 1990s reflecting public service growth, new service delivery challenges, and increased public expectations.

There are many models of agency governance in Ireland (a number of these arrangements are set out in Appendix 4). This range includes agencies with a board, with an advisory board and with no board structure. Reporting arrangements and direct accountability requirements also vary, some relying on relationships channelled through departmental heads with others more directly accountable to ministers and/or the Dáil (Public Accounts, etc). Other agencies have been established as executive offices with no specific statutory expression although they are accountable through the normal civil service hierarchies.

The OECD examined the phenomenon of “agencification” which occurs when new state agencies are created either ex nihilo or to take over existing tasks from government departments.⁵ It describes the tendency towards agencification in Ireland as based on the principle emerging from the Devlin Report published in 1969⁶ but also as a response to “new regulatory and service delivery challenges.”⁷ The OECD concludes that agencies have not necessarily improved service delivery in Ireland as little thought was given to how they would be governed. Rather, they were established and managed in an ad-hoc manner. In effect, the report suggests that agencies are “not good or bad per se but require appropriate forms of control and accountability which in turn depend on the agency’s function and on the wider governance environment.”⁸

A rationalisation of agencies and agency boards is recommended in the Programme for Government (2011). Therefore, the Task Force felt that it was important to clearly reflect on and establish the policy goals that might be associated with the establishment of a new agency (as set out in the Programme for Government). It is also helpful to consider the key elements critical to the success of a new agency.

4.5 Policy Goals in Establishing an Agency

The establishment of a child and family support agency comes at a time when the governing department is also in its early days. This provides a unique opportunity to establish governance arrangements afresh with a focus on best practice but also a model which is fit for purpose. It also presents its own vulnerabilities given the need

⁵ OECD (2008) *OECD Public Management Reviews: Ireland -Towards an Integrated Public Service* available at http://www.oecd.org/document/31/0,3746,en2649_33735_405291191111,00.html pp 294

⁶ Public Services Review Group (1969) *Report of the Public Services Review Group* at <http://www.lenus.ie/hse/bitstream/10147/125895/1/DevlinReportPart1.pdf>

⁷ OECD (2008)

⁸ *ibid*

for both organisations to simultaneously establish realms of authority which are well understood, well integrated and complementary. The work of the Task Force in examining the question of vision repeatedly returned to a debate regarding the role of the Department of Children and Youth Affairs itself and not just of the new Agency.

It is all the more critical then to have clarity about the policy goals of establishing a separate agency and thereby the most effective governance arrangements which in turn resonate with the role of the Department. Policy goals identified in the OECD report refer to the following:-

- Specialisation and focus on clients' needs,
- Managerialism and focus on outputs/outcomes,
- Lighter administration and financial rules, and
- Policy independence,
- Policy continuity,
- Participation of civil society, and,
- Collaborative partnerships.⁹

In terms of the new Agency, it is worth considering how relevant these policy goals are. From the Government's commentary, it is clear that there is a sense that a focus on clients' needs and on outputs/outcomes is a key policy goal. If that is the case, the OECD suggests that significant management autonomy is required. The OECD report is clear that arm's length bodies do not necessarily provide for improved performance in and of themselves but there is evidence that they provide better focus, increased management of performance, and development of innovative practices. In looking at the board arrangements themselves for such agencies across the OECD there is a mixed picture. It is notable that the OECD trend leans towards "advisory-only" boards or boards with limited responsibility. At the same time, there is a high demand for oversight and accountability at government level – this suggests that there is limited appetite for policy independence.

Finally, there is a shift towards both participation of civil society (children, families and communities in the case of the Agency) and collaborative partnerships (particularly with the community voluntary sector that have a key role to play in the sector) which suggests the need for a differentiated top governance structure. The OECD also identifies as notable that countries "have tended to separate issues of representation and performance management...agencies have been established to improve the performance focus of government and this has required considerable investment in government capacity."¹⁰

It seems then that there are a variety of policy drivers for the Agency which must be matched by an appropriate governance regime. The balancing of these factors will

⁹ *ibid*:298

¹⁰ *ibid*:302-304

be an important feature both of the design of the governance system and its day-to-day operation.

4.6 Key Messages from the International Comparisons

The Centre for Effective Services (CES) prepared a paper entitled International Comparisons – Overview of National Governance Arrangements with specific focus on governance of child protection and welfare services. Key messages emerged from the comparative analysis of governance arrangements for national/regional jurisdictions delivering children and family services. These provided a useful backdrop to the subgroup’s work. However, it is clear from these messages that there is no “magic bullet” in terms of governance or organisational design; and additionally, that many governments are struggling to settle on a consistent approach to achieving accountability in this complex sector.

Key messages
<ul style="list-style-type: none"> • Most child protection and welfare systems are in constant change • All have extended the traditional remit of ‘child protection’ to include more broadly child welfare and child well-being • Each jurisdiction has specific structures in place to deliver child protection services, for example, Children’s Aid Societies (Ontario), Local Children’s Safeguarding Boards (England), Safeguarding Panels (NI) • All reform initiatives, programmes or policy frameworks have an increased focus on interagency collaboration and early intervention and prevention • Wide variety of governance structures/models, including: <ul style="list-style-type: none"> • Government department that commissions and delivers services (New South Wales) • Government agency under the Ministry delivering services to children and families (Norway) • Government department commissions and mandates community based NGOs to deliver services (Ontario, Canada) • Children’s services delivered through the Local Authority (England & Scotland) • Government department appointed board with responsibility for the delivery of health and social care, directly accountable to the permanent secretary in the department (Northern Ireland). • Most have clearly determined that the service delivery agent, whether the department itself or an executive agency, is accountable to a senior official within the Ministry (Director General/Secretary General) • Most systems struggling to establish clear lines of accountability

4.7 Options for Governing the CFSA

The Task Force began by considering the specialist nature of the Child and Family Support Agency. The Agency will deliver a variety of statutory services relying on highly qualified professionals to do this. By its nature, the Agency will need a certain level of autonomy to do this. When the Task Force looked to the international evidence, the CES review suggested that there isn’t a model that can be readily imported to the Irish context. Most systems are in constant change and this is most likely due to the complex nature of child protection and welfare services. However, most parent departments determined that the service provider should be accountable to a senior official within the ministry.

The Task Force considered three options for the new Agency having regard to its specialist role and function:

1. The Agency is an executive agency within the DCYA and reports to the Minister via the secretary general.
2. The Agency is an executive agency of the DCYA operating at “arms length.”¹¹
3. The Agency is an operationally independent body governed by a board of management.

These options were considered against the backdrop of the policy goals for agencification discussed above i.e. (i) specialisation and management autonomy, (ii) the need for the participation of civil society, and (iii) collaborative partnerships for this sector. The desire for the separation of policy and implementation is considered to be an ongoing principle (with too much policy autonomy leading to “mission creep”). Finally, the group considered the critical governance pathway vis-à-vis the required role and capacity of the Department to make effective any “arm’s length” structure.

4.8 Advantages and Disadvantages

4.8.1 Option 1: The Child and Family Support Agency is located within the DCYA

The Child and Family Support Agency is located in the DCYA. The CEO reports to the Minister via the Secretary General. One of the clear advantages of locating the Child and Family Support Agency within the DCYA is that there is no ambiguity about accountability relationships. The reporting relationship between the CEO and the DCYA is clear.

On the face of it, placing the Child and Family Support Agency within DCYA would appear to address the perceived problem of accountability lines within Irish public agencies (e.g. the HSE). Increased accountability enhances ministerial control. It also means that the Minister would have direct access to information which facilitates decision making.

However, this option presents difficulties. There is limited management autonomy for the CEO and senior team – this could hamper and slow decision-making and limit the kind of innovation that such managerial autonomy has been seen to enhance. Children and Family Services are going through a significant change process, more autonomy to lead and manage that change process is likely to be required for success, rather than less.

Additional problems might also occur within this scenario; there are considerable day-to-day issues arising in this sector. There is a high risk that both the Department and the Minister will be driven to short-term outlooks rather than focusing on medium to longer term strategic policy making. The pull towards involvement in individual case based decision making could both distract the Department from its policy making role and lead it to interfere unduly with the local, professionally led decision making required in delivering children’s services. The policy /

¹¹ OECD (2008:269)

implementation divide would likely be considerably blurred. In order to develop and lead on a vision for children's services it is essential that the Minister and DCYA are able to take a step back from operational matters.

There is also the practical issue that the vast majority of staff transferring to the new Agency are public servants employed by a non-commercial state agency. Their employment instead directly by a government department would raise practical issues which have proven difficult to resolve in the past (e.g. the transfer of community welfare officers from the HSE to the Department of Social Protection).

4.8.2 Option 2: The Agency operates as an Executive Agency of the DCYA

In this option, the CFSA is not an integral part of the DCYA. It carries out its work at one remove operating as an executive agency without any board structure. The Minister retains ultimate responsibility. The CEO is responsible for operational matters and is directly accountable to the Minister – likely through the secretary general as the department head. As an executive agency of the DCYA, the Child and Family Support Agency has its own budget and management structure.

This option likely avoids some of the difficulties set out in option 1. However, there remain a number of the potential risks to role divide between Department/Minister and the Agency. In addition, given the relative size of the Department vis-à-vis the Agency, there is considerable potential that the Agency and its specialised functions would overwhelm the Department in its wider functions and remit. In this regard, it is worth noting that many of the Department's functions have emerged from the Office of the Minister for Children and Youth Affairs. The Office, was, as part of the same Public Sector Management Review, complimented on the way it has developed as taking a genuinely cross-departmental approach in advancing not just its own but other departments' policy goals for children as well as advancing cross-government priorities of evidence-informed policy making and children's participation in decision-making.

This option also encounters a legal difficulty in resolving how, in the absence of a board, the organisation can be given a separate legal personality to the Department. Without this, Option 2 becomes very much like Option 1, other than perhaps for branding purposes. Without a separate legal status the Department would have to act as employer, incorporate the expenditure of the agency directly within the Department's own expenditure, and would carry legal responsibility for the Agency's actions. One model which has been used to establish a separate legal personality without creating a board is that of the Environmental Protection Agency (EPA). Three directors, operating on a full time executive basis, constitute the EPA's governing authority. While an interesting model, in the context of the creation of integrated responsibility for delivery of children's services, this might be seen to diffuse responsibility and accountability.

4.8.3 Option 3: The Agency is Operationally Separate and Governed by a Board

In this model, the Child and Family Support Agency is directed by a board. This reflects its specialist function. By their nature, children's services are complex and more appropriately provided independently of the civil service. The board provides the Child and Family Support Agency with direction and advice. It is accountable to the Minister and the DCYA and particular attention is paid to how the Agency implements policy. The main advantage of this option is that the Agency is managerially autonomous. Given its decentralised nature, there is also more scope for the requisite collaborative partnerships and the opportunity for the participation of children, families and communities in service design at local level. Policy responsibility will remain with the Department and the Minister so the role of the Agency will be to operationalise such policy. There are models and legislative provisions within the Irish public sector which allow the Secretary General, on behalf of the Minister, to receive information and give policy guidance so as to achieve a good working interface between policy and executive spheres. In addition, as any public body, the Agency will be subject to the applicable statutes, regulations, and the provisos currently applying to organisations across the public sector. As with existing agencies under the DCYA, the Secretary General is likely to be the Accounting Officer for the funds voted to the Agency by the Oireachtas and the Agency would be required to assist in meeting this requirement.

The key risks of this option are (i) that the balance between accountability and operational independence is seen as insufficient in assuring performance improvement and responsibility for service gaps and deficits; and (ii) that the new Agency engages in "mission creep" which diverts it from the focus required by government.

4.9 Task Force Recommendation

The Task Force is mindful that a process of agency rationalisation is underway in Ireland as per the Programme for Government. However, because of the specialised nature of the Child and Family Support Agency, the Task Force believes that the establishment of the Agency with a governing board is the most appropriate option for governance for the Agency. The Child and Family Support Agency will provide many services, including child protection and welfare services, which by their nature are complex. The reasons are as follows:

- True managerial autonomy in the Irish context is achieved by this model. The Task Force sees managerial autonomy as critical to increasing a focus on performance management and, at the same time, providing for the development of innovation. Both of these elements are critical to the development of child and family services at this present time.
- The specialist nature of this work also demands a degree of autonomy and the achievement of a situation where it is recognised that the Agency has the specialist skills to sort out problems as they arise. Drawing the Agency to a point short of this arm's length has the potential for the Minister and the Department to be drawn into individual implementation issues. Many of the

difficult day-to-day operational issues in this sector are a matter of practice – management oversight and supervision is essential but day to day interference in those processes disempowers both practitioners and managers, diffuses responsibility, and is high risk, given the remove at which the Minister and the Department operate with respect to day-to-day operations.

- In turn, the DCYA is seen as having its own role in terms of strategic direction, oversight and monitoring. It also has a variety of roles which go beyond the areas of child welfare, protection and family support. A separate agency governance creates better distinctiveness between the Department's role and the Agency's and given respective sizes of the organisations, allows for a better balancing of the breadth of policy, legislative and other activities of the Department within the department structure.
- At the same time, the Task Force acknowledges that creating a well functioning agency is not just about separating policy design from implementation. Rather, it is a complex process that requires consideration of autonomy, control, accountability, and relationship management. The OECD concludes that the strategic role of departments is crucial in their relationships with agencies. However, they caution that the 'performance dialogue'¹² between them is missing in Ireland. Agencies have not been given appropriate performance management frameworks. The Task Force believes that the establishment of the Child and Family Support Agency represents an opportunity to learn from the past and put clear accountability lines in place that enable a greater focus on performance.

This means that the Task Force recommendation is made with a number of caveats:-

Department/Agency/Board Roles

- Roles and responsibilities should be clarified in terms of relationships between the DCYA and the Agency from the outset. In particular, the Board, CEO, etc need to know who they are respectively responsible to and for what.
- Accountability mechanisms in Ireland have historically focused on inputs and processes rather than outcomes, decreasing overall flexibility. The Minister and the DCYA will have a key role in setting clear objectives and raising the political dialogue from one that concentrates on inputs to one that focuses on desired outcomes and realistic measurable targets. Consideration should be given as to how to create effective reporting arrangements from the CEO to Department/Minister as well as the board/chairman relationship to the Minister. This may require an innovative approach to board functions and roles. It is critical that the ultimate accountability of the Minister to the Dáil and the public for overall performance is clearly threaded through all

¹² OECD (2008:247)

governance arrangements and reflected in the relationship management and processes in place between the Department and the Agency.

- Clear procedures and information systems must be in place to ensure that the Minister gets information to inform decision making in a timely manner. In order to make good decisions and to ensure accountability, the Minister needs to have sufficient, credible, useful and timely information. In particular, to avoid the difficulties of an “arms-length” agency, management information frameworks should be used to provide better information on the Agency’s performance to the DCYA and the Minister, and to respond in real-time when information is required. Relationship management and reporting requirements should be supported and complemented by standardised mechanisms for performance management, monitoring and reporting on progress. Within the Department, a clearly defined team will provide the key liaison which brings oversight and scrutiny as well as support and assistance to the Agency.

Board Role, Mandate and Membership

- The specific role of the board should be considered carefully. The board should have collective responsibility for the overall performance and success of the Agency providing strategic leadership direction, support and guidance to discharge the statutory and other duties assigned to it and to deliver the strategic goals set by the Minister and the Government. The role should reflect the discrete role of Boards to govern as opposed to manage. The Glion Declaration, published in June 2000 by a group of international university presidents stated “There is a world of difference between governance and management. Governance involves the responsibility for approving the mission and goals of the institution; the oversight of its resources; and the approval of its policies and procedures. Management involves the responsibility for the effective operation of the institution and the achievement of its goals within the policies and procedures approved by the board; the effective use of its resources. The responsibility of the board is to govern but not to manage... ‘Noses in, fingers out’ remains sound and tested advice to board members”.¹³ This requires a clear division of roles and responsibilities between the executive and the board. If the CEO is to be a member of the board there needs to be an explicit understanding of the CEO’s role as a board participant and how that combines with the role of the board in performance management of CEO in his/her role.
- Membership of the board should reflect the OECD’s view of board nomination for effective governing i.e. “board nomination needs to be treated as a human resource management issue and capacity should be dedicated to improving the nomination process and searching for the right

¹³ Rhodes, Frank H.T. (2000) *The Glion Declaration II: The Governance of Universities, Occasional Paper no. 46* Association of Governing Boards of Universities and Colleges

profiles.”¹⁴ In addition to the “recruitment” to the board, induction and training should be properly attended to at the outset to maximise role clarity between the Department and the Agency; the board and the executive; and minimise “mission creep”.

- In addition, the creation of a new government department dedicated to children could be seen as reflective of an objective to improve policy in this area and to ensure that the oversight of policy implementation is strengthened. If so, this suggests that the governance arrangements must provide sufficient instruments to ensure the Department can clearly establish policy objectives for the new Agency while leaving an appropriate degree of professional and managerial flexibility as to how these objectives are met.

4.10 Performance Oversight by the Department of Children and Youth Affairs

The OECD highlights the importance of departments developing a systematic dialogue with agencies on performance as part of their oversight responsibilities. Investment in capacity is required for departments to develop a proper steering relationship with agencies. This requires a formal and professional long-term performance dialogue, which entails a process of setting different types of targets and evaluation, and making links between inputs, processes, outputs and outcomes.

The Child and Family Support Agency, depending on its precise service make-up, will have a budget in excess of €600 million and approximately 4,000 staff. This will make it one of the largest non-commercial public service entities in the State, second only in size to the HSE. The activities for which the Agency will be responsible are amongst the most complex and demanding with which the State is charged. This raises issues for the capacity of a small, new Department to assist the Minister in devising priority objectives for the Agency and evaluating performance. There are modest resources within the Department which are engaged in discharging existing responsibilities. It is understood that currently there are no more than 20 WTEs assigned to the Child Welfare and Protection Division carrying out a range of policy development and oversight, parliamentary support and legislative functions.

The Task Force believes some investment in oversight resources is justified in order to equip the Department for its performance dialogue role and be in a position to report to Government and the Oireachtas for the resources and policy implementation of the Agency. This investment in the steering capacity of the Department should contribute to the outcomes focus of the Agency rather than concentrate unduly on the Agency’s management – once within agreed parameters - of inputs. The experience of public service reform and successful department/agency relationships suggests that alignment between Government policy and operational implementation needs a high level of skill and commitment on the part of the senior management of both organisations. The skills requirements are likely to include strengthened professional expertise in the social care areas falling within the Agency’s responsibilities, information and evaluation expertise to

¹⁴ OECD (2008:305)

assist in assessing performance, financial skills to assist with an increase in the budget and Vote accounting responsibilities of the Department by over 150%, legal and other areas. The Task Force recommends that these resources are sourced in conjunction with the preparations underway for the new Agency.

The Task Force also wishes to emphasise the importance of ongoing interdepartmental relationships, and notes that in order to maintain these relationships, consideration could be given to established mechanisms in place in other areas such as Cabinet Committees and Ministers of State with responsibility across a number of government departments, including DCYA, with the purpose of bringing coherence to a number of policy areas.

4.11 Summary and Conclusion

This section has set out how the Task Force determined the governance of the Child and Family Support Agency. To come to its recommendation, the Task Force reviewed different models of governance and was supported by several publications and papers. The Task Force was mindful of the failures of governance in the past that have led to loss of public confidence in child protection and welfare services. Because of the specialist role and function of the Child and Family Support Agency, the Task Force recommends that it is established to be operationally separate from the DCYA and governed by a board. This is considered the most appropriate option for the Agency given its specific and complex role and function which relies on professional judgement and decision making.

However, the Task Force urges that the Government pays particular attention to outlining roles and responsibilities for the Agency at executive and board level. In turn, these roles, responsibilities and relationships must be coherent with the policy development and performance management role of the Department. Also critical to the success of the new Agency will be the clarity of function of the Department and its internal capacity, in terms of resources, governance levels, and mandate to fulfil its role in leadership for the sector and the aspired to improvements in Children and Family Services in Ireland.

Section 5 Organisation Structure

5.1 Introduction

This section sets out the Task Force’s proposals for an organisational design structure which is consistent with public sector reforms, and which optimises synergies and integrated service with other critical agencies (e.g. HSE, government departments and Local Authorities etc.) The Task Force has identified and recommended a set of core design values and principles which should inform the approach to establishing the agency.

5.2 Methodology

The Task Force established a subgroup to focus specifically on the area of organisation design. The sub-group was asked to identify and consider, at a high level, the key issues which need to be addressed in order to develop an appropriate organisational design for the new agency.

5.3 General International Comparison Information

The Centre for Effective Services paper, International Comparisons – Overview of National Governance Arrangements, found that there are differing approaches to organisation design; with countries endeavouring to find structures that best respond to the challenges presented by child welfare and protection issues. The research further indicates that in developing their responses and structures countries are expanding the approach beyond a traditional child protection organisational design with strong emphasis on early intervention and family support strategies and approaches.

5.4 Design Values

The design model should:

- Support and promote the wellbeing of children, young people, and their families in line with the Vision formulated and a life course approach to addressing individual and family needs
- Clarify decision making roles and responsibility; strengthen accountability; and improve innovation and flexibility
- Facilitate the delivery of services in a consistent, equitable and personalised manner
- Facilitate the delivery of services in an effective and efficient manner
- Provide for informed action and innovation through a strong Research & Development orientation
- Support workforce development, best practice, and high quality service provision

- Overcome legacy difficulties to effective and consistent local implementation through national standards, quality assurance, performance management, and capacity building.

5.5 Design Principles

The Task Force recommends that the following design principles be adhered to in the development of legislation (as relevant) by the Department of Children and Youth Affairs and the organisational design of the Agency by the CEO and governing structure.

- The design should reflect the principle of subsidiarity with services provided at the most local level.
- Services should be provided locally, with some national exceptions. Business support services may be provided at regional level where economies of scale can be achieved.
- The final configuration must be supported by strong local accountability.
- Local service units should be supported by strong national/central direction and oversight.
- The design model should seek to maximize co-terminosity with existing sectoral boundaries and allow for the necessary level of flexibility required to deliver the benefits of effective multi-disciplinary working and co-operation.
- The organisational design must take into account issues of scale and critical mass in determining the service unit configuration.
- The design should facilitate a system of equitable resource allocation.

5.6 Design Structure

The Task Force considers that significant deficits in the organisational arrangements for the provision of Children and Families Services stem from the fact that insufficient progress was made in assigning the requisite decision making authority and freedom of action to local management. The Task Force favours the creation of a two tier organisational design for the new agency which provides for strong national/central direction and oversight combined with decision making and service provision responsibilities at local level. Regional support services should be provided in limited circumstances and always under the direction of the National Office. The Task Force is of the view that the design for the agency should reflect the principle of subsidiarity with services being provided at the lowest appropriate level and with strong local accountability. Also, the model should reflect the objective of maximizing the level of co-terminosity i.e. the alignment of organisational boundaries and the building of close working relationships with other

sectors/organisations in order to deliver on the benefits of effective multi-disciplinary working and co-operation.

The final design should take into account the current and evolving structures in place in a number of sectors, including the health services (Integrated Service Areas), the local authorities, the education sector, Department of Social Protection and An Garda Síochána with further consideration to be given to key adjacencies and ongoing parallel reform in these sectors. The Task Force noted the variation across sectors in terms of possible approaches but considered that the current local authority and ISA structure merits particular consideration in this context with the county unit (or multiples thereof) offering a strong degree of stability as a unit of planning, while also allowing for maximising co-terminosity in terms of adjacencies with other sectors. The Task Force also considered that a review of current structures in the Eastern region is particularly warranted and is overdue.

The model should take account of key indicators of need including overall population size, child population, volume of child protection referrals, along with other factors such as local deprivation indices.

The organisational design should also be such as to facilitate enhanced co-operation and working with the children and family services in the north, building on the progress made in this area under the auspices of the North South Ministerial Council.

5.7 Task Force Recommendations

5.7.1 Establishment of a National Office

The Task Force recommends the creation of a National Office with responsibility for a range of functions including:

- Operational policy and strategy
- Overall resource allocation and service planning
- Monitoring and evaluation and the setting of clear targets/deliverables
- Ensuring consistency of approach across local units
- Leadership and workforce management and development

The Office should also have responsibility for certain services which lend themselves to a single national delivery structure including adoption services, high support and special care, services for unaccompanied minors and the overall management of residential care. The cost of providing such services should be met by the local units.

The Task Force recommends that the chief executive of the CFSA review the range of services appropriate to the local and national office in light of final decisions to be taken on the full range of services to be provided by the agency.

5.7.2 Role of Local Units

The Task Force recommends that local units should be responsible for the full range of services, with the exception of those services deemed more appropriate to national delivery. Responsibilities appropriate to the local level should include:

- Child protection
- Welfare of children in the care of the State including out-of-home care services, foster care, aftercare (and perhaps residential care).
- Family support, prevention and early intervention
- Service planning in conjunction with the Children's Services Committees (CSCs)
- Promotion and development of local inter-agency co-operation and joint working
- Accountability for compliance with standards/protocols
- Financial management, employment control and HR issues.

5.7.3 Rationalisation of current ISA structure

The Task Force is concerned that there is currently a significant disparity in terms of population size across the existing ISA structure. The Task Force favours rationalisation of the existing structure and a reduction in the current number of ISA's. For the purposes of continuity any such rationalisation should take place within two years, while taking due account of parallel reforms in other sectors. Key to any change to the existing structure is the need to ensure that the final organisational design is such that each local area has the necessary population size/scale/critical mass necessary to ensure the provision of services for children and families in line with the highest standards.

5.8 Conclusion

The Task Force recommends that further work be done by the DCYA/CFSA, in line with the values and principles set out above and having regard to the recommended service model for the new agency, in order to inform the final organisational structure.

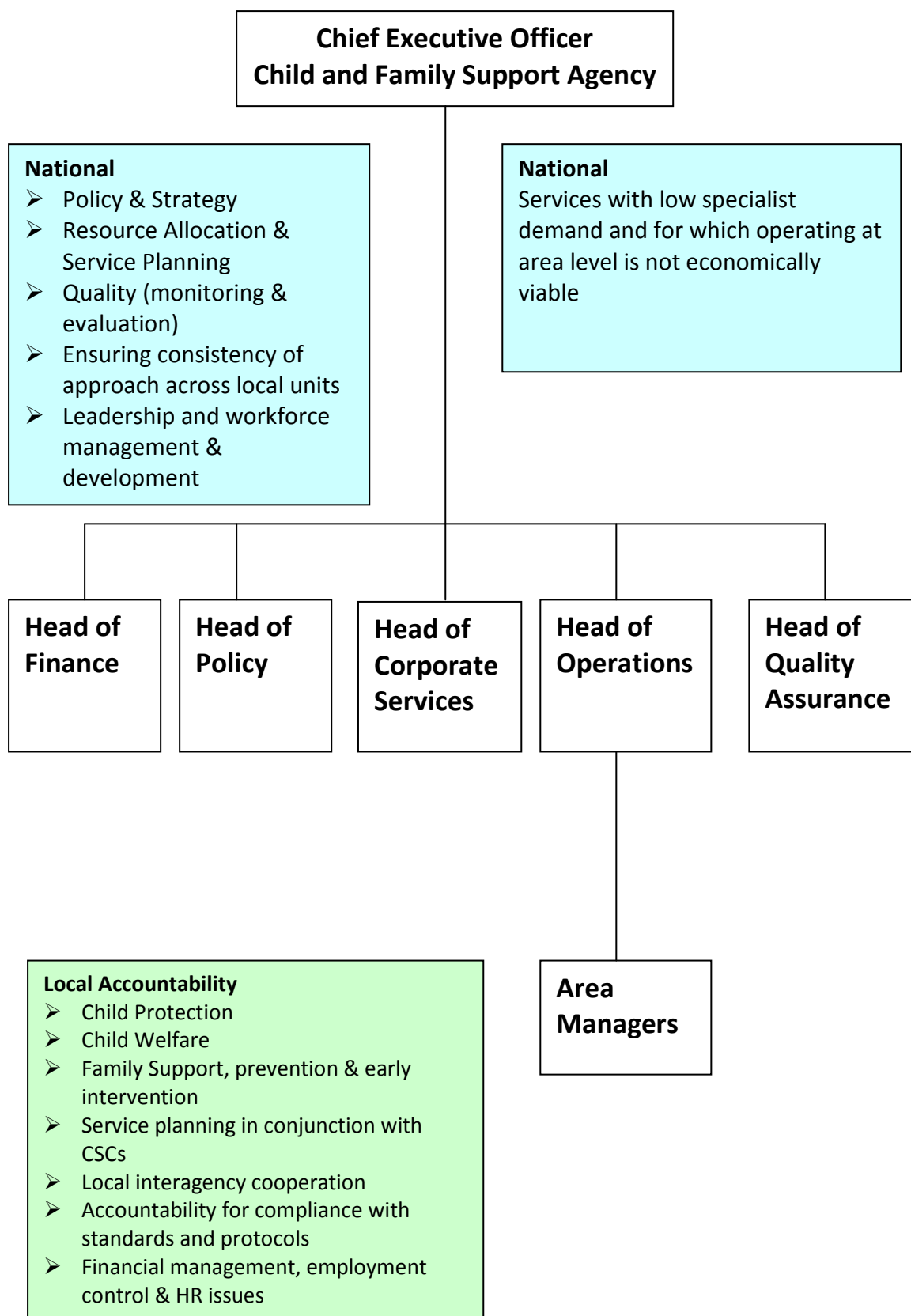


Figure 1: Diagram illustrating the relationship between national policy and local responsibility

Section 6 Scope of Services

6.1 Introduction

Included in the Task Force's terms of reference was a request to advise on the appropriate service responsibilities for the Child and Family Support Agency from amongst those within the HSE that relate to children and families or from within the relevant operational responsibilities of the Department of Children and Youth Affairs or its agencies.

The establishment of the CFSA comes at a time when children's services and policy is being fully integrated under a dedicated Department of Children and Youth Affairs. In the past, services have developed across departmental lines such as health, education and justice; but children do not fit neatly into these categories. The establishment of a new Department has made explicit the desire of the Government to fully integrate thinking and policy on children's services. It is against this backdrop that the Task Force's discussions took place.

In addition, the Task Force's view is that the challenge has been to identify the changes and measures that can markedly improve the effectiveness of what currently exists. Historically, the failings and frailties of our child protection systems or responses have been all too graphically and frequently evident. It is also clear that services must be provided at the right time in the right place to support children and keep them safe.

6.1.1 Range and Levels of Children's Services: Background to Task Force's Consideration

The new agency must therefore have a broader focus than current Children and Family Services within the HSE. This has been reflected in the Task Force's deliberations on the scope of services that should be integrated within the Agency.

The early identification of needs or risks is crucial and this is only beneficial if it leads to appropriate interventions and better outcomes for children and families. For this reason, the Task Force believes that the Agency must be able to ensure that timely and proportionate responses are provided through a wide variety of support programmes or professional interventions (including through directly commissioned community and voluntary provision).

There is a need to look beyond that immediate imperative, to an Agency that has the capability to respond to, and interact with, children and families in a variety of ways that are accessible and enabling. The Task Force's vision is that the scope of services provided directly by the CFSA, or linked with it in a defined and structured way, should range from support to families in the community to highly specialised interventions where children have been identified as requiring out of home care.

The issue is not limited to decisions about which services should be the direct responsibility of the CFSA. It is also concerned with the critical ongoing working relationship between the staff delivering services on behalf of the agency and the

interfaces with key services in other sectors. This is a considerable and complex task, particularly when viewed against a wider background of resource constraints and other planned major reconfigurations of relevant services.

The Task Force believes that to most effectively plan and deliver services at all levels of need there must be a high degree of cohesion and concerted action between the different providers so that children's needs are identified and appropriate interventions made as soon as possible. Delaying services often results in the need for more complex interventions, longer treatment, and increased risk for children.

Responses that are informed by high quality information flow and that are rooted in vigorous interaction between the necessary services/professionals are what children and families most need. It is the view of the Task Force that this approach makes good sense on any number of levels.

6.2 Methodology

The Task Force used a variety of methods to gather information on services in order to inform its ongoing deliberations on what services should form part of the CFSA. These included:

- Presentations from service providers,
- Meeting with trade unions and professional associations of some of the professional groups,
- Input from the Centre for Effective Services, and
- Task Force members' own broad experience and expertise in this area.

The Task Force was also supported by the DCYA Project Team which assisted the information gathering process.

The Task Force first sought a detailed description of the service provisions, data (as was available) on the numbers of staff involved and the quantum of workload relevant to children; whether the service would fit well within the Agency and the nature of the relationship with the Agency; potential alternative approaches; the implications of no change on achieving outcomes for children; as well as the risks associated with implementing the Task Force approach (see Appendix 2). The recommendations outlined below are, therefore, fully cognisant of the significant change proposed and, for that, clear and unequivocal about the need for that change.

6.3 General International Comparison Information

The Centre for Effective Services (CES) was asked to provide information on international comparisons from six jurisdictions, to inform the work of the Task Force and its subgroups in planning the establishment of the CFSA.

CES advised:

- Services are delivered at local level through the local authority or regional equivalent. Some services are co-located in integrated teams, for example, Primary Health Care Teams or Sure Start Children's Centres in the UK.
- All services are part of wider interagency structures like Children & Young People's Strategic Partnerships, Locality groups/teams, Children's Trusts, and Local Children's Safeguarding Boards. All contribute to an integrated services plan for children and young people in their region/local authority area
- Most jurisdictions have a national strategy/plan for children's workforce development. Staff in all services working with children participate in joint interagency training across sectors

6.4 Previous Governments Decision on Services for inclusion in the Agency

The Programme for Government is clear that current child protection and welfare services within the HSE and the Family Support Agency will become part of the new agency. The Government has also announced that a review of the National Education Welfare Board is planned in the context of the new Agency.

6.4.1 Children and Family Services, HSE

A wide range of services are provided under the umbrella of Children and Family Services in the HSE. These include family support, adoption and fostering, residential care, and child welfare and protection services. Children and Family Services focus on promoting children's welfare under the Child Care Act 1991 and the Children Act 2001. These services have already begun a period of reform with the appointment of the first National Director for Children and Family Services in January 2010. A comprehensive change programme is underway to improve the quality and consistency of the services. This change programme will continue into the new CFSA as the National Director will become the chief executive officer of the new Agency. Full operational control and accountability for existing Children and Family Services will be with the CFSA.

6.4.2 Family Support Agency

The Family Support Agency was established in 2003 under the Family Support Agency Act 2001 and is responsible for funding a network of family resource centres in disadvantaged areas. There are 107 family resource centres around the country; they aim to combat disadvantage by supporting the functioning of the family unit by offering services and supports to children and families, the elderly, and others in need of support. The Family Support Agency also provides grants to services which offer counselling, such as counselling for children of separated parents or bereavement counselling.

6.4.3 National Education and Welfare Board (NEWB)

The NEWB was established in 2002 under the Education (Welfare) Act 2001. The three major strands of the NEWB, the School Completion Programme, the Home School Community Liaison Scheme and the Educational Welfare Scheme work

together to support children in school and improve their educational outcomes.¹⁵ The Government has announced that the role of the NEWB will be reviewed during 2012 in the context of the new Agency's establishment.

6.5 Recommendations on a Scope of Children's Services

6.5.1 Nature of Services

The Task Force considered the feasibility of two main service relationship types with the CFSA:

1. Direct Services: Services which will be directly provided or directly commissioned by the CFSA (referred to as "core services" elsewhere in the report);
2. Interface Services: Services provided by other parties (e.g. public or non governmental service providers) which the CFSA considers essential for keeping children safe and promoting their welfare. These services will be aligned with the CSFA in a defined and structured way.

6.5.2 Services Reviewed

The Task Force has considered and made recommendations on 10 separate services areas:

1. Public Health Nursing
2. Speech and Language Therapy
3. Child and Adolescent Mental Health Services
4. Psychology Services
5. Garda Youth Diversion Projects
6. Young People's Probation
7. Children Detention Schools
8. Domestic and Sexual Violence Services
9. Hospital Social Workers
10. National Education and Welfare Board

6.5.3 Rationale

In exploring the options the Task Force was anxious to ensure any recommended changes are optimal for children and families, taking account of the benefits and the risks of disaggregating services for children. In addition the Task Force believes that, irrespective of what services are to be directly provided, there will remain a range of services provided outside the Agency which will require well defined and developed formal relationships to enable the Agency's role in supporting families and protecting children. Both of these issues are fully reflected in the recommendations.

Recommendations in respect of certain services to become part of "direct services" of the Agency are based on the following overall conclusions:

¹⁵ http://www.newb.ie/about_us.asp

1. The role of specific professionals or services place them in a unique position vis-à-vis prevention and early intervention for children and families which is strongly aligned to the mission and vision of the Agency;
2. Some services operate in a universal setting which positions them as part of the critical interagency interface with services outside of the Agency (in particular schools; primary care teams/networks);
3. Because of the “universal” aspects of some services they provide a non-stigmatising “face” for the new Agency, casting it as an organisation which supports and assists parents in their parenting role and provides less complex specialist services for children with a range of needs, under the one roof.
4. Some services already play a critical role in child protection as a key identifier of child protection concerns and/or a key referrer to child protection services.
5. Some services already intervene with parents in areas which are of direct relevance to outcomes for their children – for example in the areas of maternal health; domestic violence etc.
6. Some services include as their key client group, the same children and families that are in need of child welfare and protection services and who may already be interacting with those services. For families, this means they must respond to the structure of the delivery system and for providers, this often means there is no holistic child-centred service being provided, resulting in a “refer on” culture and the inevitable falling through the gaps for some children and their families.
7. Some specialist services are focused on assessment and treatment of problems for which children with welfare or protection needs frequently show very high levels of need. For example, neglect has the “most potent effects on language development”. However, children suffering from neglect frequently do not have their language delay assessed or treated as part of a package of needs. This inevitably means that problems associated with unresolved speech and language difficulties are compounded.
8. Some services have been highlighted again and again in a range of reports in terms of their specific lack of connectivity and co-ordination with child welfare and protection services despite the significant shared client population.
9. Some services have been developed and provided in ways which are profession focused and led – they do not support multi-disciplinary working and thinking or a holistic approach to the complex needs of some children and families. Better communication and collaborative working between disciplines is of critical importance in achieving a child-centred service.

6.5.4 Potential Alternatives

The Task Force considered a number of alternatives in reviewing specific services for consideration. A range of possible alternative approaches to the inclusion of services within the direct scope of the Agency were also considered. These other alternatives included:

1. Relying on existing interfaces with Child and Family Services to support the desired integration within the context of the new Agency.
2. Developing Service Level Agreements or Commissioning arrangements between the Agency and these services (whether they be provided by the HSE or other community and voluntary providers) with or without direct budgetary control.
3. Co-location arrangements to support improved interactions at individual professional level.

On balance, in reaching their conclusions, the Task Force were of the view that:

- Existing interfaces, even when operating within the current context of one agency, have proven to be inadequate and could not be relied on to improve, particularly in the context of the disaggregation of services and the development of different governance and management structures in the context of the new Agency.
- There were concerns about the robustness of service level agreements, particularly in the context of diminishing resources where the Agency would not be budget holder for the services. In some areas, it was acknowledged that there would likely be considerable potential disagreement regarding the quantum of service delivered because of increasing demands in other areas of service (services for older people for example). In addition, it was noted that without prioritisation within certain services, the only option for children with a complex range of needs who come to the attention of child protection, welfare or family support services, will continue to be expensive and inadequate private provision, with the consequent inefficiencies and lack of cost effectiveness in terms of budget.
- There was a strong view that the demand for multi-disciplinary integrated working will be almost impossible to achieve in the current fiscal and organisational climate unless services for children are working in the context of a single vision, leadership and governance structure.
- It was also agreed that for a considerable portion of this overlapping client group, the possibility of developing a cohesive, comprehensive service delivery model, purely through collaborative arrangements, would be extremely difficult. Complex cases can inevitably result in multiple points of entry/contact/ provision for a range of children's services. Consequently there is the possibility of gaps, overlap and duplication for individual children and their families.

6.5.5 Recommendations

Service	Relationship with CFSA
Public Health Nursing	The CFSA should directly employ the PHNs that provide the child and family component of the service. PHNs should be <i>co-located</i> with the local health service, to avoid fragmenting the service. The Task Force recognises that this may not always be possible, for example in rural areas, in which case the service may be directly commissioned.
Speech and Language Therapy	The children's component of community based speech and language therapy should be directly provided by the Agency. This includes SLTs that are part of specialist teams such as CAMHS and ACTS.
Child and Adolescent Mental Health Services (CAMHS)	CAMHS should be directly provided by the CFSA
Psychology Services	Psychology services should be directly provided by the CFSA.
Garda Youth Diversion Projects	The CFSA should develop a structured interface with both the Gardaí and youth organisations managing these projects
Young Persons Probation Service	Young Persons Probation should remain under the remit of the Department of Justice and Equality. Its potential inclusion in the CFSA should be reviewed at a later date.
Children Detention Schools	Children detention schools should be directly managed by the CFSA
Domestic and Sexual Violence Services	All DSV services should be directly provided by the CFSA, or commissioned from the voluntary sector with the exception of Sexual Assault Treatment Units.
Hospital Social Workers	Social workers in maternity and paediatric hospitals should continue to be based within these hospitals, but they should be employed, and receive continuous professional development under the CFSA.
National Educational and Welfare Board	Education and welfare services should be directly provided by the CFSA

6.5.6 Timeframes for Change

The Task Force recommendations on the responsibilities of the CFSA are clear and should be delivered as soon as possible. It is recognised that logistical and legal preparations are significant. Where such factors mean that it is not feasible to have all services fully located within the CFSA on establishment day discrete and dedicated budget, staff and management arrangements should be put in place within the existing organisation responsible to facilitate the earliest and most effective possible transition. There should be a clear line of sight over these arrangements from the Department of Children and Youth Affairs and the Implementation Team. This has been the model for transitioning child welfare and protection services from the HSE and, where necessary, it should be deployed to maintain momentum and ownership of other elements of the change process.

6.5.7 Risks and Risk Mitigation

The Task Force acknowledges that these recommendations, if implemented, represent a significant undertaking. To mitigate risk a properly structured change management approach is demanded. The Task Force is therefore making the following recommendation in relation to the transition process:

- The Task Force recommends as essential in this transition period that a properly resourced dedicated transition team – a joint Department of Children and Youth Affairs and new Agency Implementation Team - is put in place to lead and embed the integration of the proposed services into a cohesive and highly functioning new agency which is fit for function. This team will require expertise in project management, risk analysis and change management, and a comprehensive implementation plan.
- The Task Force is of the view that policy and legislation, while essential, do not ultimately solve issues for children and families; people do. In order to ensure that there is a competent workforce for children and families, the Task Force recommends that the CFSA should provide continuous professional development (CPD) to ensure leadership and support to all professionals under its remit.

Section 7 Service Model

7.1 Introduction

There are many services working with children and families in Ireland. Some are dedicated to children while others provide children's services within a wider remit. However, we know from high profile child abuse inquiries that services have failed some of our most vulnerable children. Child protection inquiries have concluded that poorly integrated services contribute to poor outcomes for the children concerned. Poor information sharing and collaboration between agencies is often highlighted as a fundamental error. High profile cases such as the Roscommon case,¹⁶ and those outlined in the Reports of the National Review Panel for Serious Incidents and Child Deaths¹⁷ and the Report of the Independent Review Group on Child Deaths¹⁸ provide strong evidence that services should work better together. The CFSA's establishment represents an opportunity to recast the delivery models for children's services to meet some of these criticisms. This section provides the Task Force's recommendations for developing a service model for the CFSA.

7.2 Methodology

The Task Force established a subgroup to focus on developing a service delivery model. As well as input from members, the subgroup had a number of external inputs including:

- The Office of the National Director, Children and Family Services, HSE in respect of their ongoing work and views on developing a national service delivery framework,
- The Child and Family Research Centre (CFRC), University of Galway in respect of family support,
- The Centre for Effective Services (CES) in respect of messages from international practice.

The project team also drew on a number of source documents in preparing this paper on the subgroup's behalf

7.2.1 Key Messages from Subgroup Inputs

7.2.1.1 International Context

Centre for Effective Services: Learning from Service Delivery Frameworks and Models in other Jurisdictions

The CES prepared a presentation addressing the international context. It is clear from the key messages that emerged from this analysis that Ireland is not unique in

¹⁶ Roscommon Child Care Inquiry (2010) *Roscommon Child Care Case: Report of the Inquiry Team to the HSE* at <http://lenus.ie/hse/bitstream/10147/113945/1/RoscommonChildCareCase.pdf>.

¹⁷ HSE (2011) *Reports of the National Review Panel for Serious Incidents and Child Deaths* Dublin: HSE.

¹⁸ Shannon G and Gibbons N (2012) *Report of the Independent Child Death Review Group* Dublin, Government Publications.

trying to achieve reform of children’s services. The subgroup was struck by the very strong resonances with the Irish jurisdiction despite considerable differences in the structural and governance arrangements pertaining across the different jurisdictions. The emerging messages are also seen to echo a number of key themes incorporated in the vision for the CSFA.

Key messages
<ul style="list-style-type: none">• The catalyst for reform has been child abuse inquiries with emerging recommendations emphasising the need to get the child protection system ‘right.’• All reform initiatives / services frameworks are provided on a cross government departmental basis and almost always include children’s services, health, education and justice.• Most jurisdictions have specific child protection services which operate in parallel to local interagency planning structures and service frameworks that focus more broadly on child well-being.• All reform initiatives / services frameworks emphasise a collective /shared responsibility for the welfare and protection of children with interagency collaboration central to improvement and progress.• All reform initiatives / services frameworks have an increased focus on early intervention and prevention.

7.2.1.2 National Context

Children and Family Services, HSE: Towards a Service Delivery Framework

The Office of the National Director, HSE shared their views on an emerging national framework with the Task Force. This preliminary model was developed within the context of the changing management structures within the HSE, recent publications, considerable criticism of the system and challenges around interagency working and implementation of national guidelines on child protection and welfare. Their views were also based on visits to a number of services around the country including four recent service innovations in this area: the Differential Response Model (DRM) in Dublin North, the Alternative Response Model (ARM) in West Tallaght, the Limerick Assessment of Need (LAN) and the Identification of Need (ION) in Sligo. The model mapped service provision to four levels of need with services provided to children and families at Levels 2 – 4):

1. Universal services for all children,
2. Support services for children in need,
3. Child protection services,
4. Services for children in care.

The model emphasised levels of working with parents differentiating between ‘cooperative parents’ at Level 2, ‘parents who require direction’ at Level 3 and ultimately the HSE’s role as ‘corporate parent’ when children are in care at Level 4. The model also drew a distinction between child welfare, where parents take the

lead and services are primarily provided in the community, and child protection where social workers take the lead. The HSE emphasised the role Children's Services Committees might play in providing a strong basis for the local, formal development and delivery of services but cautioned that direction is required around the overall mandate, the key deliverables, local subsidiarity and accountability mechanisms. The emerging model advocated the need to allow scope for local delivery for local services within a managed national framework with an emphasis on prevention and early intervention. The HSE and the Task Force agreed that child welfare and protection services form a continuum of services with child welfare running alongside and complementing child protection interventions as well as providing step down when a child or young person no longer requires child protection services.

Child and Family Research Centre, University of Galway: Input on Family Support Networks

As well as providing input on the learning from the four recent service innovations described above,¹⁹ the Child and Family Research Centre also provided input on the concept of family support networks. The CFRC supports the HSE led National Family Support Planning Group which is one component of the National Family Support Action Plan (2010 – 2013). Family support networks aim to re-orientate service delivery within existing resources / capacity. They comprise a HSE led standardised model of community based interagency working among a range of statutory, voluntary and community services for children and families in a designated area. The underlying premise is that a child, parent or other family member will know where to access assistance in their local area and that appropriate help will then be provided as necessary. Family support networks aim to support families to respond to problems early by building confidence and skills in parenting. They can also ensure that families get the services that they need by identifying children's needs. The Task Force acknowledged that while family support networks are not well established in Ireland, they could form subgroups of Children's Services Committees (CSCs) thereby enabling better coordination of support for children and families.

Working Together for Children Initiative: Children's Services Committees

The Task Force also considered the initiative already underway for improved interagency working with the HSE. The purpose of the Working Together for Children Initiative is to secure better outcomes for children through more effective integration of policies and services particularly through CSCs. The first four CSCs were established in 2007 and the total of sixteen now established, employ numerous different interagency initiatives, tools, methodologies and approaches. CSCs provide a structure for bringing together a diverse group of agencies in local areas working to engage in joint planning for children. The aim is that all major organisations and agencies working locally on behalf of children and young people are represented on Children's Services Committees (where they are in place). These committees are responsible for improving the lives of children and families through integrated planning, working and service delivery. They also ensure that

¹⁹ The CFRC prepared a number of reports for the HSE including *A Formative Evaluation of the Jobstown Alternative Response Mode (ARM)* in 2010 and *An Evaluation of the Identification of Need Process (ION) in Sligo/ Leitrim and Donegal* in 2011.

professionals and agencies work together so that children and their families receive improved and accessible services. They do this by:

- Coordinating the implementation of national and regional policies and strategies that relate to children, young people and families in their area,
- Planning and coordinating services for children and families in the area in order to improve children's outcomes.
- Eliminating fragmentation and duplication of services by ensuring better more effective collaboration between children, young people and family services within the area,
- Enabling the effective use of resources at local level,
- Influencing the allocation of existing resources across the area covered by the CSC with a view to enabling the effective use of resources at local level,
- Strengthening the decision making capacity at local level.

The Task Force believes that the work already done on promoting interagency working in Ireland and the national roll out of CSCs provides an excellent basis for the move to **integrated service delivery**. The term 'integrated service delivery' means different things to different people and is a concept perhaps better known in health systems. The World Health Organisation defines it as the management and delivery of services so that clients receive a continuum of preventative and curative services according to their needs over time and across different levels of the health system.²⁰ The Task Force uses the term to mean the process of building connections between services in order to work together as one to deliver more comprehensive and cohesive services, improve accessibility and be more responsive to children and families' needs thereby improving outcomes. While acknowledging that CSC's have a wider remit than child welfare and protection services, the Task Force's intention is that children's services will evolve beyond the "interagency" approach currently adopted within CSCs operating on a co-operative administrative basis. Reforms such as the planned legislation imposing a duty to cooperate on agencies, departments and organisations that provide services to children and families will support more integrated working. Such reform and the proposed new framework for service delivery will facilitate the CFSA in achieving its vision. As outlined in **Children First**, parents and guardians have the primary responsibility for child protection and welfare. However safeguarding the welfare of children is everyone's responsibility – families, neighbours, members of the community and professionals all play a vital role. The Task Force also wishes to emphasise society's collective role in supporting the CFSA to ensure children's wellbeing and promote positive outcomes. Service user involvement will also be critical in the delivery and success of CFSA services.

7.3 CFSA Services

The Task Force's vision for the CFSA is that it will provide leadership to statutory and non statutory agencies that work with children and families ensuring that the

²⁰ World Health Organisation (2008) 'Integrated Health Services: What and Why?' *Technical Brief No 1* at http://www.who.int/healthsystems/service_delivery_techbrief1.pdf.

necessary conditions are in place to ensure children's wellbeing and achieve positive outcomes. It will have responsibility to develop and promote interagency planning and delivery of services both within and outside its remit. To do this it will establish formal relationships with services outside its remit that support children.

The CFSA will have specific responsibility for children who require targeted supports due to family and social circumstances. These services will range from support to families in the community to highly specialist intervention where children are at risk of significant harm or children who are in out of home care. Such children and families are not an isolated or static group as children and families can move in and out of needing support as their life circumstances change.

The Task Force envisages that the CFSA will have a range of services within its remit extending well beyond existing HSE Children and Family Services. The range of services is set out in section 6 of the report. In addition it is considered essential that the CFSA is given authority to lead a variety of other services and agencies that work with children in line with the vision set out in section 3. Schools, health services, local authorities, Gardaí, youth services, pre-schools and the community and voluntary sector amongst others will represent key relationships for the CFSA. The proposal to place a statutory duty on agencies to cooperate in children's best interests will strengthen the CFSA's lead role. The planned legislation will require statutory compliance with Children First and mean that agencies must share relevant information and cooperate with other relevant services in children's best interests.

7.4 Service Delivery Model

The Task Force's recommendations on the service delivery model are outlined below. Further detailed work will be required to advance the model to a fully operational model for frontline staff. This will be a matter for the DCYA and the CFSA as an implementation plan is developed for the new agency.

When considering the service delivery model, services to be provided directly or directly commissioned by the agency will be referred to as **core CFSA services**; the service model is intended to encompass all of these core services over time while also articulating a framework for the CFSA's leadership role and relationship with other services.

7.5 Task Force Recommendations

1. The Task Force recommends that the service delivery model make use of a shared national service outcomes framework both for its own directly delivered services but also as the tool for its role in promoting integrated planning and working in respect of children's services with those providers outside of core services. In other words, the service delivery model should be focused on **improving well-being and outcomes** for children based on the five national outcomes:

- I. Healthy, both physically and mentally
- II. Supported in active learning
- III. Safe from accidental and intentional harm / Secure in the immediate and wider physical environment
- IV. Economically secure
- V. Part of positive networks of family, friends, neighbours and the community / Included and participating in society

For some of the above outcomes a lead Department / sector can be clearly identified. Equally, it is important to note that various departments can contribute and have a role to play in achieving some of the outcomes.

2. The service delivery model should be **child centred** where the best interests of children shall be the primary consideration and children's wishes and feelings should be given due regard. Taking account of their age and understanding children should be consulted and involved in all matters and decisions that may affect their lives. Services should respect the rights and needs of parents/carers but always be aware of the need to protect children.
3. The Agency should **provide services to and support families at all levels along a continuum** from children in need to children in the care of the State. The Hardiker Model is an internationally recognised model for understanding the needs of children within a population. The model must recognise that even though children may migrate to higher levels of needs/response, their universal needs and the need for ongoing family support and further preventive measures continue to arise. Clarity on the scope for supportive services; respective roles of family support and child protection; and the critical thresholds for escalation to higher levels of intervention/protection are essential to keep the correct balance and ensure the right responses for children and families on an individual basis.
4. The service model should focus on **strengthening services at universal level** within the remit of the Agency, thereby preventing problems from arising in the first place and managing such difficulties at the earliest opportunity by linking families to the most appropriate family support service. Supporting families within the community and working to prevent children from entering the child protection system is essential requiring an **emphasis on early intervention community based services**.
5. The CFSA should adopt an **integrated service delivery model**. This integrated model requires a full range of services and system integration within the CFSA from universal and primary services through to secondary and tertiary level services. In this model there should be an integrated system of children's services that have formal linkages with external services and that have established processes and procedures that have children's wellbeing as their focus at all levels of need.

6. **Children's Services Committees** should be utilised as the key interface between core CFSA services and other services including universal services. The development of CSCs provides a strong basis for **interagency working** and for the planning, co-ordinating and delivering of services at local level. Under the direction of the DCYA, the CFSA will have a leadership role in the development and roll-out of the initiative.

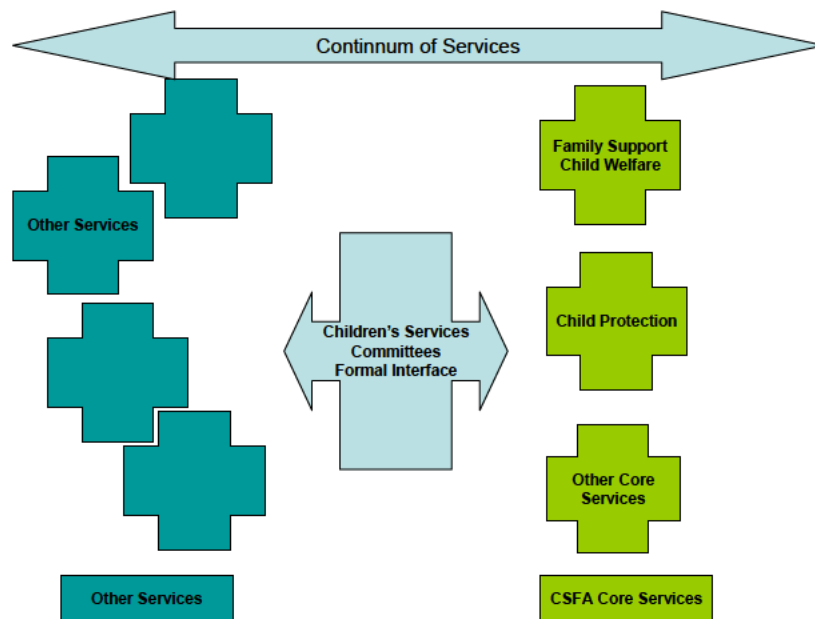


Figure 2: Integrated System of Children's Services

7. The service delivery model should have **clear and consistent referral pathways** for children and families which are based on their assessed needs and with responses appropriate to meeting these needs. These pathways may be single or multiple in terms of access points but each pathway will focus on identifying (i) what needs arise; (ii) the optimal assessment level (i.e. common or specialist or both); identified service response option or options; (iv) how the care pathway will be tracked and reviewed.
8. **Standardised assessment procedures and protocols** should support the development of and use of various pathways and should link with **Children First** processes and procedures (as a key referral point from universal services).
9. The CFSA model should provide a framework for information sharing between core CFSA services and other services. Once **Children First** is placed

on a legislative footing, agencies will have a duty to cooperate and share information in a child's best interest.

10. The primacy of **Children First** should be maintained. Consistent accountable child protection practice should be delivered in line with best international evidence.
11. A national strategy/plan for **children's workforce development** should be formulated. **Interagency guidance** (including information sharing systems and associated ICT systems) should be developed, and staff in all services working with children should participate in joint interagency training across sectors.

7.6 Conclusion

The Task Force believes that children's outcomes will improve when agencies that support their wellbeing work well together. The service model which is developed must encapsulate the central role of the Agency in the design and development of children's services and at the same time distinguish between (i) the direct responsibilities of the Agency; (ii) those responsibilities it relies on the co-operation and input of others to deliver; (iii) those it should collaborate on with other lead agencies.

In essence, the Task force would like to see more integrated services with:

- A shared vision of services working together
- A shared commitment to improve services
- Clarity about roles and responsibilities of the DCYA, CFSA, agencies, services, departments and professions
- Transparency in sharing information between agencies.

In this way the CFSA can make the best use of the expertise of the full range of staffing in children's services so that children and families experience seamless services. The CFSA brings all agencies that work with vulnerable children and families together while establishing formal relationships with services that also work with children within a wider remit. The CFSA represents a national approach which facilitates a new way of working. Children and families are placed firmly at the centre of the systems network. All services for children will be considered part of this system and staff working with children will perceive themselves as operating within a single system for children.

Appendix 1 Terms of Reference

TERMS OF REFERENCE: TASK FORCE ON THE CHILD & FAMILY SUPPORT AGENCY (SEPTEMBER 2011)

The Programme for Government gives an undertaking to “fundamentally reform the delivery of child protection services by removing child welfare and protection from the HSE and creating a dedicated Child Welfare and Protection Agency, reforming the model of service delivery and improving accountability to the Dáil.” The Programme for Government also notes that: “Real reform of the public sector will require a commitment from the whole of government to become more transparent, accountable and efficient”.

The Minister for Children & Youth Affairs is establishing a Task Force to advise her Department in regard to the necessary transition programme to establish a Child & Family Support Agency. The Task Force will base its work on best practice in child welfare, family support and the delivery of public services, and according to the principles that:

- The welfare of the child is paramount;
- Children and families should be supported in their local communities to the greatest extent possible;
- The welfare of children is founded upon strong and loving families and supported by the purposeful and shared responsibility of the state and society to always protect children and promote their welfare;
- The Agency will operate to the highest standards of performance and value for money;
- Children will receive the best parenting when received in to the care of the state.

The Task Force will:

1. Propose a vision for the new Agency and the principles to guide its operations.
2. Advise as to the appropriate service responsibilities of the Agency from amongst those within the HSE that relate to children and family services or from within the relevant operational responsibilities of the Department of Children & Youth Affairs or its agencies. Consider which services should transfer from the outset and which might be subject to a longer timetable. Consider which services should be directly provided by the Agency and which should be commissioned.
3. Review the existing budgets, staffing and other corporate supports in respect of services transferring.
4. Propose an organisational design and operating child welfare and protection service model for the new Agency, which is integrated, provides the most appropriate structure, systems and people to meet the vision and operating principles within the resources available, and which is consistent with public sector reforms. To include:

- a. An organisational and service structure that best equips the organisation to achieve the objectives for the functions to be undertaken;
 - b. Systems that support safe and effective service delivery and provide a basis for performance measurement, improvement, resource allocation, compliance with national standards (e.g. Children First, HIQA); integration of statutory and funded services around the needs of families and appropriate data/information and performance measures (including NCIS).
 - c. A corporate governance, management and accountability framework which ensures objectives, functions, roles and responsibilities are coherent, fit for purpose and clear.
 - d. Assess management roles and responsibilities to ensure there is focused leadership and appropriate management capability. Address the development of management capability going forward.
 - e. Within the resources available for the transferring services, assess and propose a plan for resource and staffing configuration which takes full account of the overall corporate vision , indicators of need (geographically and by service) and the objectives of public service reform and modernisation.
 - f. Outline an approach to ensure best practice and standards for services are in place, along with professional development and support.
5. Prepare an implementation plan with phasing for the transfer of services to the Agency, ensuring service continuity and risk management, and which addresses change management and operational logistic matters.
 6. Identify the main priorities for the Agency in relation to services being 'fit for purpose' and operational responsibilities being properly discharged for the initial 12 month period of the transition.
 7. Identify the core interagency, statutory or professional relationships which need to be maintained or provided for and devise arrangements to appropriately address appropriate ongoing service linkage and relationships.
 8. Oversee the implementation programme and monitor progress, pending establishment of the Agency.
 9. Such other matters as the Minister for Children & Youth Affairs may request the Task Force to examine.
 10. The Task Force may establish sub-groups to address particular tasks and additional participants may be sought for such sub-groups based upon requirements.
 11. The Task Force will be supported by project management and administrative support. The Task Force will consider relevant reports, reviews and international experience regarding relevant models for service provision and best practice. In order to make as much progress as possible in implementing this Programme for Government commitment the Task Force is expected to meet fortnightly with subgroup meetings and other follow-up in between.

Appendix 2 Scope of services: Rationale

In addition to those services that the Government has decided to include under the remit of the Agency, the Task Force has considered and made recommendations regarding the following services:

1. Child and Adolescent Mental Health Services
2. Public Health Nursing
3. Speech and Language Therapy
4. Psychology Services
5. Garda Youth Diversion Projects
6. Young People's Probation
7. Children Detention Schools
8. Domestic and Sexual Violence Services
9. Hospital Social Workers
10. National Education and Welfare Board

The rationale behind the Task Force's thinking on each service is set out in the following pages:

1. Child and Adolescent Mental Health Services

CAMHS is available nationally but operational management is located within the integrated geographically based management responsibilities of the HSE spanning the range of health and social services. Some CAMHS are HSE managed (e.g. Linn Dara CAMHS) and some are voluntary (e.g. Lucena Clinic).

Description of the Service

CAMHS deliver services for children. The majority of CAMHS are community teams that are described as 'the first line of specialist mental health services for children'. Historically CAMHS provided services for the 0-16 year age group in line with the 1945 Mental Health Act. CAMHS was to extend service provision to 16 and 17 year olds in line with new legislation and A Vision for Change but resource issues* are cited as the reason this has not happened throughout the country. Included are two substance misuse teams both based in Dublin – Youth Drugs and Alcohol Service (YoDA), Tallaght and the Substance Abuse Service Specific to Youth (SASSY) in North Dublin.

*The Task Force understands that special funding of €35 million provided for mental health in the 2012 budget will in part be used to strengthen CAMHS and that an additional 150 health care professionals are being recruited for CAMHS teams.

Data on the Service

National policy for mental health is outlined in the 2006 Vision for Change publication. It recommends 99 teams; 61 of these are in place (56 community CAMHS teams, three day hospital teams and two paediatric hospital liaison teams).

In September 2011, there were 464.74 whole time equivalents working in 56 community CAMHS teams with an average of 8.3 staff per team of which 6.95 were clinical. The range of team size varies from the smallest team of 3.5 wte (2.72 clinical) to the largest which comprises 16.5 wte (14 clinical). The staff complement for community teams as recommended in Vision for Change is 13 made up of 11 clinical and two administrative support staff. Staffing of community teams is at 63.8% of the recommended level. There is also a variation in the distribution of the workforce across the regions as expressed in ratio of clinical staff per 100,000 population; the ratio was highest in Dublin Mid Leinster at 10.74 and lowest in the South at 6.9 clinical staff per 100,000 population. The 2010/2011 annual report indicates that the largest professional group in CAMHS is psychiatry making up 31.2% of the workforce including consultants (14.9%) and doctors in training (16.3%). The other main professional groups are social work (17.5%), nursing (15.8%), clinical psychology (14.8%), speech and language therapy (7.5%), occupational therapy (6.9%), child care (4%) and other therapies (2.3%).

Certain legacy issues exist whereby services developed on an ad-hoc basis. For example, some teams see children with autistic spectrum disorder while others

don't. The Specialist CAMHS Advisory Group is working to standardise practice across the country so that there is a national service as opposed to disparate teams.

The HSE's National Service Plan 2012 includes the following priorities for mental health services during 2012:

Strengthen child and adolescent mental health teams' capacity by ensuring at a minimum that at least one of each mental health professional is on each team. The target completion date for this is stated as ongoing.

Task Force Recommendation

The Task Force's view is that CAMHS should be directly provided by the CFSA. It has identified CAMHS as a priority service for transfer to the agency, from establishment day. This is appropriate given that CAMHS has an exclusive focus on children and adolescents.

The Task Force recognises the need for an orderly transfer of CAMHS to the new agency. The budget for CAMHS should be transferred from the establishment day of the CFSA and full integration of services should take place within two years at a maximum.

The budget and Employment Control Framework number to be transferred to the agency should be included in the current disaggregation and due diligence processes underway for the agency, including an agreed proportion of the budget allocated for implementation of A Vision for Change (the Government has committed to a ring fenced budget of €35 million annually from within the health budget to develop community mental health teams and services).

The need for integration of mental health policy for both children and adolescents and adults is recognised. The Task Force believes there are precedents for how such responsibilities can be managed between two Departments, including through a shared appointment of responsible Ministers of State.

Rationale

- A number of recent, important reviews of child welfare and protection services highlight the importance of access to mental health services for vulnerable children and young people (including children in care, special care and high support, children who have come to the attention of youth justice and children at risk of homelessness). The reviews point to significant deficits in access to, and coordination between, these specialist mental health services and other services for vulnerable children and families.
- There is significant shared client population between children and young people seen by CAMHS and Children & Family Services. The same is true of mental health and youth justice systems. Where children and families have complex needs, it is important that their needs drive a service response, and not the way in which the services are structured. This will call for additional flexibility in all services and professional groups.

- The Ombudsman for Children has identified the importance of mental health services for children and young people.²¹ She stated ‘My office has received complaints regarding the availability of assessments, long waiting lists and delays caused by a lack of clarity about which service providers should assess young people in situations where they may have multiple needs...’ She also expressed concern about the lack of progress achieved to date on the establishment of child and adolescent mental health teams adding that the most recent report of the Independent Monitoring Group on A Vision for Change found the rate of progress to be slow and inconsistent with the resources the HSE had received.
- Some young people have difficulty accessing CAMHS as they tend to operate clinic based services by appointment. Other young people are assessed as not having acute psychiatric needs and are deemed inappropriate despite the fact that they may have a pattern of deliberate self harm and hospital admissions in relation to overdose. Some CAMHS advise that they cannot see young people until child protection issues are resolved but the issues are so interconnected it is difficult to separate the two.
- The Task Force believes that multidisciplinary working is vital for improving outcomes for children and young people. Young people with emotional and behavioural difficulties sometimes fall between services as they may not require the services of a psychiatrist but would benefit from other interventions offered by CAMHS teams (e.g. Marte Meo, brief solution focused therapy, parenting etc) and the services of other professionals on the team (e.g. social work, psychology, SLT, nurse etc).
- The CAMHS service is a medical-led model. Some other jurisdictions have a broader approach, where other professionals act as lead /manager. Determining strict eligibility criteria is not helpful for children as many children with complex needs present with emotional and behavioural difficulties. The Task Force view is that locating CAMHS within this broader professional environment would facilitate a more effective response and a better utilisation of the significant expertise in CAMHS. In turn, CAMHS teams will have better access and connections with a range of professionals and community based services outside of the mental health sector
- The Task Force is particularly concerned that the service is not available on a consistent basis to 16-18 year olds in many areas despite evidence that mental health disorders increase in frequency and severity over the age of 15. Children with similar needs should receive the same level of service. This requires a certain level of standardisation in service delivery and the Task Force’s recommended approach seeks to promote this approach for all services within CFSA.

²¹ Ombudsman for Children (2008) *Submission of the Ombudsman for Children to the Oireachtas Joint Committee on Health and Children Consultation on Primary Medical Care in the Community* at www.oco.ie.

Potential Alternative

The alternative is that CAMHS remain under a health directorate and services are commissioned by the CFSA. This option is not favoured by the Task Force, given the urgent need to deliver a more effective, integrated response to vulnerable children and to integrate CAMHS services with other children and family services

The Task Force notes that currently HSE Children and Family Services and Irish Youth Justice Services are buying specialist mental health services for a small cadre of very vulnerable young people, from private providers. This is expensive and inadequate in terms of planned interventions and continuity of care.

The Task Force believes that CAMHS is an integral service; its immediate inclusion in the CFSA would allow for a more targeted focus for children in need of its specialist services.

Implications of no change

Mental health services will fail to meet the holistic needs of children and young people.

For vulnerable children and young people, the lack of timely access to mental health services can have an irreversible impact on their lives.

In addition, resources will continue to be spent on private provision of mental health services for young people, which cannot meet the ongoing needs of this population.

Failure to meet these needs could represent an unacceptable risk to the state.

2. Public Health Nursing

Description of Services

Public Health Nurses (PHNs) are expected to provide a broad based integrated prevention, education and health promotion service, and to act as co-ordinator in the delivery of a range of services in the community²². PHNs may be allocated to a particular geographical area or client group; the latter basis is used more frequently in larger population areas.

Department of Health Circular 41/2000 outlines PHN responsibilities in relation to children and families. PHNs are also governed under the Child Care Act and as such are obliged to refer any concerns regarding child care to social work services and/or the Gardaí. PHN practice is characterised by an emphasis on public health issues rather than individually focussed clinical interventions.

In relation to children and families, PHNs provide a universal programme of child health care services for all children in Ireland aged 0-12. Some of the services provided by PHNs are described below:

- Promotion of health, welfare and social well-being
- Antenatal health & postnatal care
- Problem identification
- Early risk identification and action
- Early intervention
- Close working & liaison with primary care team & broader services
- Working with vulnerable & disadvantaged groups (*e.g. travellers*)

PHN specific interactions with children & families include: new birth visits; post natal follow up visits; 7-9 month screening; 2 year screening; and, 3 & ½ year screening; screening and surveillance in schools; immunisation campaigns. In addition, PHNs provide antenatal and postnatal care to mothers, home and community clinical nursing, care of the older person, care of vulnerable groups, and nursing care of intellectually and physically disabled persons.²³

Data on the service

Current Structure – PHN and child and family services

- *PHN Team*: Director Public Health Nursing, ADPHN, PHN, Community RGN, Care Assistant
- *Primary Care Network*: GP, Practice Nurse, Occupational Therapist, Physiotherapist, Home Help/support staff, Social Worker, Community Welfare Officer, CNS Community Mental Health, ID services, Public Health Doctors
- *Broader Services*: e.g. Schools, Hospitals, Addiction Services, Sexual Health Services etc.

²² Circular 41 / 2000, DoHC

²³ Community Practitioner November 2011 Volume 84 Number 11

May 2012 Employment Control Census (WTE) figures for PHNs were as follows:

Director of PHN	15
A/Director PHN	142
PHN	1471
Senior PHN (Immunisation)	1
Student PHN (post registration)	73
Total PHNs	1702

The above figures reflect all PHNs delivering services across all client groups and age ranges. The two most significant areas of work for PHNs are young children and frail older people, although nationally representative details regarding workload distribution are not routinely available.

The figures indicate that PHNs work autonomously and have relatively flat management structures.

Wider Developments/Other Considerations

Health and Wellbeing Framework

Review of PHN underway in HSE.

Wider reform around primary care – developments in terms of Primary Care Teams and Networks.

A number of countries have developed health visitor / public health nursing teams dedicated to children and families (e.g. England, Northern Ireland, parts of the USA). Health Visitor Implementation Plan 2011-15 has been launched in the UK. Health visitors are trained nurses or midwives with special training in family and community health who are identified as key to meeting needs of families.

A number of evidence-informed programmes for children and families have been adopted by public health nurses in Ireland and internationally (e.g. Family Nurse Partnership, Community Mothers Programme, Ready, Steady, Grow Programme in *youngballymun*)

Task Force Recommendation

It is the view of the Task Force that the CFSA should directly employ the PHNs providing the child and family component of the service. CFSA as a first step should assume responsibility for a PHN budget and employment control number, based on the proportion of overall PHN workload allocated to children and families.

The PHNs should be *co-located* with the local health service, to avoid fragmenting the service and to maintain professional interaction with other PHN colleagues and other members of the primary care team. The Task Force recognises that this may not always be possible, for example in rural areas, in which case the service may be directly commissioned. However, it considers this to be the optimum approach for this service, especially in geographical areas of high activity. The Task Force

recognises the need for an orderly transfer of the PHN budget and resources to the new agency. It has identified PHNs as a priority service for transfer to the agency.

The Budget and Employment Control Framework number to be transferred to the agency should be included in the current disaggregation and due diligence processes underway for the agency

Rationale

A number of aspects of the public health nursing role/function place them in a unique position vis-à-vis prevention and early intervention for children and families, which also align strongly with the mission of the CFSA:

- The service is universal and often first point of access to services.
- The PHN operates at a level of the community in which s/he has access to community networks (both formal & informal).
- The role has a specific range of functions which bring PHNs into close working with pre-schools, schools and wider community.
- It is viewed as non-threatening and non-stigmatising service from the point of view of parents and families and can therefore take on a unique frontline role with regard to family support, child welfare and protection.
- Because of existing role in child and infant health, developmental checks and school health programmes, PHNs have a unique opportunity to both identify, prevent and participate in early interventions for children and families, focused on child health, welfare and protection issues.
- The considerable interventions of PHNs around ante-natal maternal health (e.g. reduction of alcohol intake, cessation of smoking) and in the post-natal stage (e.g. early identification of depression) directly impact on the welfare and protection of children.
- In the context of primary care teams, PHNs have an opportunity to refer and/or escalate cases to all members Primary Care Team/Network or broader services as required. PHNs should be the link between CFSA and local primary care teams.

PHNs play a key role in identifying child welfare and protection concerns, and in delivering family support. Multidisciplinary team work and interface between PHNs and social workers is of crucial importance to ensure a comprehensive service that delivers required assessments and interventions in line with best practice in child protection.

For the above reasons, the Task Force considers that it is vital that this service is part of the CFSA. The rationale for the recommendation is that the most robust mechanism possible is required in an environment of diminishing resources, particularly when CFS is only one of a number of care groups under the responsibility of PHNs.

Potential Alternative

The CFSA holds the budget for public health nursing for children and families and commissions an agreed quantum of service (from HSE nationally / Primary Care Networks).

The Task Force also considered the option of CFSA agreeing a service level agreement with HSE/ Primary Care Network (where CFSA would not be the budget holder). There were considerable concerns about the robustness of any such service level agreement in an environment of diminishing resources, particularly in this instance where PHNs provide services to a number of different care groups. The demands on PHNs are going to increase significantly as a result of the nation's aging population and increase in child population.

Regardless of organisational location:-

- It is imperative to fully integrate work of PHNs (in terms of children and families) with work of new Agency. The role must be clearly defined both in terms of child and family services generally and specifically vis-à-vis the new Agency.
- There is a need for clear governance and lines of accountability
- The CFSA will need nursing expertise within it to support integration and to provide clinical expertise in the area of child health & welfare; to 'supervise' and monitor the provision of nursing services on whatever basis they are delivered; and to contribute to risk management & quality systems development within the CFSA.

Implications of No Change

The proportion of time spent by PHNs with children is likely to continue to diminish unless they have a ring-fenced focus on children and families.

If the new agency does not direct and fund this universal service, the vision for the new agency would be compromised, diminishing the capacity of the agency to deliver on its mandate in terms of prevention and early intervention.

In all the circumstances, it is probable that driving the development of a strong and holistic service for children (i.e. beyond strictly child health measures) will take a back seat to other demands on the service.

Risks associated with implementing the Task Force proposal

- There could be concerns about implementing this approach in rural areas – it will need a planned and possibly, an incremental, approach utilised
- There could be concerns that a reduced number of PHNs for adult services will impact on other important functions. This issue needs to be transparently and objectively addressed from the outset.
- There is a need to ensure governance arrangements for screening and immunisation take account of new structures and are watched during the transition period

It is clear that significant work is required to develop an agreed strategic direction for PHNs, revised organisational arrangements that reflect the establishment of the CFSA and agreement on priority interventions and outcomes to be delivered. This work should build upon the strengths of PHNs as an accessible service based with local primary care settings.

3. Speech and Language Therapy

Description of service

Speech and language therapists (SLTs) work with people of all ages however a significant number work with children, particularly in primary and community care settings. Some SLTs specialise in areas including disability, mental health, acquired brain injury etc. It would appear that services for children in the community are better developed than adult services (as historically adult services have been provided by hospitals). While some SLTs in community settings do see adults it is the understanding of the Task Force that the majority work exclusively with children (0 – 18 years).

SLTs work in close partnership with children and parents. They typically work as part of multidisciplinary and multi-agency teams alongside other professionals across health (e.g. public health nurses, psychologists and other allied health professionals), social services (e.g. social workers, family support workers and child care workers) and education (e.g. teachers, educational psychologists and special needs assistants). For example, a diagnosis of specific language impairment requires assessment by a psychologist and a speech and language therapist. Intervention can include a therapist working alongside a teacher in a school setting.

In general, SLT services are clinic based but therapists also provide pre-school and school visits as appropriate. Some areas provide services in local pre-schools (e.g. the Childhood Development Initiative in West Tallaght). Therapists also work in a preventative / health promotion capacity advising parents and others on how to facilitate children's communication skills. While therapy is often offered on a contract basis, research shows that some children require long term intensive interventions.²⁴

The SLT process begins with assessment of all aspects of the child's speech, language and communication. Following this, the SLT determines whether the child requires direct work (e.g. individual or group therapy) or indirect work (e.g. provision of a programme to be carried out at home by the child's parent or perhaps in school by a resource teacher). SLTs work with children and young people at all levels outlined in the Hardiker Model²⁵ from Level 1 (universal services) to Level 4 (children and young people who are out of home and perhaps in custody). They have a role with young people as regards supporting their relationships at home, with foster parents or with care staff. While placement breakdown is often attributed to 'out of control behaviour,' some of this may be attributed to poor communication between young people and adults. SLTs can work with young people and the adults in their life to promote positive communication including problem solving and conflict resolution. Enhancing communication skills is a central component in many evidence

²⁴ Glogowska M et al (2002) 'Randomised Controlled Trial of Community Based Speech and Language Therapy in Pre-School Children' in *British Medical Journal* Vol 321, Issue 7266 (923-926).

²⁵ Hardiker P et al (1991) *Policies and Practice in Preventive Child Care* Aldershot: Avebury.

programmes for children with emotional and behaviour difficulties (e.g. Marte Meo).²⁶

SLT services have an open referral system so parents can refer. Young children are predominantly referred by public health nurses while older children tend to be referred by psychologists or teachers.

Data on the service

The organisation structure of speech and language therapy services is similar to other therapy grades (i.e. basic, senior, clinical specialist and manager). SLTs are managed within their profession and the SLT manager has traditionally reported to the general manager in Community Services. The 2001 primary care strategy placed SLTs in networks but in practice most SLTs are on primary care teams (see data on service below). SLT managers in primary and community care manage the community service and some also have responsibility for specialist SLT services (e.g. SLTs in specific language impairment, CAMHS, disability services, adult services etc). There is no national director of SLT but a national SLT managers' group meets regularly.

SLT has a number of funding streams (e.g. primary care, disability etc). The latest statistics from the Department of Health indicate that the total number of SLTs in Ireland as of the end of April 2012 were 826.18. Approximately half (454.4) work in primary and community care settings.

²⁶ http://www.hse.ie/eng/services/News/newsarchive/2011archive/Oct2011/Launch_of_HSE-funded_report_on_a_programme_for_parents_of_children_with_communication_and_developmental_difficulties.html

Sum of Total WTE excl. Career Break		Date Data Relates To
Care Group	Program Type	30/04/2012
Acute Hospitals	Acute General Hospitals	123.46
	Children's Hospitals	5.45
	Eye and Ear Hospitals	0.57
Acute Hospitals Total		129.48
Cancer Services	Cancer Services	1
Cancer Services Total		1
Children & Families	Children & Families (General)	9.79
	Children & Families (Regional)	1
Children & Families Total		10.79
Disabilities	Disabilities	167.2
	Disabilities (intellectual)	6
Disabilities Total		173.2
Mental Health	Mental Health (Child & Adolescent)	13.7
	Mental Health (General/ Acute)	10.81
Mental Health Total		24.51
Older People	Older Persons (Community)	5.33
	Older Persons (Residential)	11.7
Older People Total		17.03
Primary Care	Primary Care Teams	41.78
	Primary/ Community Care	412.62
	Rehabilitation Hospitals	14.77
Primary Care Total		469.17
Social Inclusion	Social Inclusion	1
Social Inclusion Total		1
Grand Total		826.18

Task Force Recommendation

The Task Force's view is that children who require speech and language therapy should be able to access it at the lowest level of service need. Children with more complex needs should also be able to access the service quickly whether that is in primary care or through a specialist team.

The CFSA should directly employ the SLTs providing the child and family component of the service. This includes SLTs that are part of specialist teams such as CAMHS and the new Assessment, Consultation and Therapy Service (ACTS). CFSA should, as a first step, assume responsibility for a SLT budget and employment control number, based on the proportion of overall SLT workload allocated to children and families **in primary and community care** (this would not include SLT services to specialist disability services or hospital based SLTs).

The SLTs should be **co-located** with the local health service to avoid fragmenting the service and to maintain their professional identity and interaction with other colleagues and primary care teams.

Rationale

Speech and language difficulty is very common in children²⁷ and as stated previously is the most frequent developmental disorder in abused and neglected children.

Children identified by child protection and welfare systems are seldom tested for language delay and often do not receive intervention²⁸ despite the fact that neglect has 'the most potent effects on language development.'²⁹

Early intervention is essential so that children can achieve the best possible outcomes. If unresolved, speech and language difficulties can lead to any or all of the following: difficulties making and sustaining friendships;³⁰ social isolation;³¹ school failure;³² mental health problems;³³ antisocial and criminal behaviour.³⁴

Potential alternative

A potential alternative is the development of a strong interface (potentially in the form of a Service Level Agreement or a Memorandum of Understanding) between CFSA and HSE about SLT services for children. The HSE will continue to be the budget holder and employer for SLT (unlike the Task Force recommendations relating to PHN and CAMHS).

²⁷ Boyle J (2011) 'Speech and Language Delays in Pre-School Children' in *British Medical Journal* at <http://www.bmj.com/content/343/bmj.d5181.short>.

²⁸ Stacks A et al (2011) 'Effects of Placement Type on the Language Development Trajectories of Maltreated Children from Infancy to Early Childhood' in *Child Maltreatment* Vol 14, Issue 4 (287-299).

²⁹ Law J and Conway J (1991:21) *Child Abuse and Neglect: The Effect on Communication Development* London: Afasic.

³⁰ Conti Ramsden G et al (2002) 'Different School Placements following Language Unit Attendance: Which Factors Affect Language Outcome?' in *International Journal of Language and Communication Disorders* Vol 34, Issue 2 (185-195).

³¹ McCabe P and Marshall D (2006) 'Measuring the Social Competence of Pre-Schoolers with Specific Language Impairment' in *Psychology in the Schools* Vol 42 (373-387).

³² Lindsay G et al (2002) Educational Provision for Children with Specific Speech and Language Difficulties in England and Wales <http://89.28.209.149/fileLibrary/pdf/speechlangjuly02.pdf>.

³³ Van Daal J et al (2007) 'Behaviour Problems in Children with Language Impairment' in *Journal of Child Psychology and Psychiatry* Vol 48, Issue 11 (1139-1147).

³⁴ Beitchman et al (1996) 'Linguistic Impairment and Psychiatric Disorder' in Beitchman et al (eds) *Language Learning and Behaviour Disorders: Developmental, Biological and Clinical Perspectives* Cambridge: University Press.

The Task Force also notes that the CFSA needs some SLT expertise given the research evidence that speech and language difficulty is the most frequent developmental disorder in abused and neglected children.³⁵

The CFSA could employ a number of SLTs to ensure that the children can access the service quickly as lengthy waiting lists operate in many primary and community care clinics (In some areas, children can wait up to a year for assessment before being placed on another waiting list for therapy).

Implications of no change

- Access to SLT will remain an issue, particularly for vulnerable children
- Without a SLT service, the response offered by CFSA to children will be incomplete. As is the position with mental health services, speech and language therapy is currently sourced privately by Children and Family Services and Irish Youth Justice Service (e.g. for children in special care and detention).
- The new agency will have a remit around emotional, behavioural and social needs of children and young people. SLT is a critical component of a prevention and early intervention approach to addressing those needs.

³⁵ Sullivan P and Knutson J (2000) 'Maltreatment and Disabilities: A Population Based Epidemiological Study' in *Child Abuse and Neglect* Vol 24, Issue 10 (1257-1273).

4. Psychology in Primary and Community Care

Description

This service provides both psychological assessment (individual and family, psycho-educational, risk, trauma, parenting capacity) and intervention (anxiety and depression; emotional and behavioural regulation; adjustment disorder; coping with serious childhood illness; eating, sleeping and toileting difficulties; bereavement, separation and loss issues) to children and families.

The provision of the psychology service varies across Ireland. In some areas the service covers children aged 0-18 and their families. In other areas psychology services are provided across the lifespan or can be limited to the adult population depending on current resource provision. Some areas have no primary care psychology posts.

Referrals come from a broad range of sources including GPs, PHNs, Paediatric hospitals, occupational therapists, SLTs, physiotherapists and other community service providers including schools. Parents can self refer to some of the psychology services.

Social work referrals are typically prioritised on psychology service waiting lists. In most regions there are no formalised structures for active collaboration and liaison between social work and psychology services. Consequently input from psychology services tends to be sought when a crisis situation arises. In areas where a collaboration process has been formalised, psychologists and social workers meet on a regular basis to discuss pre-referral, allowing for appropriate referrals to be made.

Data on the service

In general, psychology services within the HSE are managed by director / principal psychologists.

Child psychology services were traditionally based in community care or sometimes managed based on central departments, but in recent years many of these posts were reconfigured to become part of primary care networks. However, in some areas, services offered to children and adolescents may still be delivered through Community Care Services.

The monthly census of health service personnel maintained by the Department of Health indicates that as of 30th April 2012 there were a total of 756.7 WTE psychologists employed in the HSE. Further clarification will be sought on the numbers of psychologists working with children and families and the budget for same.

Task Force Recommendation

The Task Force recommends that psychology services should be directly provided by the CFSA. It has identified psychology services as a priority service for transfer to the agency.

It is assumed that psychologists included in the HSE Child and Family services budget and headcount should transfer to the new Agency from establishment day (we understand a small group have been identified in this category). They could continue to be co-located in local settings.

Other psychologists working with children and families, whose posts were reconfigured into primary care in recent years, should revert to child and family services in the new Agency. The location of personnel should continue to be at the lowest and most accessible level within primary and community services.

Given that the structure and configuration of psychology services varies across the country, and the different way in which primary care services have developed, the Task Force recommends that a plan be developed for the transfer of psychology services for children and families within each ISA.

The Task Force acknowledges that in some areas psychology services are provided across the life-span, or indeed can be limited to the adult population. Psychologists providing adult only services should remain in the HSE.

Rationale

- The Task Force believes that psychology services are an integral service for the new Agency; its inclusion in the CFSA would allow for a more targeted focus for children in need of its specialist services, as well as offering services to children at all levels of need.
- The significant support which is provided to parents and families by the psychology service is central to the Agency's intended remit of having responsibility for the overall wellbeing of both children and families.
- Psychologists working in the community, in the main serve children (0-18 years) and their families. The services range from prevention and early intervention to children with acute needs, which fits with the vision and range of services envisaged for the new Agency.
- Including psychologists in multi-disciplinary teams within the new Agency would produce more integrated working and improve outcomes for children, particularly vulnerable children
- Including psychologists in the new Agency would increase the range of services available from the new Agency for children and families at early stages of need, ensuring that outcomes for children and families are improved. This should enable needs to be met earlier and reduce escalation of needs and avoid the over-representation of these children and families in more specialist and high cost services.
- Psychologists provide an essential service for vulnerable children and families with complex needs.
- Piecemeal nature of the current approach, often coming late in the timeline of HSE intervention as part of a crisis response, contributes to poor integration of psychological perspectives, duplication of effort and a lack of

continuity of psychological care. This is an opportunity to develop psychological services in a way that is more sustainable and effective.

- Better communication and collaborative working between psychologists and other child and family disciplines (such as social workers and public health nurses) is of critical importance to children and families, and should provide a more child-centred service
- It will allow for the development of cross disciplinary expertise in areas that are not presently well understood.
- In a 2010 Review of Psychology Services in the HSE, the Review Group noted “the extent of psychology representation on multi-disciplinary teams varies across care groups... and there is almost no dedicated provision in Child Welfare and Protection.”
- The Review notes that given their understanding of the impact of neglect, abuse and trauma and their background in child development, attachment, family functioning and risk assessment, psychologists are well placed to address the therapeutic needs of vulnerable children.
- The Review therefore recommends “the development of dedicated psychology provision in multi-disciplinary teams in child welfare and protection, alternative care and high support services,” as, “psychology in the context of a dedicated multi-disciplinary care provision, has a key role in providing evidence based rationale and a comprehensive formulation contributing to clear decision making, case management, care planning and timely interventions aimed at safeguarding and achieving better outcomes for vulnerable children.”

Potential Alternative

- The alternative is that psychology services remain under a health directorate and services are commissioned by the CFSA. This option is not favoured by the Task Force, given the urgent need to deliver a more effective, integrated response to vulnerable children and to integrate psychology services with other children and family services
- The Task Force notes that currently HSE Children and Family Services and the Irish Youth Justice Service are buying specialist psychology services for a small cadre of very vulnerable young people from private providers. This is expensive and inadequate in terms of planned interventions and continuity of care.
- The Task Force also notes the lack of a national service model for psychology with different approaches around the country.

Implications of no change

- Psychology services will fail to fully meet the needs of children and young people.
- For vulnerable children and young people, the lack of timely access to psychology services can have an irreversible impact on their lives.

- In addition, resources will continue to be spent on private provision of psychology services for young people, which cannot meet the ongoing needs of this population.

5. Garda Youth Diversion Projects

Description

The Garda Diversion Programme is the first level of response to youth crime. The programme was first established in 1963 and now operates on a statutory basis under the Children Act 2001. It involves early intervention by a Garda juvenile liaison officer (JLO) for those young people who admit their involvement in a criminal offence. A caution without supervision is generally given for a first offence or a repeat minor offence. The Gardaí can also formally caution young people and place them under a period of JLO supervision. As part of a caution, a child may agree a number of actions including apologising to the victim, some form of compensation or a curfew. Children on the programme may also be referred to **Garda Youth Diversion Projects** (GYDPs) as one discrete element of the wider programme.

Garda Youth Diversion Projects are community based initiatives which aim to divert young people from becoming involved or further involved in antisocial and/or criminal behaviour by providing suitable activities to facilitate personal development and address young people's areas of risk / need.

Data on service

The GYDPs are funded by the Irish Youth Justice and administered through the Garda Office for Children and Youth Affairs. There are 100 GYDPs in Ireland with approximately two staff per project. Staff are directly managed and supported by 38 youth organisations (e.g. Foróige, Catholic Youth Care etc) and independent management companies.

The number of young people participating in GYDPs has increased steadily over the lifetime of the National Youth Justice Strategy 2008-2010.³⁶ The gender breakdown is approximately 70% male and 30% female.

	2008	2009	2010
Total	4457	4922	5480

Table 1: Total number of young people participating in GYDPs 2008-2010

Task Force Recommendation

Garda Youth Diversion Projects are provided by NGO youth service providers. These same providers also receive considerable funding from DCYA under five funding schemes for youth services and projects. A policy review and value for money review of these services is scheduled by DCYA. The Task Force is of the view that future funding and oversight arrangement for GYDPs should be aligned with funding and oversight of broader youth services funded by DCYA, and that their future funding and oversight arrangements should be considered once these reviews are complete.

³⁶ According to IYJS annual reports 2008 - 2010, figures are not yet available for 2011.

In the interim, consideration should be given to GYDPs being brought under the remit of the Minister for Children and Youth Affairs (they are currently co-located with DCYA), given the need for an integrated framework for youth services and youth diversion.

The Task Force acknowledges that GYDPs are a critical component of a youth justice response and that the outcomes sought – crime prevention – should not be diluted in any realignment. Close cooperation with the Gardaí (who will retain responsibility for the Garda Diversion Programme) will continue to be required.

Rationale

There is a need to consolidate youth service provision and funding, and to clarify policy aims of government-funded youth service provision. Youth services and GYDPs are provided by the same NGO youth service providers, often operating out of the same premises managed by some of the same teams.

GYDPs which are at the prevention and early intervention end of youth justice are needed to ensure that the Department can meet the needs of young people at risk of crime (at an early stage) who almost always have a range of other complex needs. There should be close collaboration between structures for overseeing all youth services and the new Agency to ensure outcomes for youth providers include their contribution to supporting ‘at risk’ young people within local community settings.

Potential Alternative

The alternative is to leave the GYDPs as part of the Department of Justice and Equality.

Implications of no change

The potential for closer working between GYDP youth and children and family services (social work, etc) will be missed.

6. Young Persons Probation

Young Persons Probation (YPP) is a division of the Probation Service working with young people under 18 years of age who come before the Courts. The YPP works with approximately 600 young offenders nationally. As part of the role in working to reduce offending, the YPP has responsibility for the implementation of certain provisions under the Children Act 2001.

Description of Service

The YPP Service works within the Children's Court providing advice, assessments and supervision of orders to ensure the continued operation of its function under the Children Act 2001. In order to do this, partnerships are necessary with the HSE, An Garda Síochána and the children detention schools so that the court is provided with the best available information to inform decision making. Where detention is deemed necessary, YPP assists in the through-care of the young person at the point of entry to detention, during the young person's detention and on return to the community.

The Probation Service funds a number of community based organisations (CBOs) to develop and deliver services in their communities to meet local needs and to enhance its work in changing offending behaviour. The network of projects play an important role for the Probation Service, in addition to the work of mainstream services, by adding a further dimension to services and supports the Probation Service can offer offenders and their communities in reducing re offending and increasing public safety.

Many offenders under the supervision of the Probation Service have complex needs such as alcohol or drug problems, literacy skills, and social skills. These offenders require a broad range of support and assistance in the community if they are to make better choices for themselves and their communities. There are also specialised initiatives and support services delivered by community based providers such as restorative justice, mentoring and sex offender programmes.

Services to troubled and troublesome young people and their families includes support and advocacy for the young person by YPP officers, offending behaviour work, restorative justice interventions incorporating victims and their perspectives, volunteer mentoring to develop pro-social thinking and behaviour, mentoring support for parents, addiction interventions, social and vocational skill development, adventure sports and activities and counselling

Data on Service

Statistics for YPP	2008	2009	2010
Referral for Probation (Pre-Sanction) Reports	912	1038	979
Referral for Community Service Reports	36	42	36
Family Conference	35	32	28

Table 2: Statistics relating to the numbers of Young People in YPP

Task Force Recommendation

The Task Force recommends that the YPP Service remains under the remit of the Department of Justice and Equality for now. Its potential inclusion in the CFSA should be reviewed at a later date. In the meantime, the Probation Service should constitute a key partner of the CFSA in pursuing collaborative outcomes.

7. Children Detention Schools

There are three children detention schools in Ireland, all based on the Oberstown campus in Lusk, Co Dublin. They can potentially accommodate 52 children:

- Oberstown Boys' School (current operational capacity: 20),
- Oberstown Girls' School (current operational capacity: 8),
- Trinity House School (current operational capacity: 16 – the closure of a unit on 31/08/2011 has temporarily reduced Trinity House School's occupancy from 24 to 16).

Description of service

The children detention schools were originally established as reformatory schools under the Children Act 1908 and managed by the Department of Education. On 1 March 2007, they became known as children detention schools under the Children Act 2001 and transferred to the Department of Justice. On 1 January 2012, the Minister for Children and Youth Affairs assumed responsibility for them.

Since 1st May 2012, all newly remanded or sentenced 16 year olds are now detained in the children's detention facilities at Oberstown rather than being sent to St Patrick's Institution. The Minister has also indicated her intention to end the practice of sending 17 year old boys to St Patrick's within the next two years. Capacity on the campus is 44 male places and eight female places. The children detention schools are now authorised to detain boys up the age of 17 and girls up to the age of 18. On 2 April 2012, the Minister for Children and Youth Affairs announced the following:

- Approval of approx €50 million over three years in capital funding to undertake the National Children Detention Facility Project at Oberstown. This will include six new detention units and associated education and training facilities.
- The delivery within two years of sufficient new facilities at Oberstown to accommodate all children subject to detention by the courts ending the requirement for anyone under 18 to be sent to St Patrick's Institution.
- From 1 May 2012, assignment of responsibility for the detention of newly remanded or sentenced 16 year old boys to the children detention schools in Oberstown.
- Enhanced provision of specialist therapeutic services for children in residential institutions in both the children detention schools and special care units operated by the HSE. A specialist multidisciplinary service is being established for this purpose with the recruitment of a director for this service already underway.
- The introduction of amendments to the Children Act 2001 to provide for the management of all facilities on the Oberstown campus (i.e. the three CDS) on an integrated basis.

Data on the service

The Irish Youth Justice Service funds the children detention schools. It reports that the staff complement is 235 across the three schools. Each school has its own management structure (e.g. unit managers, deputy directors and director). The appointment of a campus director to manage the integrated facility has been recommended.³⁷

Approximately 120 children are placed in the children detention schools each year. IYJS reports indicate the following:

2008	2009	2010	2011
123	114	125	122

Table 3: Number of Young People placed in Children Detention Schools 2008-2011

Task Force Recommendation

The Agency should manage the children detention schools directly. CDS staff and budget should transfer to the Agency as soon as is practical (legislative change may be required) and safe to do so. The Task Force would ideally like this transfer to take place on establishment day for the new Agency.

The Task Force notes that there is an ongoing review of High Support and Special Care and work is underway to strengthen the capacity of these services. The Task Force is of the view that special care and youth justice services should be integrated over time.

Rationale

The Task Force believes that there should be a continuum of services for young people and a single framework to deal with children's needs and deeds. The Task Force acknowledged the similarities between young people who are placed in special care and detention. The Task Force also identified the paradox that some children in special care do not need therapeutic services but a period of control to stabilise extreme antisocial behaviour. It also highlighted examples of young people who commit serious offences but who are not prosecuted because their welfare needs are seen to be paramount.

There are considerable overlaps between welfare and justice. In 2011, over 60% of young people detained had active social work involvement at the time of detention with 36% in HSE care.³⁸ Children known to child protection and youth justice are a

³⁷ Public Appointment Service (2010) *Review of Senior Management Structure in the Provision of Services at the Oberstown Campus: Report prepared by the Public Appointments Service on behalf of the Irish Youth Justice Service* at <http://www.iyjs.ie/en/IYJS/Public%20Appointment%20Service%20Review%20of%20existing%20structures.pdf/Files/Public%20Appointments%20Service%20Review%20of%20existing%20structures.pdf>.

³⁸ Irish Youth Justice Service (2012) *Child Protection and Youth Justice Crossover Cases: Children in Care in Detention* Dublin: IYJS

vulnerable and costly group.³⁹ They require a more intense and costly service provision than other young people who are known to each system individually. They should be identified as early as possible and provided with targeted supports and services so that their outcomes can be as positive as possible. Bringing welfare and justice systems together would create better efficiencies and more effective services. A radical redesign of the whole system is recommended which would necessitate a major overhaul of the legislation. There should be a continuum of services under one framework to meet needs and deeds. The task is not as simple as just putting the services together and requires appropriate planning and development.

Minister Fitzgerald has signalled her intent to 'examine further scope to achieve a shift towards a new joined-up approach to special care and youth justice services.'⁴⁰ Such a shift would enable a single framework to deal with children's 'needs and deeds' as envisaged by the Youth Justice Review published in 2006.⁴¹ This report states that 'the significant links between the two areas to justify a united approach to service delivery' and that such an 'all encompassing service would be best located in a care and social services setting as is the practice in many other jurisdictions.' While there wasn't a structure deemed appropriate at the time, the establishment of the CFSA may provide the opportunity to incorporate a unified care and justice service. The Ryan Implementation Plan (2009) also highlights the similarities between special care and detention and recommends the development of a shared multidisciplinary team between both systems.⁴² This new service the Assessment, Consultation and Therapy Service (ACTS) is due to be established under the Ryan Implementation Plan and will be part of the CFSA.

Potential Alternative

The alternative option is to rely on the shared Assessment Consultation and Therapy Service (ACTS) to provide the necessary integration. The Task Force does not believe this is sufficient.

Implications of no change

The children detention schools remain under the remit of DCYA.

³⁹ Johnson Reid M and Barth R (2003) 'Probation Foster Care as an Outcome for Children exiting Child Welfare' at <http://library.adoption.com/articles/probation-foster-care-as-an-outcome-for-children-exiting-child-welfare-foster-care.htm>.

⁴⁰ <http://www.dcy.gov.ie/viewdoc.asp?DocID=1842>.

⁴¹ Government of Ireland (2006:8-9) *Report of the Youth Justice Review* at [http://www.dcy.gov.ie/documents/Youth Justice/Youth-Justice-Review.pdf](http://www.dcy.gov.ie/documents/Youth%20Justice/Youth-Justice-Review.pdf)

⁴² Office of the Minister for Children and Youth Affairs (2009) *Commission to Inquire into Child Abuse Report: Implementation Plan* Dublin: Stationery Office.

8. Domestic and Sexual Violence Services

This is a cross-departmental and multi-agency issue where policy is co-ordinated by Cosc (the National Office for the Prevention of Domestic, Sexual and Gender-based Violence) and services are delivered or funded through the HSE.

Description of the Service

The HSE funds 20 Refuges, 25 Support Services and 16 Rape Crisis Centre as well as two National Networks.

Data on the Service

Cosc, the National Office for the Prevention of Domestic, Sexual and Gender Based Violence, was established in 2007 to ensure the delivery of a well –coordinated “whole of government” response to domestic, sexual and gender-based violence. Cosc’s role covers co-ordination across the justice, health, housing, education, family support and community sectors.⁴³

The HSE, through the Director of the Children and Families Programme, is the main funder. Total funding allocation from the HSE to the sector was €19.455m in 2010. This expenditure is embedded in local budgets, in the Children and Family category, but also across other Care Groups e.g. Social Inclusion. Other government departments may provide funding where relevant.

The HSE also funds a number of Sexual Assault Treatment Units (SATUs). In 2007, an additional €1.5million was allocated to the SATUs to assist towards the implementation of the recommendations of the national review which was commissioned by the Department of Health and Children.

Currently, the National Director of Children and Family Services has the lead responsibility for implementation of the HSE Policy and HSE Actions within the National Strategy on Domestic, Sexual and Gender-based Violence. Each Area in the country has appointed designated officers in Domestic, Sexual & Gender-based Violence (8). These appointments are part- time with 4 posts located within Children & Families Services, 3 located in Health Promotion and 1 recently appointed from Social Inclusion. A significant aspect of the current role of Designated Officers is to support the running of 8 Regional Inter-agency Advisory Committees for Violence against Women.

Additionally, the HSE, through its primary care and hospital services, manages the significant impact of Domestic Violence and/or Sexual Violence on the health and well-being of victims. HSE staff and allied health professionals e.g. primary care teams, practice nurses, general practitioners, family support workers, social workers, social care workers, public health nurses, hospital staff etc. provide a range of services to women and children experiencing domestic violence and/or sexual

⁴³ www.cosc.ie

violence. It is important to recognise the huge and valuable contribution that all of these services and practitioners make in the area of Domestic Violence and/or Sexual violence.

2009 National Activity Levels/Delivered by NGOs

2,237 women availed of crisis refuge

4,207 children availed of crisis refuge

4,107 women availed of crisis refuge outreach services

3,492 women availed of support services

DSV services have strong links with services migrating from the Family Support Agency (including relationship counselling)

Task Force Recommendation

There are three strands to the recommendation:

I. Service Delivery

DSV services are currently provided through HSE Children and Family Services and Social Inclusion. The Task Force recommends that all DSV services move with CFS to the new agency, with the exception of SATUs, which should remain unchanged. It is important that the total resource currently allocated to the services moves with CFS along with the responsibility for service delivery. The Task Force recognises that this recommendation will result in the Agency having responsibility for services that are outside of its intended remit, given that DSV is a service for adults. However, DSV services are considered important to the work of the Agency due to the significant impact domestic violence has on children's welfare.

II. Funding

Following on from above, funding should be transferred from the HSE to the DCYA Estimate in order to stream line reporting arrangements for the Agency.

III. Policy

The Task Force noted that the national strategy runs until 2014. There was general agreement that responsibility for this should remain at the Department of Justice and Equality c/o Cosc in order for Cosc to be able to build on work done to date. Co-location was mentioned as an option to strengthen ties with the funding department.

Rationale

Domestic and/or Sexual Violence have significant negative effects both in the short and long term for individuals, families and society. Research shows that children are often present when this violence is taking place. Witnessing domestic violence is considered a form of emotional abuse. Children who witness domestic violence may exhibit a range of symptoms, including behavioural, emotional or social problems, as

well as delays or regression in cognitive or physical development.⁴⁴ The recently published Report of the Independent Child Death Review Group found that there was domestic violence in 30 cases.

National and international research also indicates that there is a strong correlation between domestic violence and child abuse, with the two often coexisting in the same family. In such cases, the best ways to protect children and assist them in recovering from the violence is to support the mother to parent in a violence-free environment.⁴⁵

The initial view was that the DSV needs to have one champion who holds both the policy and the funds. Although, responsibility for addressing DSV lies with a number of organisations, there should be one overall owner. However, this might give a false impression to some parties that they no longer have any responsibility for DSV.

A robust co-ordinating mechanism will be needed to continue the appropriate multi-organisational approach. The cross-cutting and co-ordinating experience of the former OMCYA was noted in this regard.

There needs to be a clear line of accountability from the services to the funders / policy makers back to Government, and a reduction in the multiplicity of such lines which are currently in place.

Potential Alternative

No change to DSV management and funding.

Implications of no change

Given the clearly identified link between domestic violence and poor outcomes for children, there is a risk that DSV services are not sufficiently responsive to the needs of children at risk.

Traditionally DSV services have been closely aligned with HSE Child and Family Services, given the shared client population. If DSV does not become part of the new Agency, there is a risk that the service does not have a champion and becomes a 'Cinderella' service.

Current governance arrangements are inadequate and unsustainable.

⁴⁴ Kelleher and Associates and O'Connor, (1995), *Making the Links: Towards an integrated strategy for the elimination of violence against women in intimate relationships with men*. Women's Aid, Ireland Women's Aid, (2003), *Child custody and access in the context of domestic violence*, Dublin and WHO (2002), op cit

⁴⁵ *ibid*

9. Hospital Social Workers

Description of the Service

Relevant hospital social workers are located in maternity hospitals/maternity units in hospitals and paediatric hospitals /paediatric units located in acute hospitals

Data on the service

There are 264.29 social workers in acute hospitals. The figure for those working with children in paediatric units located in acute hospitals is not available.

There are 117.11 medical social workers employed in hospitals at present but many of these would not be working with children.

Task Force Recommendation

Hospital social workers are employed across a range of HSE and voluntary hospitals. The CFSA should be provided with an additional budget resource allocation to allow for the commissioning / purchase of Hospital Social Worker services. Hospital Social Workers would continue to be employed by the HSE and voluntary hospitals. In addition, the CFSA should provide continuous professional development (CPD) to ensure professional leadership and support, and a budget should transfer for this purpose.

Rationale

- The hospital social workers would act as the bridge between hospital's and children's services at a critical point in children's lives.
- They work with agency target group
- Seamless service

Potential Alternative

Hospital social workers continue to come under the remit of the HSE and the voluntary hospitals.

Implications of no change

- There is a risk of follow through work not happening if the hospital social workers are not linked to the CFSA.

10. National Education and Welfare Board

Description of the Service

The National Educational Welfare Board (NEWB) was established in 2002 under the Education (Welfare) Act, 2000, a progressive piece of legislation that emphasises the promotion of school attendance, participation and retention. In June 2011, the functions of the National Educational Welfare Board transferred to Department of Children and Youth Affairs.

The various strands of the NEWB are the School Completion Programme (SCP), the Home School Community Liaison Scheme (HSCL) and the Educational Welfare Service (EWS).

- **School Completion Programme**

The School Completion programme (SCP) is targeted at young people between the ages of four and 18 years who are at risk of early school leaving. The SCP is mainly aligned to DEIS schools but there are also a number of non-DEIS schools that also benefit from the service. The objective of the SCP is to provide a range of interventions and supports including breakfast clubs, mentoring programmes, counselling and other out of school initiatives.

- **Home School Community Liaison Programme**

The Home School Community Liaison programme (HSCL) is a school-based preventative strategy that is targeted at pupils who are at risk of not reaching their potential in the educational system. The underlying policy of the scheme is one that seeks to promote partnership between parents and teachers. The purpose of this partnership is to enhance pupils' learning opportunities and to promote their retention in the education system. It focuses directly on the adults in children's educational lives and seeks indirect benefits for the children themselves. It involves the designation of teachers in schools who take the lead in this work.

The two main elements of the programme are:

1. Building partnerships between parents and teachers in the interests of children's learning (home visits, courses, encouraging parental involvement with school)
2. working with staff in schools to develop / encourage partnership with parents

- **Educational Welfare Service**

The Educational Welfare Service operates through five regional teams, each of which is headed by a regional manager who leads a number of senior educational welfare officers, who in turn manage a team of educational welfare officers (EWOs). EWOs are located in the most disadvantaged areas and they prioritise children who are out of school and who have no school place. The Educational Welfare Service gives priority to children attending DEIS schools. The Department of Education's DEIS (Delivering Equality of Opportunity in Schools) initiative is designed to ensure that the most disadvantaged schools benefit from a range of supports, while ensuring

that other schools continue to get support in line with the level of disadvantage among their pupils.

Data on the Service

School Completion Programme

The SCP is overseen by a National Coordination Team who advise, monitor and support the local projects and retain oversight of the area-based retention plans. In 2009 there were 124 local projects employing 251 full time project staff and 3,400 sessional and part-time staff. Each of the 124 local SCP projects has a management committee with representatives of the schools principals, HSCL, parents, local community which manages the direction of the project and the use of resources.

Home School Community Liaison Programme

The service is co-ordinated by a National Team comprising three national coordinators who provide leadership, direction, training development and co-ordination to the 450 Local HSCL coordinators who are employed in DEIS (Delivering Equality of Opportunity in Schools), primary and second level schools around the country. All members of HSCL are teachers.

Educational Welfare Service

The NEWB's educational welfare service was provided from 31 locations nationwide in 2009, and 90 members of staff are directly involved in service delivery. The Board has currently 109 sanctioned posts.

Task Force Recommendation

The NEWB should transfer to the CFSA. Subject to legislation, budget responsibility should transfer from establishment day.

The home school liaison officers should continue to be employed by their schools. However, the CFSA should be provided with an additional budget resource allocation to allow for the commissioning / purchase of HSLO services.

Rationale

- Education is a key enabler to help children enjoy their childhood, realise their full potential and make a valued contribution to the economic, social and cultural life of their community.
- Non-attendance at school is a strong indicator of overall child welfare and a determinant of education outcomes. Therefore the functions of the NEWB and its three strands are critical to the work of the Agency, as this service frequently represents the first opportunity for prevention and early intervention in a child's life.
- High levels of absenteeism can lead to poor achievement and poor educational outcomes. Children who leave school early tend not to reengage with education subsequently and therefore remain at a disadvantage throughout their lives. The costs to the State and society can include an

increased risk of involvement in antisocial behaviour and crime, and poorer physical and mental health. Maintaining school attendance for children and young people is therefore crucial.

- The focus on educational welfare, as one of the key outcomes for children, should be retained in the transfer.

Potential Alternative

NEWB remains under the remit of the Department of Children and Youth Affairs.

Implications of No Change

International best practice indicates that the best outcomes for at risk children are achieved through multidisciplinary working with high levels of communication, collaboration and integration. If the functions of the NEWB do not transfer to the CFSA, the vision for the new agency will be compromised, diminishing the capacity of the agency to deliver on its mandate in terms of prevention and early intervention.

Appendix 3 Population data

Ireland: Children in the care of the State, July 2011.

Placement type	Number	Rate per 100,000 population
Foster care not including day fostering	3,788	342
Foster care with relatives	1,796	162
Total foster care	5,584	504
Children's Residential Centre	463	42
Other care placements	161	15
Total children in care	6,208	561

Source: HSE Monthly Performance Report, July 2011, CSO Population Estimates (2009)

* Rate based on 2009 population figures

Ireland: Children in the care of the State at 31 December 2008.

Placement type	Number	Rate per 100,000 population
At home under care order	38	4
Family-based care		
Foster Care – General	3,134	289
Foster Care – Special	27	2
Foster Care – Relative	1,581	146
Pre-adoptive placement	24	2
Family based care total	4,766	439
Residential care		
Residential – General	328	30
Residential – Special Care	30	3
Residential – High Support	23	2
Residential total	381	35
Other	172	16
Total	5,357	494

Source: State of the Nation's Children Report 2010, Table 126; CSO Population Estimates

The more detailed breakdown by placement type is not available in the HSE monthly performance reports. The most recent data for this breakdown is for 2008 as published in the HSE Review of Adequacy of Services for Children and Families 2008, and the State of the Nation's Children Report 2010.

Appendix 4 Governance arrangements in a number of agencies

The Institute of Public Administration (IPA) produced a “National non-commercial State Agencies in Ireland” in 2010⁴⁶. It took account of the OECD Review of the public service in Ireland in 2008, the subsequent Government policy statement on “Transforming Public Services” and the budgetary decisions to rationalise state agencies following the report of the Special Group on Public Service Numbers and Expenditure Programmes (i.e. “An Board Snip Nua”).

The IPA report identified no clear relationship in Ireland between an agency’s legal mandate, size, function and the form of governance adopted. Of the 249 agencies identified, 188 (75%) have some form of board or governing authority ranging in size from 2 to 37 members. The remaining 61 organisations are mainly agencies operating within departmental structures.

Currently, most closely related to the new Agency are the existing HSE arrangements and those pending (the latter based broadly on the model of the EPA) as follows:

Health Service Executive (HSE)

The Health Act 2004 established the HSE as a statutory body. The Executive has a board consisting of a chair and 10 ordinary members appointed by the Minister and the person holding the position of Chief Executive. The Board is the governing body of the HSE with the authority to perform all its functions. It may delegate from amongst its functions to the Chief Executive. The role of the CEO as Accounting Officer for the HSE Vote is provided for specifically in the legislation.

Environmental Protection Agency (EPA)

The EPA was established as a separate independent statutory body under the EPA Act 1992. It has no Board as such and instead its legal personality consists of a Director General and four other full-time directors. (It is understood that the Director General, as well as chairing meetings of the Agency, also delegates responsibilities amongst the other Directors. It is understood that this is different to the intention of the recently announced reforms for the HSE whereby it is proposed that the legislation will allow for the Minister for Health, rather than the Director General, to determine the precise functions of the seven Directors). It is also noted that there is separate provision in the EPA Act for an Advisory Board.

The Department of Justice (then Dept of Justice and Law Reform) was responsible for 31 agencies at the time of the IPA work. The Code of Practice for the Governance of State Bodies was issued in June 2009 by Department of Finance⁴⁷ and applied to the

⁴⁶ Research Paper no.1 “National non commercial State Agencies in Ireland” Muiris MacCarthaigh, IPA State of the Public Service Series, June 2010

⁴⁷ CoPGSB guidance on the functions and responsibilities of Boards and Directors on matters including the Annual Report, audit, code of conduct for directors and employees, strategic

Courts Service, Property Registration Authority, Legal Aid Board, Private Security Authority, Office of the Data Protection Commissioner, Office of the Refugee Applications Commissioner, Refugee Appeals Tribunal, Garda Síochána Ombudsman Commission and the Irish Film Classification office⁴⁸.

The following is a brief summary of the background and differing governance arrangements applicable to a number of these bodies;

Courts Service

The Working Group on a Courts Commission was established in 1995. It addressed the relationship between the Courts, the Department of Justice and the Oireachtas and whether an independent body enjoying financial and management autonomy should be established to perform the functions relating to the courts, then primarily performed by the Department of Justice. It consulted widely and produced six reports. The model was described (Option 4) as the favoured structure of the Commission's first report⁴⁹ and got approval of the Government and led to the enactment of the Courts Service Act 1998. The Courts Service of Ireland was established in 1999. This Chief Executive is Accounting Officer for the Courts Vote and is both a member of and reports to the Courts Service Board. The Board consists of 17 members 9 of which were of the judiciary with one official at Assistant Secretary level on the Board to represent the Minister for Justice. The Courts Service then appointed five directorates to develop and manage the organisation. The Department retained a Courts Policy Division and put distance between itself and the day-to-day operations of the Courts system in Ireland.

Prisons

In 1996, the Government approved the establishment of an independent prison agency and the expert group to work out the detailed aspects of the proposed new administration published its report in 1997⁵⁰. The Irish Prison Service was established as an independent agency in 1999 with a Director General and a Prisons Board comprising 12 members under the chairmanship of Mr. Brian McCarthy⁵¹. It was envisaged at the time that these interim administrative arrangements would in due course be set out in legislation this giving the IPS and its board a distinct

planning, annual budgets, compliance with statutory obligations, procurement, major contracts, disposal of asset, reporting, decision making, risk management, accountability, ethics, tax compliance, etc.

⁴⁸ PQ No.'s 25473, 25474 and 25475 15th June 2010 on Governance of State Bodies

⁴⁹ Working Group on a Courts Commission, First Report, Managing and Financing of the Courts, April 1996 (p48)

⁵⁰ Towards a Prisons Agency 1997

⁵¹ http://www.irishprisons.ie/about_us-history.htm

statutory basis. The Director General was given responsibility under the Public Service Management Act for the day-to-day management of the prison service and continued to be a member of the MAC at the Department of Justice with the Secretary General continuing as Accounting Officer and the IPS operating as an executive agency of the Department. The Prisons Authority (Interim) Board was abolished as a result of a Government decision taken on 26 July, 2011 in line with new Government policy⁵² and consistent with OECD recommendations⁵³. At this stage, therefore, the IPS operates more like a line Division of the Department rather than an independent agency, albeit with the Department's Prisons & Probation Policy Division reporting to a different member of MAC.

An Garda Síochána

The Governance arrangements for the Garda Síochána are set out in the Garda Síochána Act 2005. A deliberate decision was taken to follow the international practice of the police commissioner reporting directly to the elected Minister rather than following the private sector model of a chief executive of the police reporting to a Board.⁵⁴ The Garda SMI process examined the operation of the Garda Síochána and its relationship with the Department and Oireachtas and produced reports on themes such as civilianisation, performance and accountability, structures and services, etc. However, the momentum for legislative reform came from the Government response to the 2nd Report of the Tribunal where Minister McDowell outlined additional changes to the Garda Síochána Bill in the face of disturbing findings of corruption and mismanagement.⁵⁵ Minister McDowell described the Garda Síochána Act 2005 as the “most comprehensive legislative provisions on policing brought forward since the foundation of the State”. The new Act provided, among other things, the reform of Garda management structures and accountability arrangements, an independent Garda Síochána Ombudsman Commission to investigate complaints from the public, an independent Garda Inspectorate to examine operational practices and procedures with reference to best international police practice. In the preparation of Garda strategy statements, policing plans, professional standards, delegation of functions and distribution of the Force, it

⁵² Reply to Parliamentary Question No.30602/11 from Eamon O’Cuiv TD 20 October 2011 - Minister Shatter outlined that this was in line with Government policy to abolish agency boards, where appropriate, and make agency managers more directly accountable to Ministers, and on foot of its commitment to more effective financial scrutiny in the Programme for National Recovery, the Government saw no case for the continued existence of this Board

⁵³ IPA Research Paper No.4 “Fit for Purpose? Challenges for Irish Public Administration and Priorities for Public Service Reform” Richard Boyle and Muiris MacCarthaigh April 2011, p18

⁵⁴ IPA/CIPFA Conference December 2007 – Paper presented “is there a set formula for good governance?” by Jimmy Martin

⁵⁵ Statement by Minister for Justice, Equality and Law Reform on “Publication of Second Morris Report” 1 June 2005

clarified the respective roles of Minister and Commissioner⁵⁶. The Commissioner's role as Accounting Officer and the accountability of all parties to the Government in respect of the discharge of official duties were set out (sects 39-43). Section 40 requires the Garda Commissioner to account fully to the Government and the Commissioner through the Secretary General of the Department of Justice and Equality. Uniquely in the Justice Sector, the role and function of the Audit Committee (Sect 44-45) were put on a statutory basis. All members would be subject to a Code of Ethics to be developed by the Commissioner and approved by the Minister (sect17). Provision was also made for whistleblower (confidential reporting) regulations (sect124)⁵⁷.

Naturalisation and Immigration Service (INIS)

The Irish Naturalisation and Immigration Service (INIS) was established in 2005 in order to provide a 'one stop shop' in relation to asylum, immigration, citizenship and visas. It has no statutory basis and no Board, as yet, operating as an agency within the Department with a Director General who is also a member of the Department's MAC. The Secretary General is the accounting officer.

The INIS is responsible for administering the functions of the Minister for Justice and Equality in relation to asylum, immigration (including visas) and citizenship matters. The INIS also facilitates a whole of government approach to immigration and asylum issues which enables a more efficient service to be provided in these areas. The Service is structured around a number of key areas – asylum, visa, immigration and citizenship processing, asylum and immigration policy, repatriation, and reception and integration working in close contact with the Garda National Immigration Bureau. More detail at <http://www.inis.gov.ie/en/INIS/Pages/WP07000075>

Property Registration Authority (PRA)

The Property Registration Authority (PRA) was established on 4 November 2006 under the provisions of the Registration of Deeds and Title Act 2006. The Authority is a statutory body whose members are representative of the main users and consumers of property registration services. The PRA replaced the Registrar of Deeds and Titles as the "registering authority" in relation to property registration in Ireland. The main functions of the new PRA are to manage and control the Land Registry and the Registry of Deeds and to promote and extend the registration of ownership of land. The PRA also operates the Ground Rents Purchase Scheme under the Landlord and Tenant Acts. The Authority consists of 11 members, all of whom are appointed by the Minister - 8 directly and 3 on nomination of another body - a

⁵⁶ Garda Síochána Act 2005, Part 2, Chapter 3 (Sections 20-33)

⁵⁷ Garda Síochána (Confidential Reporting of Corruption or Malpractice) Regulations 2007, made April 2007 provided for independent confidential recipient and mechanism to establish a charter, in consultation with the Garda Ombudsman Commission and Inspectorate, with guidelines to members how to deal with corruption and malpractice

practising barrister nominated by the General Council of the Bar of Ireland, a practising solicitor nominated by the Council of the Law Society of Ireland and member of the staff of the Authority elected by secret ballot of such members.

Garda Síochána Ombudsman Commission (GSOC)

The **Garda Síochána Ombudsman Commission (GSOC)** is an independent statutory body that was established under the Garda Síochána Act 2005 to provide an independent and effective civilian oversight of policing and safeguard public confidence in the Gardaí. GSOC is required and empowered to investigate:

- complaints against members of the Garda Síochána from members of the public;
- any matter, even where no complaint has been made, where a Garda may have committed an offence or behaved in a way that would justify disciplinary proceedings;
- any practice, policy or procedure of the Garda Síochána with a view to reducing the incidence of related complaints;
- any matter at the request of the Minister in the public interest where a Garda may have committed an offence or behaved in a manner that would justify disciplinary proceedings.

GSOC is not a Board as may be understood for other bodies falling under the Department's aegis but it is subject to the Code of Practice. The Commission is to consist of three members, all of whom are appointed by the President on the nomination of the Government, and by the passage of resolutions by both Houses of the Oireachtas recommending their appointment. One of the Commissioners shall be appointed as Chairperson and that at least one of the three members will be a woman and at least one a man. A member of the Commission may serve for a period exceeding three years but not exceeding six years as determined by the Government at the time of appointment. A member of the Commission is eligible for reappointment for a second term. All three members of the current Commission are eligible to serve a second term⁵⁸.

Legal Aid Board (LAB)

The Legal Aid Board (LAB) is the statutory body which provides legal aid and advice in civil law matters. It also provides legal services to asylum seekers through the Refugee Legal Service. Legal services are provided from 29 law centres throughout the country and a small number of specialist units, with administrative offices in Cahirciveen and Dublin supporting the law centres. The Secretary General of the Department of Justice and Equality is the accounting officer.

Section 4 of the Civil Legal Aid Act, 1995 provides that the Board shall consist of a chairperson and 12 ordinary members. Not less than 5 shall be men and not less

⁵⁸ Sections 65 and 66 of the Garda Síochána Act 2005

than 5 shall be women. The term of office of the Board is for 5 years and no person shall be appointed for more than 2 terms. Two must be practising barristers and two must be practicing solicitors and each must have engaged in practice for not less than seven years prior to their appointment. Two must be members of the staff of the Board who are normally chosen by the staff associations within the Legal Aid Board. As a matter of practice, one member is appointed from each of the Departments of Justice and Equality, Finance and Social Protection. More detailed information at

http://www.legalaidboard.ie/lab/publishing.nsf/Content/Overview_of_the_Legal_Aid_Board.



Comparative analysis of governance arrangements for national/regional jurisdictions delivering children and family services

Introduction

The Department of Children and Youth Affairs requested the Centre for Effective Services (CES) to provide international information and evidence on a number of agreed areas, to inform the work of the Task Force and its subgroups in planning the establishment of the CFSA.

In the first instance, the governance sub group of the Task Force asked for an overview of *national* governance arrangements for national / regional agencies delivering children and family services in a number of jurisdictions.

Methodology

The methodology used to gather information included: literature search (journal articles, policy documents, reports, books), browsing of relevant international websites for government and agency information, using information already available in CES, and discussions with Irish researchers in the field.

Countries selected and scope of comparative analysis

The rationale for the countries / jurisdictions selected is outlined below. The jurisdictions selected:

- Have been subject to comparative analysis in research publications as recently as 2011
- Are undergoing children's services reform, relevant and comparable to Task Force work
- Are reasonably comparative in terms of population/scale
- Were identified by the Task Force sub group as being of interest
- Were ones with which CES already has some familiarity, and has established contacts within government, services or academia

The following countries and regions were examined in terms of their national governance arrangements:

Country/Jurisdiction	Population
New South Wales, Australia	7 million, Sydney, 4.5 million
Ontario, Canada	13 million
Norway	4.8 million
England	54 million
Northern Ireland	1.5 million
Scotland	5 million

The areas explored in terms of the child protection and welfare systems included:

- Orientation of child welfare and protection systems
- Factors leading to, or influencing, current governance arrangements
- Policy frameworks and legislation
- Structures and accountability
- Key reform programmes
- Other consistent features of reform of children’s services at system level, including interagency guidance, inspection processes and workforce development

Orientation of child protection and welfare systems

Two different orientations were described in the literature examined. In the **child protection orientation** dominant in the 1990’s, abuse was conceived as an act which demands the protection of children from harm by parents or carers. The response was to investigate in a highly legalistic and adversarial way. Placements in care were compelled through the coercive powers of the state (Examples of countries where this orientation exists are UK, US, Canada). In the **Family service orientation**, abuse was conceived as a problem of family conflict or dysfunction which arises from social and psychological difficulties. The response was responding to family’s needs much more therapeutically and where the initial focus is the assessment of need. Partnership with parents is emphasised (Examples are Nordic countries and continental Europe).

However, according to Gilbert et al (2011), approaches to protecting children from abuse had become much more complex than those operating in the early/mid 1990s. Child protection oriented countries, for example, UK & Canada, had taken on some elements of the family service orientation and there was evidence to suggest that countries operating according to a clear family service orientation were responding to increasing concerns about harm to children, for example, Nordic and continental European countries. This has led to the emergence of a third orientation, **child focused**, which concentrates its focus on the child as an individual with an independent relation to the state. The object of concern is the child's overall development and well-being, rather than narrow concerns about harm and abuse (Example is Norway).

Key messages for the Task Force from the comparative analysis of governance arrangements

The following key messages emerged from the comparative analysis of governance arrangements for national/regional jurisdictions delivering children and family services

Key messages
<ul style="list-style-type: none"> • Most child protection and welfare systems are in constant change • All have extended the traditional remit of 'child protection' to include more broadly child welfare and child well-being • Each jurisdiction has specific structures in place to deliver child protection services, for example, Children's Aid Societies (Ontario), Local Children's Safeguarding Boards (England), Safeguarding Panels (NI) • All reform initiatives, programmes or policy frameworks have an increased focus on interagency collaboration and early intervention and prevention • Wide variety of governance structures/models, including: <ul style="list-style-type: none"> • Government department that commissions and delivers services (NSW) • Government agency under the Ministry delivering services to children and families (Norway) • Government department commissions and mandates community based NGOs to deliver services (Ontario, Canada) • Children's services delivered through the Local Authority (England & Scotland) • Government department appointed Board with responsibility for the delivery of health and social care, directly accountable to the permanent secretary in the department (Northern Ireland). • Most have clearly determined that the service delivery agent, whether the department itself or an executive agency, is accountable to a senior official within the Ministry (Director General/Secretary General) • Most systems struggling to establish clear lines of accountability

International models of governance for child protection and welfare systems

Having examined the six countries/jurisdictions selected under the broad areas identified above, the table below provides a summary comparison of three countries with differing governance arrangements in place.

Norway	Northern Ireland	England
<ul style="list-style-type: none"> Ministry of Children, Equality & Social Inclusion The Norwegian Directorate for Children, Youth and Family Affairs (Bufetat) <ul style="list-style-type: none"> The Bufetat is the central government office under the Ministry and is responsible for the delivery of services to children and families. The Directorate is organised in five regions under a central leadership directly linked and accountable to the Ministry through the Director General of the Ministry. There is No Board. Directorate lead by Director General, Deputy DG, five heads of Departments and DGs of five regional offices 	<ul style="list-style-type: none"> NI Executive – Minister for Health, Social Services & Public Safety Department of Health, Social Services & Public Safety (DHSSPS) Health & Social Care Board NI <ul style="list-style-type: none"> Accounting officer is the Chief Executive The Board of the HSCB consists of the Chair (non executive), and Non Executive Directors, appointed by the Minister with responsibility for Health, Social Services and Public Safety, and the Executive members appointed by the Board. The Chair is the person appointed by the Minister to lead the Board and to ensure that it successfully discharges its responsibility for the Health and Social Care Board as a whole The Board is accountable to the Permanent Secretary of the DHSSPS 5 Health and Social Care Trusts 	<ul style="list-style-type: none"> Department for Education – responsible for education and children’s services <ul style="list-style-type: none"> Minister of State for Children & Families Parliamentary Under Secretary of State for Children & Families Responsibility for child protection lies with the 152 elected Local Authorities (LAs) who are accountable to the Under Secretary of State for Children and Families <ul style="list-style-type: none"> LA appoints a Director of Children’s Services (DCS) and an elected Lead Member for children’s services DCS has direct responsibility for LA functions relating to the education and social care of children and young people. DCS is accountable through the Chief Executive of the LA to the local council.
<p>Executive agency</p> <ul style="list-style-type: none"> Part of Department / central govt. No Board Accountable to senior civil servant 	<p>Executive agency</p> <ul style="list-style-type: none"> Stand-alone statutory body Has a Board Accountable to a senior civil servant 	<p>Local Authority model</p> <ul style="list-style-type: none"> Education and children’s services delivered through local authorities LA Chief Executive accountable to local council

Appendix 6 National Outcomes for Children and Families

The Agenda for Children's Services which was published in 2007 by the Office of the Minister for Children and Youth Affairs set out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland.

As a way of ensuring a common language of outcomes within children's services, the Agenda drew together the various types of outcomes found in contemporary children's policy and presented them as a single list of five **National Service Outcomes for Children** in Ireland.

The five National Outcomes for Children in Ireland envision that all children should be:

1. Healthy, both physically and mentally
2. Supported in active learning
3. Safe from accidental and intentional harm/ Secure in the immediate and wider physical environment
4. Economically secure
5. Part of positive networks of family, friends, neighbours and the community / Included and participating in society

Appendix 7 Definitions / glossary / key terms

Key Concepts

The Task Force used the **Hardiker Model**⁵⁹ as the basis for the CFSA model. The Hardiker Model is widely used to understand different levels of need. It outlines four levels at which children and families need support ranging from low to high risk.

- Level 1 refers to those mainstream services that are available to all children - health care, education, leisure and a range of other services provided in communities.
- Level 2 represents services to children who have some additional needs or children in need. Services at Level 2 are characterised by referral and full parental consent and negotiation. Examples would be parenting programmes, additional educational services and support for children who are deemed vulnerable through an assessment of need and via targeted services provided by education, health, social services and the voluntary sector.
- Level 3 represents support to families or individual children and young people where there are chronic or serious problems or children at risk. Support is often provided through a complex mix of services which usually need to work together well in order to provide the best support. State intervention can have a high profile at this level. Examples include children with allocated social workers or children before the courts.
- Level 4 represents support for families and individual children or young people where the family has broken down temporarily or permanently where the child or young person may be in out of home care. It can also include young people in detention or as an in-patient due to disability or mental health problems.

Services at Level 1 are supported by preventative services at Level 2 where all difficulties are dealt with by mainstream education, health and community services. The more needs addressed at levels 1 and 2 the better. Level 2 services are essentially preventative, many provided by community and voluntary agencies. The effectiveness of Level 2 services will often determine the threshold for entry into Level 3. Similarly, effective intensive targeted services at Level 3 will affect thresholds for Level 4. But children in care including high support and special care or in detention at Level 4 are also dependent on access to effective services at Levels 3, 2 and 1 on the journey back to the community.

⁵⁹ Hardiker P et al (1991) *Policies and Practices in Preventative Child Care* Aldershot: Avebury.

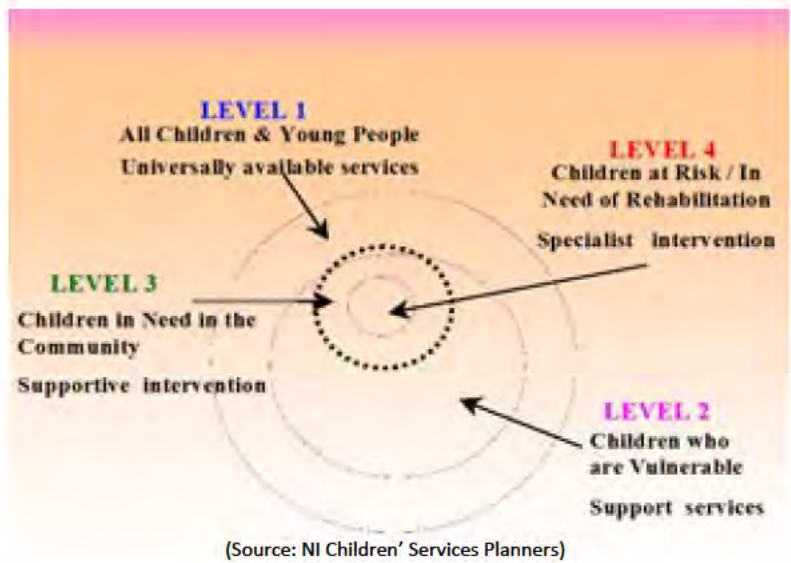


Figure 3: Hardiker Levels of Service Need

It is important to emphasise that children and young people may receive services at different levels as their needs change (see Figure 3).

Movement across Levels of Need

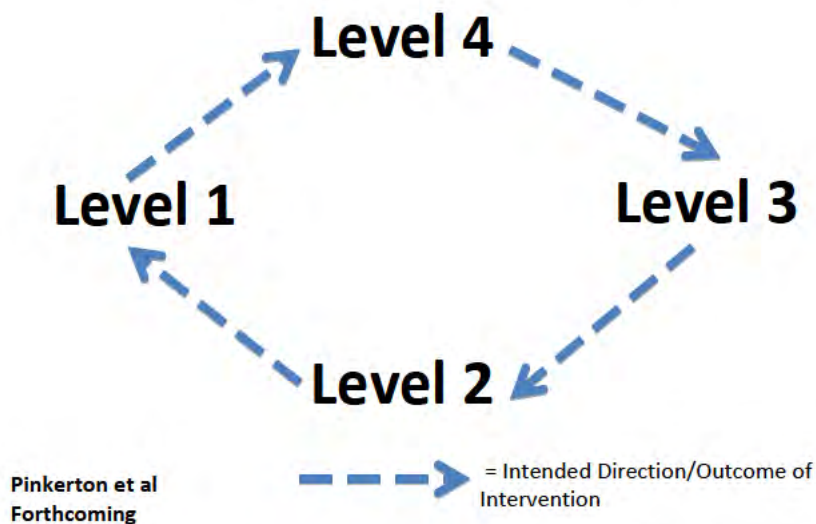


Figure 4: Movement across Levels of Need

The Task Force believes that family support plays a central role in promoting children's wellbeing; this is enshrined in Section 3 of the Child Care Act 1991.

However, it is conscious of the need to have a much clearer understanding of the scope of family support and to fully reflect its role across the breadth of universal services to higher levels of need. Family support is a difficult concept to define as it comprises many diverse practices and therefore means different things to different people. It is argued that family support can best be understood in terms of the level of intervention:⁶⁰

1. Primary family support aims to prevent the emergence of family problems. This type of family support is often area based working on a voluntary basis with a wide range of families. It might include a visit from a public health nurse and operates on the principle of prevention and early intervention.
2. Secondary family support tends to be aimed at families with challenges who often recognise the issues and work in partnership with agencies to achieve change. This level of family support seeks to identify and intervene at an early stage in the onset of problems. The assumption underpinning intervention at this stage is that the need for more intensive or specialist interventions including out of home placements for children can be avoided.
3. Tertiary family support occurs at a higher level of need and is often considered as remedial in that it includes intensive interventions by professionals addressing severe social or personal problems. Such interventions might include domestic violence or substance abuse programmes or might involve children being placed out of home. It might involve working with children in care or support them to return home after a period in care. Secondary and tertiary family support is sometimes known as targeted family support.

Policies that increase access to family support should benefit children's wellbeing given recent research findings. The Growing Up in Ireland longitudinal research recommends programmes which develop children's skills for building relationships, regulating their emotions and coping with stress as helpful for improving children's outcomes. The findings indicate that high levels of conflict in the parent-child relationship are associated with negative consequences for children's social and emotional wellbeing.⁶¹ The Task Force believes that such children should be identified as early as possible so that appropriate family support interventions can be put in place.

⁶⁰ Frost N and Dolan P (2012) 'The Theoretical Foundations of Family Support Work' in Davies M (ed) *Social Work with Children and Families* Basingstoke: Palgrave Macmillan.

⁶¹Nixon E (2012) *How Families Matter for Social and Emotional Outcomes for Nine Year Old Children Growing up in Ireland: National Longitudinal Study*' at

http://www.growingup.ie/fileadmin/user_upload/documents/Second_Child_Cohort_Reports/Growing_Up_in_Ireland_-_How_Families_Matter_for_Social_and_Emotional_Outcomes_of_9-Year-Old_Children.pdf (accessed 12 March 2012).

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