



Fídhireannacht na Seirbhíse Sláinte
Health Service Executive

Report of

**The Task Force
for Children & Families
Social Services**

Principles and Practice

Integrated Services Directorate

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FOREWORD

The Health Service Executive (HSE) has a key role in the protection of children which extends to statutory responsibility for the promotion of child welfare, the identification of children at risk and where necessary to intervene in order to fulfil the role of the carer.

One of the HSE's priorities is to modernise the way our Children and Families Social Services are delivered so that, within the resources available as well as meeting our regulatory and statutory requirements, we can provide a quality and effective service. A strategic programme of change commenced in 2008 to give effect to this. This change programme is evidence based and draws from a number of strategic developments and reports including:

Social Work and Family Support Survey 2008

This involved the first ever detailed analysis of social work across all 32 local health offices. It included analysis of work practices, caseloads, team structures, management of unallocated cases, risk rating etc. This survey highlighted significant inconsistencies across the country. Services were clearly being provided much more effectively in some parts of the country than in others and this was not always due to the difference in the resources available. The survey identified deficits within the social work system e.g. children in care with no allocated social worker, child protection cases on waiting list awaiting assessments, and social work staff turnover and variances in activity/workloads of social workers. These issues are currently being addressed through a range of actions in partnership with HIQA.

The Report of the Commission to Inquire into Child Abuse

The Report of the Commission to Inquire into Child Abuse, commonly referred to as the Ryan Report, was published on 20th May 2009. The Government accepted the recommendations in full and took the decision to draft the implementation plan with the expressed aim of responding to each of the 20 recommendations. The Implementation Plan was published by the Office of the Minister for Children and Youth Affairs (OMCYA) in July 2009.

The Ryan Implementation Plan contained 99 recommendations of which 68 come directly under the remit of HSE. Of these recommendations 8 have been prioritised and are included in the 2010 Service Plan, for implementation, as resources become available. One of the most significant recommendations is a requirement for 200 additional Social Workers. These posts were sanctioned by the Department of Health and Children and the recruitment process is currently underway.

National Foster Care Audit

In October 2009 the HSE carried out a national audit of our Foster Care services. The objective of this audit was to benchmark HSE compliance with its statutory obligations in relation to foster care and relative care; to identify areas where services

were working well; and to highlight areas for service improvement where the audit reveals deficiencies in service delivery. Actions are now well advanced towards addressing the deficits identified in the audit.

Task Force – Children and Family Services In February 2009, as the then National Director of Primary, Community and Continuing Care (PCCC), and following the results of the Social Work Survey described above, I established an internal Task Force to critically evaluate the procedures and processes which were in operation in the area of child protection. The objective was to develop a national, unified and standardised approach to the delivery of Child Protection Services in line with best practice. The Task Force also relied heavily on significant work in the area of standardisation which had already been well advanced as part of developing the National Childcare Information System.

The Task Force team was led by the then Assistant National Director, Dublin-Mid Leinster, and comprised senior practitioners in the field of Child Protection and relevant health service managers. Clear terms of reference and a specific time frame was set down for completion of this work.

The team was tasked with identifying key actions to standardise processes across many Child Care Services, to ensure that child protection and welfare services would achieve outcomes which are safe and which would ensure the wellbeing and protection of children. The overall objective of the Taskforce was to develop a comprehensive range of policy and protocol which is effectively a 'user manual' for all persons working with the Child Protection and Welfare Services in the HSE, particularly Social Workers. This will ensure that child protection work is carried out in a standardised and consistent manner.

This new child protection framework which has been developed provides a structured methodology for how HSE Services receive and manage concerns involving welfare, neglect and abuse of children. The output of the Task Force also provides advice and guidance to all staff in the HSE if they encounter a concern about a child and also specifically advises the 38 grades of staff who are Designated Officers on their particular responsibilities.

The main outputs of the Taskforce are outlined in the attached report. The work of the team has also been externally validated by Dr. Helen Buckley of Trinity College Dublin, who is an established expert, academic and researcher in this specialised field.

As we make this document available on the HSE website, it is important for the reader to understand that since the conclusion of the work of the Taskforce in late 2009, implementation of its findings is already underway. For example, in May 2010

the HSE issued new national policies on the operation of Duty Social Work systems, the role and function of Child Protection Conferences and the aforementioned advice and guidance for staff.

A high level implementation plan was developed in recent months and continues to be rolled out as part of our overall reform programme in Children and Families Social Services.

Strategic Review of the Delivery and Management of Child Protection Services

The Strategic Review of the Delivery and Management of Child Protection Services by PA Consulting Group has also been finalised and will inform our ongoing change programme. This review came about partly as a means of complementing the Task Force Report. This review assessed current structures under a number of headings including: management and governance in the context of being fit for purpose; ensuring and supporting best practice; facilitating public accountability; supporting effective inter-disciplinary & inter-agency relationships; and consistency with international best practice with regard to Child Protection, assessment and intervention.

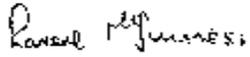
The key messages arising from this strategic review is that there are significant, and in many cases unnecessary, variations across HSE areas in how children services are being managed and delivered. This review also states that “there is no quick fix to address the management and delivery issues identified in this report.

The aim of our change programme is to ensure that social work and child care services are more effective in using the resources available and that there is a standardised approach to child protection across the country and consistency in how children and families social services are being delivered. This will be achieved by strengthening collaboration and support to staff working with children and families and ensuring our children and families social services are planned, managed and delivered to a high quality. A significant part of this is about not only meeting but in many cases exceeding national Regulations and Standards.

This programme will provide a challenge to the HSE but I am confident that with the calibre and support of staff working in the area of Child Care this can be achieved and rolled out over the next two years.

An Assistant National Director for Children and Families Social Services was appointed by the HSE in November 2009. This was a significant advancement for the ongoing development of child care services and the Assistant National Director has a vital role to ensure that the standardisation process for Child Welfare and Protection Services is fully implemented throughout the HSE. While standardisation is an essential requirement, we must not lose

sight of the fact that continuous improvement in quality will be what makes the difference for children and their families.



*Laverne Mc Guinness
National Director Integrated Services
Performance & Financial Management*

June 2010

EXECUTIVE SUMMARY

Part 1

Statutory responsibility for the welfare and protection of vulnerable children in Ireland is held by the HSE.

The principles underlying this responsibility are outlined in the UN Convention on the Rights of the Child, Children First: National Guidelines for the Protection and Welfare of Children (commonly referred to as Children First), the National Children's Strategy and the Agenda for Children's Services. The essential physical, psychological, emotional and social needs of the developing child are clearly elaborated upon in these crucial documents. Particular emphasis is placed on consideration of the whole child within their environment. The best interests of the child are paramount and the wishes of the child must be heard and taken account of.

The HSE was established in 2005. Non-acute health and social services are delivered by 32 Local Health Offices divided into 4 regional areas. Restructuring of acute and non-acute services is currently underway and there is now more integration of services and the way they are managed. Following the appointment of the Assistant National Director, Children and Families Social Services, responsibility for leading the direction, organisation, performance and standards for child welfare and protection is moving towards being managed and co-ordinated at a national level.

The Child Care Act 1991 gave statutory responsibility to the Health Boards (HSE) for the support, protection and care of children who are not receiving adequate care and protection.

The Children First guidelines were first published in 1999. Two reviews of Children First have been completed and implementation of the guidelines was shown to be uneven nationally. The absence of a standardised way of undertaking child protection across the statutory health and personal social services has been highlighted. While not yet operational, revised Children First Guidelines have issued from the Department of Health and Children.

A National Social Work and Family Support Survey was carried out in 2008. The results show a striking regional variance partly as a result of the use of different definitions, procedures and methods of recording. Moreover, the Survey results show that while over 50% of referrals to social work departments are in the welfare category, the focus of intervention is on child protection. The need to rebalance services with an emphasis on primary prevention and family support is apparent. New models such as the DRM (Differential Response Model) are being explored and piloted in the Dublin region.

The focus of HSE service development on community based preventative and early intervention services will be within a Primary Care context.

In general, the results of the above survey highlight the importance of comprehensive management information to inform the planning and delivery of services.

Part 2

All HSE staff share responsibility for the protection of children. A particular group of staff, designated under the Protection of Persons Reporting Child Abuse Act 1998, have special responsibility in this regard. Where reasonable grounds for concern exist, a report, using the Standard Report Form, should be made to the Social Work Department.

All Social Work Departments operate a duty system whereby any person with a concern about a child can have access to social worker during office hours. All such concerns will be responded to in an appropriate manner to ensure the safety of the child.

Following initial assessment a child protection plan or a family support plan is developed depending on the nature of the concern. The plans are subject to ongoing review until intervention is no longer needed.

Where it is necessary for a child to come into the care of the HSE, a care plan is developed, implemented and reviewed until such time as the child is discharged from care.

Central to care planning is a thorough assessment of the child's physical, psychological, emotional and social needs, with a clear outline as to how these can be met within a care placement. The care plan is subject to ongoing statutory review.

All professional staff within HSE child protection and welfare departments should receive formal supervision on a frequent, regular basis. The focus of supervision is management, support, learning, development and mediation.

The roles and responsibilities of social worker, team leader, principal social worker, child care manager, general manager and local health manager are set out in this document. Furthermore the persons with authority to make key decisions are clearly identified.

Part 3

An Implementation Plan for the national policies, procedures, protocols and guidelines produced by the Task Force is now contained in this document. It is important to point out that a number of other initiatives from the National Childcare Information Project are also referred to in the Implementation Plan reflecting the need to integrate the various initiatives underway in improving services in this complex area of child protection and welfare.

Part One

The purpose of this document

Ensuring the welfare, well-being and protection of children and young people is a central responsibility of Irish society, held in partnership with families, communities and the state. Statutory responsibility for the care and protection of children and young people is held by the HSE.

The majority of our children and young people live in circumstances in which they are enabled to achieve their full potential, however there are instances where this is clearly not the case. In some circumstances, children and young people may also be viewed as vulnerable, requiring a continuum of child care interventions to ensure and promote their health and well-being.

The purpose of this document is to ensure and support the consistent implementation and standardisation of *Children First* and best practice procedures by all Health Service Executive staff involved in child protection and welfare in Ireland.

This report brings together the work and output of eight task groups established under the Task Force, and includes the response from Dr. Helen Buckley following her assessment of the quality and relevance of those outputs.

The report is compiled in two parts.

Part One outlines the underpinning principles and values of child protection and welfare within the Health Service Executive. It then locates the work within relevant legislative and organisational contexts. It summarises the key findings of the *National Social Work and Family Support Survey*, and it outlines key points arising from completed reviews of compliance with Children First.

Part Two is, effectively a practice manual which outlines the processes and procedures to be used by HSE staff in relation to intake and referral, initial assessment, child protection, further assessment and case closure.

Underlying principles and values

UN Convention on the Rights of the Child

The over-arching policy direction adopted in Ireland in regard to child welfare and protection is strongly influenced by the international UN Convention on the Rights of the Child (UNCRC). Ireland ratified the UN Convention on the Rights of the Child in 1992 which is, in essence, a 'bill of rights' for all children and young people. It contains rights relating to every aspect of children's lives including:

- the right to survival;
- the right to the development of their full physical and mental potential;
- the right to protection from influences that are harmful to their development;
- the right to participation in family, cultural and social life.

The guiding principles of the Convention are as follows:

- All children should be entitled to basic rights without discrimination (Article 2);
- The best interest of the child should be the primary concern of decision-making (Article 3);
- Children have the right to life, survival and development (Article 6);
- The views of children must be taken into account in matters affecting them (Article 12);

One of the key principles embedded within the UNCRC is that the best interests of the child must be observed in all actions. This principle remains fundamental and should always guide the work of all those holding responsibility in relation to child welfare and protection.

Children First

As previously stated, the Children First guidelines were first published in 1999. The objectives of the guidelines were to:

- (i) improve the identification, reporting, assessment, treatment and management of child abuse;
- (ii) having regard to the findings from official child abuse inquiries carried out in Ireland, the National Guidelines should facilitate effective child protection work by emphasising the importance of family support services and the need for clarity of responsibility between various professional disciplines;
- (iii) the National Guidelines should maximise the capacity of staff and organisations to protect children effectively by virtue of their relevance and comprehensiveness;
- (iv) The National guidelines should consolidate inter-agency co-operation based on clarity of responsibility, co-ordination of information, and partnership arrangements between disciplines and agencies.¹

Underpinning the Children First Guidelines is a set of principles (p22. 1.9) designed to inform best practice in child protection and welfare. These principles will continue to underpin the work of all HSE staff involved in child protection and welfare:

- *The welfare of children is of paramount importance;*
- *A proper balance must be struck between protecting children and respecting the rights and needs of parents/carers and families: but where there is conflict, the child's welfare must come first;*
- *Children have a right to be heard, listened to and be taken seriously. Taking account of their age and understanding, they should be consulted and involved in all matters and decisions which may affect their lives;*
- *Early intervention and support should be available to promote the welfare of children and families, particularly where they are vulnerable or at risk of not receiving adequate care or protection;*

¹ Dept of Health and Children (1999) *Children First: National Guidelines for the Protection and Welfare of Children*. Stationery Office: Dublin

- *Parents/carers have a right to respect and should be consulted and involved in matters which concern their family;*
- *Actions taken to protect a child, including assessment, should not in themselves be abusive or cause the child unnecessary distress. Every action and procedure should consider the overall needs of the child;*
- *Intervention should not deal with the child in isolation: the child must be seen in a family setting;*
- *The criminal dimension of any action cannot be ignored;*
- *Children should only be separated from parents/carers when all alternative means of protecting them have been exhausted. Re-union should always be considered;*
- *Agencies or individuals taking protective action should consider factors such as the child's gender, age, stage of development, religion, culture or race;²*
- *Effective prevention, detection and treatment of child abuse or neglect requires a co-ordinated and multi-disciplinary approach to child care work and effective inter-agency management of individual cases. All agencies and disciplines concerned with the protection and welfare of children must work co-operatively in the best interests of children and their families;*
- *In practice, effective child protection requires compulsory training and clarity of responsibility for personnel involved in organisations working with children.*

Since the *Children First* guidelines were compiled in 1999, the addition of the following two principles is appropriate:

² *'and in relation to adolescents, sexual orientation' may be added*

- *In order to ensure effective governance of statutory child care services, it is essential that processes are in place for staff performance measurement and monitoring;*
- *The welfare and safeguarding of children is best promoted by building trusting relationships with local communities to promote healthy environments for children to realise their full potential*

A 'Revised Children First National Guidelines' for the Protection and Welfare of Children (OMCYA 2009), into which the HSE provided input, was issued in 2010 and subsequent to the completion of this report. A key objective of the Task Force is to strengthen services to children and families in 2010 by applying consistent standardised frameworks and practices as outlined in this work.

The National Children's Strategy

Published by the Minister for Health and Children in 2000, the *National Children's Strategy 2000-2010* established underlying service principles and set out goals to be implemented over a 10 year period to give concrete expression to the UNCRC in Ireland. Its vision for children and young people living in Ireland is one of:

"An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential".

National Children's Strategy p6 s.1.1

This vision expresses a value base which holds that children:

- Have an innate dignity as human beings which deserves respect;
- Enrich the quality of all our lives;
- Are especially vulnerable and need adult protection;
- Thrive on the love and support of a family life;

- Should be supported to explore, enjoy and develop their varied talents;
- Need help to learn responsibility as they grow towards adulthood and full citizenship.

Three national goals were identified in the National Children's Strategy, namely:

- Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity;
- Children's lives will be better understood: their lives will benefit from evaluation, research and information on their needs, rights and effectiveness of services;
- Children will receive quality supports and services to promote all aspects of their development.

The Agenda for Children's Services

The Office of the Minister for Children and Youth Affairs (OMCYA) published its policy handbook, *The Agenda for Children's Services* in December 2007 which built on the work of the *National Children's Strategy*. It challenges government departments and agencies, such as the HSE, to review the way it provides services to children and families, emphasising the importance of:

- A whole child/whole system approach to meeting the needs of children;
- A focus on better outcomes for children and families (p2).

This important policy document focuses on seven key strengths-based outcomes for children in Ireland, drawn from contemporary children's policy. It stresses that outcomes are 'about both what is happening *now* in children's lives and what may happen to them *in the future*' (p12).

National service outcomes for children in Ireland:

1. Healthy, both physically and mentally;
2. Supported in active learning;

3. Safe from accidental and intentional harm;
4. Economically secure;
5. Secure in the immediate and wider physical environment;
6. Part of positive networks of family, friends, neighbours and the community;
7. Included and participating in society.

The HSE is working to ensure that it promotes good outcomes for children and families, adopts and develops the characteristics of effective services set out in these important policy documents, and embraces the principles enshrined in the UN Convention on the Rights of the Child.

Organisational Context

The 1970 Health Act established eight Health Boards (later increased to 10 in 1999 under the Health Act 1999). Although every Health Board was responsible for providing a similar range of health and personal social services in line with stated national policies, each board was managed separately. Services to people, including child protection social work services, were provided by each of the Health Boards in administrative areas referred to as Community Care Areas (CCAs).

In accordance with the Health Act 2004, the Health Service Executive (HSE) assumed the responsibilities of the former Health Boards in 2005. During that year the transition to full HSE operations took place on a phased basis, resulting in the activation of the National Management Team of the HSE, and the Local Health Office management system. The Local Health Office system was at the commencement of the Task Force the management structure for the delivery of all non-acute health and personal social services, referred to as Primary Community and Continuing Care (PCCC) services.

There were 32 Local Health Offices reflecting the Community Care Areas of the former Health Boards, each with a Local Health Manager responsible for the overall management and development of services in their Local Health Office area which is geographically defined. (There are a small number of exceptions to this for structural or historic reasons). The 32 Local Health Offices were divided into 4 Administrative Areas, each of which was managed by an Assistant National Director (A.N.D - ISD) and this system in turn reported to the National Director (PCCC). The structure has now further advanced to their being less distinction between acute and non-acute services and there are now four Regions within the HSE, each of which is managed by one Regional Director of Operations. The structure below this level is moving from a Local Health Office to an Integrated Area Model.

An additional development was the appointment of an Assistant National Director – Children & Families Social Services. This was the first full-time

national position to lead the direction, organisation, performance and standards for child welfare and protection services in Ireland. The appointment of a National Director in this area is imminent.

It will be important that standardised child protection processes and procedures are applied and implemented within these structures.

Legislative and policy context

The HSE has a statutory duty under the Child Care Act, 1991 and the Children Act 2001 for the care and protection of children and their families.

“It shall be a function of every health board to promote the welfare of children in its area who are not receiving adequate care and protection”. (Child Care Act 1991: Section 3)

A health board shall, in addition to any other functions assigned to it under this Act or any other enactment, provide child care and family support services, and may provide and maintain premises and make such other provision as it considers necessary or desirable for such purposes, subject to any general directions given by the Minister under section 69. (Child Care Act 1991: Section 3)

All sections of the Child Care Act, 1991 were enacted in late 1996, prior to which social workers in Ireland had to use the old British Children Act of 1908 to underpin their work. Due to doubts about the safety of care orders granted to the various Health Boards as *Fit Persons* by District Courts under the terms of the 1908 legislation, the Children Act, 1989 was passed to retrospectively secure all care orders made in favour of Health Boards. Essentially, until the 1989 and 1991 Acts were passed and fully implemented, the statutory basis for child protection carried out by Health Board social workers was not clear. Certainly Health Boards did not have statutory responsibility, and even their statutory authority was uncertain.

The implementation of all sections of the 1991 Act was accelerated by the publication of the Kilkenny Incest Investigation Report in May 1993 – the first of a number of important investigations and inquiries that have been convened to review cases of children who were significantly abused and/or neglected, or who died as a result of abuse and/or neglect. Publication of the Kilkenny Incest report led to the government of the time agreeing to a

substantial allocation of development funds to the Health Boards over an initial three and a half year period to improve services to children and families, and to allow Health Boards to better meet their new statutory responsibilities under Section 3 of the 1991 Act for the support, protection and care of children 'who are not receiving adequate care and protection'.

A further recommendation of the Kilkenny Incest Report was to revise the 1987 *Guidelines on Procedures for the Identification, Investigation and Management of Child Abuse*. A second guidance document was also in use at that time to facilitate co-operation between the Health Boards and An Garda Síochána, the 1995 *Notification of suspected Cases of Child Abuse between Health boards and Gardaí*. A Working Group was established in 1998 to undertake this task which culminated in the publication in 1999 of *Children First*.

The then Chief Executive Officers of the Health Boards commissioned a National Implementation Group to lead and support the implementation of *Children First* across the health services, and that group remained in existence for three years. While some standardisation of implementation was achieved through the work of this group, it was limited due to the fact that each Health Board was a separate agency and tended to act independently.

Since the publication of the Kilkenny Incest Report in 1993, a number of key reports concerning various aspects of child abuse have been published, including the Ferns Report in 2005, the Commission to Inquire into Child Abuse Report ("The Ryan Report") in May 2009, the Report by the Commission of Investigation into Catholic Archdiocese of Dublin ("The Murphy Report") in July 2009. Further investigation reports into cases of child abuse are imminent.

Each of the published reports have, in turn, emphasised the urgency of the full and standardised implementation of adequate and effective child welfare and

protection procedures nationally and this has been accepted by consecutive government ministers.

The Ombudsman for Children stated that while the mandate for dealing with child abuse lay with the statutory authorities, the Office of the Ombudsman for Children has a role in making sure that these statutory agencies respond to children in 'an appropriate way'.

In November 2005, the Minister signalled that there would be a national review of compliance with the *Children First* by State bodies and NGOs, which would be led by the National Children's Office, in partnership with all Government Departments. He stated that, in light of 'recent events', it was essential that the Government could stand over its own procedures in protecting children. The Minister made a number of further announcements in this speech, including that he had requested the Health Service Executive (HSE) to launch a nationwide publicity and awareness campaign on child sexual abuse, with which the National Children's Office would assist; and that the Department of Health and Children, in conjunction with the Attorney General's Office would be undertaking a study of the powers of the HSE in relation to extra-familial or third party sexual abuse, and that legislative proposals would follow if indicated by this study. In April 2007 the HSE initiated the promised publicity campaign when the *Parents who Listen, Protect* media campaign was launched.

A further review of HSE compliance with *Children First* was initiated by the Ombudsman for Children in November 2008 the publication of which post-dated the completion of the work of the Task Force. However, the information supplied to the Ombudsman for Children to assist her review was also analysed as part of the HSE Task Force work. All reviews of *Children First* have identified problems with implementation and compliance and the absence of a standardised way of undertaking child protection across the statutory health and personal social services.

Strategic direction of HSE Children and Families Services

HSE Children and Families Services aim to promote and protect the health and well-being of children and families, particularly those at risk of abuse or neglect as required under legislation, mainly the Child Care Act, 1991 and the Children Act, 2001. In order to address this aim, teams of HSE professionals work together to provide services and supports to families through a range of activities and disciplines.

The focus for HSE service development in the coming years, as a whole, will be on community-based preventive and early intervention services within a Primary Care context. In relation to children and families, the combination of the *Primary Care / Transformation Strategy* and *The Agenda for Children's Services* sets out a strategic direction for the delivery of integrated children and family services that are whole- child/whole-system focused; accessible; connected with family and community strengths and delivered by interested and effective staff. The development of comprehensive support services for children and families at community level will, over time, bring a reduction in the numbers of children who need to leave their families to be cared for in alternative forms of care, either foster care or residential.

The HSE is also continuing to develop policy in the area of Children and Family Services to ensure that the *Agenda for Children's Services* is reflected in all of its activities; and to also ensure that it provides services that are evidence based, focus on better outcomes, focused on the whole child, and are more effective because they are coordinated and integrated.

This HSE policy response will provide clear direction to its own staff and to strategic partner agencies in the NGO sector and will help refocus the work with Children and Families.

National Social Work and Family Support Survey

In 2008, the HSE undertook a data and information collection exercise in respect of child welfare and protection social work across its 32 Local Health Office (LHO) areas. The purposes of this exercise were:

- To collect data and information on child welfare and protection staffing levels, practices, team structures, size of caseloads, management of unallocated cases, risk rating of cases, assessment frameworks, and other information relating to child welfare and protection social work departments in each of the 32 Local Health Offices in the HSE;
- To collect demographic and deprivation data that may impact on the levels of activity in child welfare and protection social work teams;
- To map the demographic, deprivation and social work data for each LHO.

The objective of this survey was to provide a better understanding of the activity in each child welfare and protection social work department, and to relate social, economic and environmental factors that have a negative impact on the welfare and protection of children. It was also intended that the data and information would help to identify any changes required in practices and in the way in which services are organised and delivered.

The output of this work is contained in the report entitled *Health Service Executive – Social Work and Family Support Survey 2008* and contains demographic and deprivation data, indicators of children at risk, human resources available to HSE child welfare and protection social work departments, and their activity levels. Detailed explanation and analysis was not offered regarding the causes of variations across LHOs, but the absence of a single, standard methodology of approach to resource allocation, service development and service provision is a major contributing factor.

Key findings

Contacts with social work departments

In 2006, the total number of Child Abuse reports to social work departments was 21,042. (The comparative figure for 2007 was 23,268 representing a considerable increase in numbers). Analysis of the types of reports recorded and the reasons for contact with social work departments nationally in 2006 reveals the following picture:

Welfare at 55% is the primary report type, accounting for over half of the total number of reports recorded by social work departments;

Neglect is the second highest primary report type at 17%;

Sexual abuse accounted for 10% of all reports recorded by social work departments nationally in the same year;

Physical abuse and emotional abuse reports both accounted for 9% of the national total for reports.

The above figures relate to national trends, however a striking variance between the four HSE regional areas is reported; for example, HSE West records the highest percentage of welfare cases with 70% of all the reports being made to their social work departments being welfare cases, while Dublin North East records the lowest percentage of welfare cases at 38%; but Dublin North East records the highest percentage of neglect cases at 26% of all the reports made to their social work departments, while HSE West records the lowest percentage at 11%.

What is of clear importance in these figures is that social work departments are applying varying definitional frameworks for categorising referrals in terms of *welfare*, *neglect* and *abuse*. Also, while social work departments are receiving more *welfare* and *support* type referrals than reports of suspected child abuse, the focus of intervention is on child protection. This has significance for service design and resource allocation, as social work

departments that predominantly deal with core child protection work are not able to provide a more preventative, early intervention family support type service to children and families where *need* rather than *risk* is the presenting issue. What research and practice experience demonstrates however, is that unmet need often generates increased risk over time.

Primary reason for admission to care

The number of children and young people in care in 2008 was 5,449 the vast majority (89%) of whom were in foster care, and the remainder were in residential care.

When the primary reason for the total number of children in care on December 31st 2006 was examined, the survey established that:

neglect was the most common reason for a child coming into care, accounting for 27% of cases;

parent unable to cope / family difficulty regarding housing / finance accounted for 25% of cases;

thus supporting the premise that most children coming to the attention of Irish social work departments are *in need* rather than *abused* (Ferguson and O'Reilly, 2001).

Analysis of the information outlined in the Survey regarding types of reports to social work departments provides evidence that there is scope for examining how to arrange available resources so that more of a *primary* prevention focus (family support) can be taken to deal with need when it presents, rather than the predominantly *secondary* (child abuse assessment and intervention) and *tertiary* (removal to care) focus that social work departments have been required to take.

The report emphasises the need to consider the wider indicators of health and well-being in order to adequately inform the targeting of resources to areas of highest need and:

The requirement to provide ‘...child care and family support services’ under the Child Care Act, 1991 reflects the impact of social and health inequalities on the wellbeing and protection of children and the need to prioritise services to areas where such indicators are most concentrated (p.24).

Family Support Services

The survey report presents information on the provision of Family Support Services in each LHO area. At present a small number of HSE social work departments are developing this approach to their work, and as yet it is too early to evaluate the success and effectiveness of such a change in focus.

A similar refocusing of statutory social work services has taken place in the Foyle Trust administrative area in Northern Ireland, called the *New Beginnings Programme*. In an evaluation of the programme undertaken in 2006³, the following statement of Family Support Practice Principles is outlined:

1. Working in partnership is an integral part of Family Support. Partnership includes children, families, professionals and communities;
2. Family Support interventions are needs-led and strive for the minimum intervention required;
3. Family support requires a clear focus on the wishes, feelings, safety and well being of children;
4. Family support services reflect a strengths-based perspective which is mindful of resilience as a characteristic of many children and families lives;

³ Child and Family Research and Policy Unit (2006) *Foyle Trust New Beginnings Programme Evaluation Report*. NUI: Galway

5. Family support promotes the view that effective interventions are those that strengthen informal support networks;
6. Family support is accessible and flexible in respect of location, timing, setting and changing needs and can incorporate both child protection and out of home care;
7. Families are encouraged to self-refer and multi-access referral paths will be facilitated;
8. Involvement of service users and providers in the planning, delivery and evaluation of Family Support services is promoted on an ongoing basis;
9. Services aim to promote social inclusion, addressing issues around ethnicity, disability and rural/urban communities;
10. Measures of success are routinely built into provision so as to facilitate evaluation based on attention to the outcomes for service users and thereby facilitate ongoing support for quality services based on best practice (p14).

These principles clearly rely on the development of trusting relationships between statutory providers, children, families, local communities and partner organisations in both the statutory, and community and voluntary sectors.

The development of a more differentiated response to reports to HSE front line social work departments will depend on further developing relationships with and contracting community and voluntary family support service agencies to become more closely involved as partners in service delivery to children and families in need.

Further analysis of the *National Social Work and Family Support Survey*, together with the *Strategic Review of the Delivery and Management of Child Protection Services* and the policy direction outlined in the *Agenda for*

Children's Services will inform the future development of family support services within the HSE.

Overall conclusions

The results of this comprehensive survey provide a unique and detailed snapshot of HSE Children and Families Services in late 2008. The report identifies the changes needed in the way services are organised and delivered in order to deliver a more effective response to the support needs of children and families. It also gives a picture of activity in each child welfare and protection department, clearly identifying the need for standardisation in a range of key areas of practice, addressed in Part 2 of this document.

It also highlights the importance on an ongoing basis of a comprehensive set of management information which includes inputs, outputs, staffing and costs for the effective and efficient planning and delivery of services. Critically the Survey outlines the current deficits in the Social Work Service highlighting the large caseloads, retention of social workers and waiting lists. Following the implementation of the recommendations of the Ryan Report these deficits will be addressed.

Compliance with *Children First: National Guidelines for the Protection and Welfare of Children*

As previously mentioned a number of reviews of the implementation of and compliance with *Children First* have been conducted, including that undertaken by the Office of the Minister for Children and Youth Affairs (OMCYA), and published in July 2008 in three separate but linked reports. The *Children First* document has been updated and revised to take account of changes that have occurred in the ten years since it was first published, such as the creation of the HSE, and to address issues raised by other review processes such as the Ferns Inquiry, the Monageer Inquiry and the Ryan Report. The HSE has participated fully in the review processes and has been careful to ensure that the procedural documents contained in Section 2 of this report are consistent with *Children First*. This is a major step to achieving full implementation and compliance.

In December 2008, the Ombudsman for Children sought details from all HSE Local Health Offices to assist in her review of compliance with *Children First* which review was concurrent with the work of the Task Force. The Task Group examined all of the HSE submissions to the Ombudsman for Children to ensure that the organisation could learn from them about changes and improvements that are required in how it operates its child protection services. This report of the Ombudsman for Children was published in May of this year.

In developing the procedural documents contained in Part 2 of this report, the HSE (Task Force) has examined the *National Social Work and Family Support Survey*, the OMCYA Review, and in addition, has considered the information provided by all HSE LHO areas to the Ombudsman for Children.

Key findings of the OMCYA national review of compliance with Children First

The OMCYA *National Review of Compliance with Children First* presented five sets of recommendations under the headings of Protection, Access, Standards, Integration and Implementation, and Monitoring. Two of these are

of particular relevance to the work of the HSE Children and Families Task Force.

Recommendation 3.1 – Standards

‘That the Children First Guidelines be applied in a consistent manner across the HSE and the HSE develops good practice guidelines, standards and protocols, underpinned by appropriate management and quality assurance, to enable this to happen.’(p13)

Recommendation 5.1 - Implementation and Monitoring

‘That the HSE reviews and replaces, if necessary, the current local and regional child protection committee structure and puts in place an appropriate structure to facilitate effective child protection across the HSE’ (p17)

With regard to the recommendation concerning Standards, it is important to note the difference between ‘standardising processes’ and ‘introducing standards’. The HSE is addressing the former and the full implementation of standardised processes will ensure consistent practice nationally. It is, however, the remit of the Department of Health and Children (DOHC) and the Health Information and Quality Authority (HIQA) to develop a set of national standards in relation to child welfare and protection, as has been done for a range of other services. Once such National Standards are developed, these will be implemented and monitored by the HSE.

With regard to implementation and monitoring it is obviously a governance issue for the HSE to ensure that all child protection work is supervised and monitored, and the later section on governance will set out the way in which the HSE Task Force has recommended addressing this requirement. These recommendations will be fed into the *Strategic Review of the Delivery and Management of Child Protection Services*, the project deliverables for which are:

- To identify, with reference to international best practice and national legislation and policy, the most appropriate

organisational and management model for the HSE's Child Protection Services;

- To outline, based on the model identified above, the optimal arrangements for service management and delivery throughout the country and in particular at local and regional levels;
- To advise on the optimal governance arrangements in order to deliver a safe and effective service in line with HSE's statutory obligations;
- To provide a clear and transparent management structure and process at all levels

The implementation of the recommendations of that *Strategic Review* will address the matters raised in the OMCYA Review of *Children First* in its recommendations 3.1 on Standards, and 5.1 on Implementation and Monitoring.

Overall conclusions drawn by the Task Force from analysis of the reviews of compliance with Children First

The evidence of both the *National Social Work and Family Support Survey* and the HSE review of compliance with *Children First* indicates a significant extent of implementation of, and degree of compliance with, the national guidelines in many parts of the HSE. However, there is clearly a lack of consistency nationally in how HSE child protection services operate. This examination has now identified the gaps that need to be closed and has provided the context for the work of the Task Force.

With the publication of the revised *Children First 2010* the HSE has developed a new implementation mechanism which will address the inconsistencies identified in the Survey ensuring full compliance with *Children First 2010*.

Part Two

HSE Staff Responsibility for the Protection and Welfare of Children

This policy applies to all staff employed by the HSE

The HSE has specific responsibilities regarding the protection of children. As an employee of the HSE, irrespective of the position you hold, you have a share in this responsibility.

If you have any queries regarding the content of this document please contact your line manager or the Child Care Manager's office in your area.

Introduction:

There are two agencies in Ireland that have responsibilities set out in law regarding the care and protection of children. These are the Health Service Executive (HSE) and An Garda Síochána (The Irish Police Force).

Sometimes people working in the HSE believe that child protection is the responsibility only of social workers. This is false. Nowhere in child care legislation will you see social work named as having responsibility, you will see the HSE (previously Health Board). This is what is known as a *Corporate Responsibility*. As an employee of the HSE you have a share in that responsibility.

This booklet explains your role and that of your colleagues in understanding and discharging your responsibility.

Where do you fit in?

As a staff member of the HSE, for the purpose of dealing with suspected cases of child abuse, you are in either of the two following categories of staff:

1. You are a Designated Officer under the provisions of the Protection for Persons Reporting Child Abuse Act, 1998;
2. You are a member of the wider staff group.

There are different responsibilities for both of these categories of staff but both are extremely important as reports of suspected child abuse can come through many different pathways.

How do you know which category you are in?

The next page contains a list of grades and professions who by virtue of their employment with the HSE are designated officers. These designated officers have a basis in law. This means that under the provisions of the Protection for Persons Reporting Child Abuse Act, 1998 people are protected if they make a genuine or bona fide report of suspected abuse to a designated officer of the HSE.

Check the list on the next page to find out if you are a designated officer. If you are then please ensure you read Section A for designated officers.. If you are not a designated officer then please read Section B.

Remember if in doubt, check it out. If you are concerned about the safety of a child and are unsure what to do, talk to your line manager, or a HSE Social Worker or in an emergency where you believe the risk is real and immediate and you cannot contact anyone call the Gardaí.

Section A: HSE Designated Officers

Under the Protections for Persons Reporting Child Abuse Act, 1998 persons are protected by law if they in good faith report suspected child abuse to a designated officer of the HSE. For the purposes of the 1998 Act the following staff groups have been appointed as designated officers.

Access Workers	Inspectors Of Children’s Residential Centres And Foster Care Services
Advocacy Workers	Non Consultant Hospital Doctors
Care Assistants	Nurses – All Grades And Services
Child Care Managers	Occupational Therapists
Social Care (All Grades)	Pre-School Services Officers
Children First Implementation Officers	Project Workers
Children First Information And Advice Officers	Psychologists
Childminder Coordinators	Psychiatrists
Community Welfare Officers	Physiotherapists
Counsellors In Services For AVPA	Public Health Nurses
Coordinators Of Disability Services	Quality Assurance Officers – Including Monitoring Officers For Children’s Residential Centres And Foster Care Services
Environmental Health Officers	Radiographers
Family Support Coordinators	Residential Child Care Managers / Residential Child Care Workers
Family Support Workers	Substance Abuse Counsellors
Hospital Consultant Doctors	
HIV And Aids Service Workers	Social Workers – All Services And Grades
Health Education And Health	Speech And Language

Promotion Personnel

HSE Dental And Medical
Personnel

Therapists

Training And Development
Officers

If you are employed by the HSE in the foregoing list of grades/functions you are a designated officer. There is a specific manual for designated officers which you should have received and read. If for some reason you have not received this please ensure that you advise your line manager or local child care managers office and a copy will be issued to you without delay.

What is your responsibility as a designated officer?

If a person reports suspected child abuse to you, your responsibility in the first instance is;

- To clarify with the person making the report that he/she is making a formal report.
- To inform that person that they are protected in law from civil liability if the report to you as a designated officer is reasonable and in good faith.
- To establish if reasonable grounds exist.

How do you establish if reasonable grounds exist?

You examine the report you receive by looking at the information which has been reported to you and asking questions if necessary to give further clarity.

The following examples constitute reasonable grounds for concern.

- A specific indication from a child that they were abused or are at risk of abuse.
- A statement/report (verbal or written) from a person who allegedly witnessed the abuse occurring.
- An injury, illness or behaviour consistent with the abuse.
- Corroborative evidence of deliberate harm or negligence.
- Consistent signs of neglect over a period of time.

A suspicion not supported by any objective signs does not constitute a reasonable suspicion or reasonable grounds for concern.

Remember if in doubt, check it out. If you are concerned about the safety of a child and are unsure what to do, talk to your line manager, or a HSE Social Worker or in an emergency where you believe the risk is real and immediate and you cannot contact anyone call the Gardaí.

What do you do if reasonable grounds for concern exist?

Use the Standard Reporting Form (see below or available from the Social Work Department). the form and any other information to a social worker in the Children and Families Services. If you believe the concern is urgent and

that there is imminent risk to a child make the report by telephone and then follow it up with the form. The quality of the information you provide will influence the ability of the social work department to respond. If you intend to contact the Social Work Department, you should firstly inform the parents of the child concerned, unless there is good reason not to do so.

What type of reports could you receive?

There are two main types of report. The first is suspected child abuse of which there are four categories **Physical Abuse, Emotional Abuse, Sexual Abuse and/or Neglect**. The second is a child welfare report where report where the circumstances of a child indicate he/she is experiencing difficulty in one or more aspects of their lives due to issues which are present in the lives of their parents/carers or other family members. Both are important.

How could you receive reports?

You might receive a report verbally by phone or in person. You might receive a report in writing. You may witness something which gives rise to concern in which case you become a reporter. You may receive an anonymous report from a member of the public which should still be followed up depending on the information available. If you receive an anonymous report you should;

- Outline that HSE capacity to respond is limited when the report is anonymous.
- Remind the person making the report that child protection is everyone's responsibility.
- Encourage and support the person to reconsider the issue of anonymity.

It is official policy of the HSE that HSE Staff and partner organisations should not make anonymous reports.

As a designated officer you should if you are involved with or have access to the parent/carer of the child tell them you are making the report unless to do so would further compromise the safety of the child.

What happens after a designated officer makes a report to social workers?

The social worker will further screen the report you have made. An intake record will be completed after which the case will either be closed or proceed to an initial assessment. After the initial assessment the case will be classified as;

- Closed no further action.
- Suspected child abuse requiring a child protection response. The Gardaí are notified by the social work team in such instances.
- Welfare, requiring a family support approach.

Do you have a role after making a report to social workers?

This depends on a number of factors. After you submit the Standard Reporting Form to the social work department you may, depending on your

professional competence, setting and dealings with the child/family be requested to:

- Co-work the assessment of the case.
- Attend subsequent HSE convened meetings to discuss the concern and the response to same.
- Be called to provide evidence if Court proceedings follow.

The social work team will assume overall responsibility for the management of the case, based on the report you have submitted.

Further Information and Training:

For further information regarding the protection and welfare of children and training which may be beneficial to you and your colleagues please contact the child care manager's office in your area.

Section B: All Staff (Non-designated officers).

Should a member of the public make contact with you indicating they are concerned about a child who may be at risk you should advise them to make contact with a social worker in the HSE Children and Families services.

Each weekday there is a social worker on duty with the specific task of receiving such reports.

You can assist the member of the public in the following ways:

- 1. DON'T assume they will be able to easily contact the social worker on duty.**
- 2. DON'T assume they will have the confidence to express their concern again as it will not necessarily have been easy for them to raise it with you.**
- 3. DON'T guarantee them absolute anonymity but you can advise them that normally names of members of the public are not revealed without this being discussed further with the social worker. There may be other events such as court proceedings or Garda investigations where this is not possible.**
- 4. DO help them to contact the duty social worker by ringing the nearest Health Centre and finding out who is on duty that day and how they can be contacted.**
- 5. DO go further if you have to and contact the local child care manager's office.**
- 6. DO check the department you work in and if the member of the public is dealing with a designated officer in that department then**

advise the member of the public to talk to the designated officer. If the report is being made in good faith the person is protected in law by reporting it to a designated officer of the HSE.

- 7. DO advise the member of the public to report to the Gardaí if they believe the concern is urgent and it is outside normal working hours or they can't access help elsewhere.**

If you yourself, without a report from a member of the public, have concerns about a child at risk then follow the same steps as set out above and report your concerns to a designated officer or social worker on duty.

Remember if in doubt, check it out. If you are concerned about the safety of a child and are unsure what to do, talk to your line manager, or a HSE social worker or in an emergency where you believe the risk is real and immediate and you cannot contact anyone call the Gardaí.

Standard Report Form – For all staff reporting a child protection or welfare concern to the social work department.

A. To Duty Social

Worker:

1. Date of Report

--

2. Details of Child

Name:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address:		DOB			Age
		Scho			
Alias		Correspondence address (if different)			
Telephone		Telephone No.			

3. Parents

Details of Mother		Details of Father	
Name:		Name:	
Address: (if different to child)		Address: (if different to child)	
Telephone No's:		Telephone No's:	

4. Household composition

Name	Relationship	DOB	Additional information, e.g. School/Occupation/Other

5. Details of Persons reporting Concern(s)

Name:		Telephone No.	
Address:		Occupation	
		Relationship to client	
Reporter discussed concern with parents/guardians			Yes No

6. Parents Aware of Report

Are the child's parents/carers aware that this concern is being	Yes	No
--	------------	-----------

7. Details of Report

(Details of concern(s), allegation(s) or incident(s) dates, times, who was present, description of any observed injuries, parent's view(s), child's view(s) if known.)

--

8. If child abuse is being alleged, who is believed to be responsible for causing it?

Relationship to child:		Age		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Name:		Occupation					
Address:							

9. Name and Address of other personnel or agencies involved with this child:

	Name	Address
Social Worker		
PHN		
GP		
Hospital		
School		
Gardaí		
Pre-		

School/Crèche/YG		
Other (specify):		

10.

Date

Signed

Social Work Department Duty System

This section applies to child protection and welfare social work departments

Introduction:

An effective, efficient and clearly understood process for receiving referrals is central to the overall delivery of a Child Protection and Welfare system.

This document sets out HSE policy for the duty system and applies across all HSE regions.

Duty System Roles and Responsibilities:

It is a requirement in each area covered by a child care manager that there is in place a social work duty system. It is the responsibility of principal social worker to ensure that resources are deployed to ensure that all reports to the social work department are responded to by a social worker immediately or as soon as possible on the same day.

The objectives of having a duty system are as follows:

- To provide an easily accessible service which has high visibility in the community;
- To provide a timely (same day) response to any interested party reporting any concern for the safety and wellbeing of a child by the HSE social work department;
- To provide a dedicated social work service for the specific purpose of receiving and responding to referrals of a child protection and welfare nature.

Design and Maintenance of Duty System:

- The overarching duty system design is the responsibility of the principal social worker (PSW) having regard to the input of the child care manager (CCM).
- The maintenance of the duty system roster is the responsibility of the social work team leaders (SWTL) in consultation with the PSW.
- The daily management of the duty system is by a social work team leader as assigned by the PSW.

Participating Social Workers & Staff:

- All social workers and social work team leaders employed by HSE Children and Families Services who report to a principal social worker are eligible for assignment to the duty system.

- Other professionals employed by the HSE Children and Families Services who report to a principal social worker may be assigned to assist but not lead in the duty system.

Duty System Design Options:

- A dedicated duty/intake team which provides the function on a continuous basis.
- A daily or weekly duty system to which all social workers are assigned on a rotational basis.

Either of the two options is acceptable, having regard to the geography, population and known activity levels in the area covered by the CCM. [This way of referring to the discrete administrative area is to allow for any change that may arise from restructuring at a later date. The current administrative area is the LHO area].

The CCM will keep a formal record of the duty system in operation and update as required. The PSW will keep a formal record of the duty rota.

Duty Operating Hours:

- The duty system when designed is required to operate within HSE opening hours as currently established in job specifications or as may be changed in the future.

Duty Location:

- The duty location(s) will be determined by the PSW having regard to the geography and population and known activity levels of the area.
- The duty locations and contact details will be widely circulated throughout the area relevant agencies, designated officers and reception / switchboard operators to facilitate ease of access to people who need to make a referral. The CCM is responsible for the circulation of this information.

NB: HSE is currently reviewing structures and frameworks within Children & Families Social Services which may influence the Social Work Department procedures and policies.

Social Work Department Operating Procedures

This section applies to child protection and welfare social work departments

Introduction

Where a referral of concern in respect of a child is made to a social work department and the concern reaches the threshold for the provision of services, a cycle of assessment, planning, intervention and review commences and is repeated where necessary until such time as the case is closed. The key roles and responsibilities in respect of these processes are outlined in Chapter 6.

The response to a new referral begins with the creation of an intake record following which, where the concern remains, an initial assessment is carried out. If following initial assessment it is determined that the child is *at ongoing risk of significant harm*, a case conference is convened and if the conference confirms the outcome of the initial assessment, a child protection plan is developed, implemented and reviewed. The child's name is placed on the Child Protection Notification System. (Figs 1 and 2).

If following initial assessment it is determined that the child is not *at ongoing risk of significant harm* but that there are concerns about their welfare, a family support plan is developed, implemented and reviewed. (Fig 1) At any juncture further assessment may be required. Furthermore the need to take urgent action to safeguard the child must at all times be considered.

Fig 1

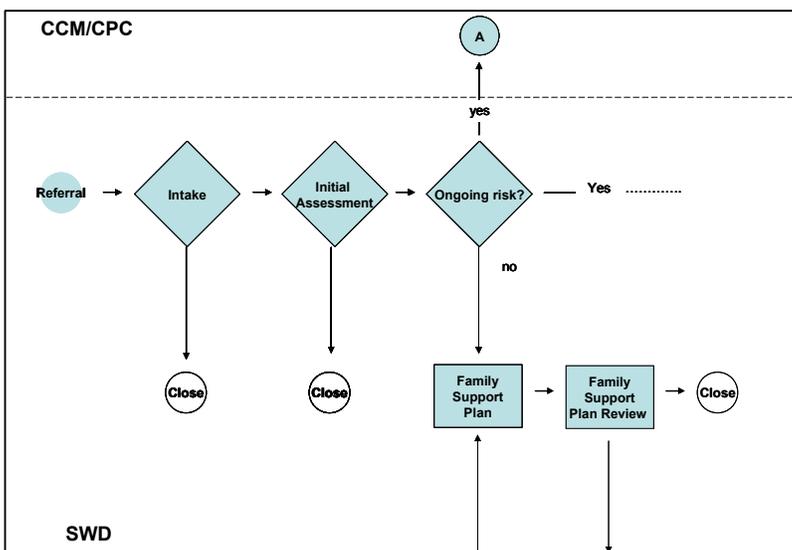
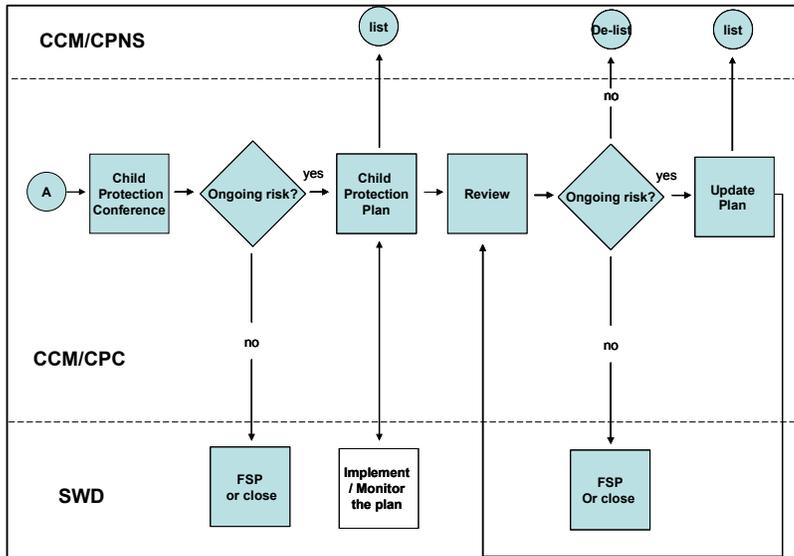


Fig 2



In any circumstances, or where necessary in law, a family welfare conference may be convened.

Where it is necessary for a child to come into the care of the HSE, a care plan is developed, implemented and reviewed until such time as the child is discharged from care.

The standard procedures, forms and guidelines for referral, assessment, child protection, child welfare, family welfare conference and children in care are described in detail in Appendix 2. The following is a brief introduction to the main components of the processes.

1. Referral, Initial Assessment and Further Assessment

There are two steps to the referral process. The screening step is concerned with screening out those enquiries, reports, requests for service etc. that do not belong to the social work department and recording the details provided by the reporter for those that do.

The preliminary enquiries step is concerned with substantiating the details provided by the reporter e.g. verify reporters phone number, child's address, concern, check if the child is already known to the service, other network checks etc.

A preliminary enquiry is not an assessment. The aim of the preliminary enquiry process is to support and help the social worker to make a decision on the action to take in response to the information reported that will result in the best outcome for the child who is the subject of the referral. Normally that decision or action will be to carry out an assessment or assessment with another action.

Initial and further assessment is a time-limited processes to allow the gathering of sufficient information on the needs and risks within a case so that informed decisions and recommendations can be made and actions that will result in better outcomes for children taken.

While assessment is a continuous process that will occur while a case is open or the child is in the care of HSE, formal assessments, (i.e. the type of assessment described in this report) are carried out within very specific time frames, use standard operating procedures and record appropriate assessment information on approved standardised templates and forms.

An important objective of initial assessment is to determine if further, or more comprehensive assessment(s), is required and to enable if necessary a plan to be put into place to govern continuing intervention.

Some assessments may be simple and constitute a 'single sweep' of the procedure. In other more complex cases, the assessments will need to be tailored (some steps may be omitted and other steps visited and revisited a number of times) to suit the specific circumstances of the case.

The primary purpose of initial assessment is to determine the degree of risk to which the child is subject, to consider unmet needs and to decide on appropriate action.

2. Child Protection

When it appears (on completion of assessment) that a child is at *on-going risk of significant harm* a request is made to convene a child protection conference.

A child protection conference is an inter-agency and inter-professional meeting convened by the child care manager/designate. It takes place after initial (or further) assessment. The child's parents/carers will be invited to the child protection conference unless there are specific grounds for not so doing. The child will be invited if this is deemed to be in their interest. The main tasks of a child protection conference are to decide if a child continues to be at on-going risk of significant harm as a result of abuse or neglect and if so to formulate a child protection plan which should include the family's needs for support and to list the child's name on the Child Protection Notification System.

NB – A new policy on Child Protection Conferences has been issued since May 2010. The child protection plan will outline specific actions and persons responsible for carrying them out. The plan will be reviewed and updated at child protection conference reviews. The decision that a child no longer requires a child protection plan can only be taken at a child protection

conference review. The primary responsibility for implementing the child protection plan will lie with the social work department.

The Child Protection Notification System (CPNS) is a list of all children who are the subject of a child protection plan. It is a facility to allow for 24 hour access to details of children listed on the system. Access to information on the CPNS is only for persons with a bona fide reason for such information e.g. registered medical practitioners, senior nurses, social workers, garda officers who have been designated and senior staff in the probation and welfare service.

The Child Protection Notification Management Team (CPNMT) has responsibility for monitoring standards of service provision and delivery. The response, manner and quality of services provided to children and families should be reviewed by the CPNMT by way of a systems check. Lessons learnt through the systems check are used to identify and address deficits and to continuously improve child protection process and systems.

At any point during a child protection enquiry, but particularly at the outset, a strategy meeting may be called. The purpose of the meeting is to plan the next steps in the enquiry and any urgent intervention required. An Garda Siochana should be in attendance.

3. Child Welfare

Where following initial assessment it is determined that a child is not *at ongoing risk of significant harm* but has unmet needs requiring intervention, a family support plan is developed.

The family support plan should be formulated with the family. Families should be encouraged to identify their own solutions as much as possible. The allocated social worker will also need to consider whether other agencies or disciplines such as members of neighbourhood/community networks or professionals involved in delivering a service or offering support may need to contribute to the plan. If so their contributions will need to be co-ordinated by the allocated worker.

The family support plan should take into account the needs and strengths of the child and his/her parents/carers so that appropriate services can be identified, offered and agreed. The plan may include family support services provided directly by HSE staff or family support services externally provided i.e. funded by the HSE.

The family support plan may be created at a formal meeting or developed over the course of a number of informal contacts/meetings. In all cases the family support plan will include a list of actions and names of person(s) responsible for carrying them out and timescales.

A family support plan review is activated by way of an existing family support plan. The review date is set in the existing plan and the review will be held no later than six months after the sign-off date of the existing plan. The review date may be brought forward if an emergency requires it.

The setting for the review is a multi-disciplinary meeting to include the family and child (where appropriate) and relevant significant others who may be contributors to the plan.

Where the review process identifies that there are no on-going child welfare needs, the case will be closed

Where the review process identifies that there are on-going needs the plan should be updated and a date for the next review meeting agreed (up to a maximum of six months).

4. Family Welfare Conference

The family welfare conference is a family-led decision-making meeting involving family members and professionals, which is convened when decisions need to be made about the welfare, care or protection of a child/young person. The purpose of the meeting is to develop a safe plan to meet the needs of the child or young person.

Family welfare conferencing service is established under the Children Act 2001. Part 2 (Sections 7 -15) Part 3 (Section 16 (IVA Section 23) and Part 8 (Section 77) of the Act sets out, on a statutory basis, the role, purpose and format to be adopted by the HSE in convening and operating a family welfare conference.

In circumstances where the HSE is directed by the Children's Court (Section 77) because it considers that a child/young person on criminal charges may be in need of special care and protection, the HSE may convene a family welfare conference. Section 23 of the Act sets out the circumstances where the HSE in applying for a Special Care Order to place and detain a child in a Special Care Unit, where a child's behaviour is out of control to the extent that there is a real and substantial risk to his/her health, safety, development or welfare shall convene a family welfare conference in advance of the application to the court for a Special Care Order.

In circumstances where HSE is of the view that there are issues of concern around the welfare and/or protection of a child/young person, it can, with the informed consent of parents/main carers/guardians, make a referral to the family welfare conferencing service.

Family welfare conference is convened when:

- The HSE is directed to do so by order of the court;
- The HSE is of the view that a child requires a Special Care Order or protection which he/she is unlikely to receive unless a Special Care Order is made;
- The HSE is concerned for the welfare/care/protection of a child/young person and wishes the family to devise a safe family plan to address their concerns.

The family welfare conference plan is formulated at the family welfare conference by the family. The family is allocated private family time to develop the plan. The family plan is accepted and implemented by the HSE unless it puts the child at risk.

A family welfare conference review may take place, following an agreed period of time, (normally after 3 months) to review the implementation of the plan agreed at the family welfare conference.

The family plan is reviewed and elements of the plan that are working well and those that are not working are discussed. A new plan or a modified plan may emerge at the review or the case may be closed to the family welfare conference service.

The responsibility for the monitoring of the plan is decided at the family welfare conference review.

5. Children in Care

The Child Care Act, 1991, charges the HSE to 'promote the welfare of the children in its area who are not receiving adequate care and protection'.^{4[1]} The Act recognises that in carrying out this function, it is at times necessary to take children into care, either by voluntary agreement with parents or by means of a court order.

"Where it appears to the HSE that a child in its area requires care or protection that he is unlikely to receive unless he is taken into care, it shall be the duty of the HSE to take him into care." CCA 1991

Where a child is being admitted to the care of the HSE, section 36 of the 1991 Child Care Act outlines the ways in which care must be provided, including:

- (a) Placing the child with a foster carer
- (b) Placing the child in residential care
- (c) Making such other suitable arrangements (which may include placing a child with a relative) as the HSE thinks proper.

Where it has been determined that a child needs to come into the care of the HSE, this must be effected by means of the provisions of the Child Care Act, 1991:

Section 4 – Voluntary Care

Section 13 – Emergency Care Order

Section 17 – Interim Care Order

Section 18 – Care Order

Section 23 – Special care order

Note : a child placed in the **custody** of the HSE following intervention by an Garda Síochána pursuant to section 12, CCA 1991, is not in the **care** of the

HSE until such time as a care order is granted in the District Court or the child is received into care subject to section 4, CCA 1991, with parental consent.

Upon admission to care each child requires the development of a care plan to ensure that the needs of a child are clearly identified and met in a systematic and timely manner. A placement plan is also formulated to ensure that the overall aims of the care plan are met within a specific placement. (See Chapter 4)

The care plan is formally reviewed in accordance with statutory regulations.

Admission to care, transfer of placement and discharge from care must be carried out in accordance with standard operating procedures.

Care Planning

This chapter applies to social work departments, and fostering and residential care services. The guidelines should be read in conjunction with the Child Protection and Welfare Social Work Department Business Processes- Children in Care- Appendix 2 below.

1. CARE PLANNING FOR CHILDREN AND YOUNG PEOPLE IN CARE

1.1 Guiding Principles

- The UN Convention on the Rights of the Child (ratified in Ireland in 1992)
- The National Children's Strategy 2000, Our Children their Lives
- The Agenda for Children's Services 2008

1.2 Irish Legislation/ Regulation/ Policy

- Child Care Act 1991
- Children Act 2001
- Child Care Amendment Act 2007
- Child Care (Placement of Children in Residential Centres) Regulations 1995
- Child Care (Placement of Children in Foster Care) Regulations 1995
- Child Care (Placement of Children with Relatives) Regulations 1995
- Child Care (Standards in Children's Residential Centres) Regulations 1996
- Child Care (Special Care) Regulations 2004
- Children (Family Welfare Conference) Regulations 2004
- National Standards for Children's Residential Centres 2001
- National Standards for Foster Care 2003
- National Standards for Special Care Units
- Criteria for the Appropriate Use of Special Care Units 2006 (Revised 2008)

1.3 What is Care Planning?

Care Planning is an on-going process from the time of the initial decision to place a child/young person in Care through to the Statutory Care Plan Review process, and in preparation for Leaving Care. Care Planning is based on views of professionals, the child/young person and their family and significant others and those with a legitimate interest in the child/young person on all important issues affecting his/her life.

Assessment of the child/young persons needs is the key to Care Planning. The quality of this assessment will determine the quality of the planning for the child/ young person and the identification of the most appropriate care

placement. This assessment should include identifying the needs of the child/ young person on coming into care and identifying the family's strengths/ difficulties, in the context of how they might contribute to the child/young person's care, or work towards reunification.

"Care planning is not, and should not become, a bureaucratic or administrative event which is apart from, or in addition to, social work intervention with children and their families" (Horgan and Sinclair, 1997)

1.4 What is a Care Plan?

A Care Plan for a child/ young person in the care of the HSE is a written document which reflects the Care Planning Process. It should contain the following:

- An assessment and analysis of the child/young person's needs which require alternative care
- A statement of the child's educational needs, social needs, emotional needs, religious/ spiritual needs and health needs
- An evaluation of the child/ young persons needs and translation of these needs into a detailed programme of work with identified individuals to complete tasks within a set timeframe
- The aims and objectives of the placement in care to meet those identified needs.
- The expected duration of the placement in care
- The supports that the placement in care needs to address the needs of the child/ young person
- Identification of how the placement in care will support and promote the needs of the child
- A plan for access/ contact arrangements
- Arrangements to review the care plan
- A plan for discharge from care/ after care
- A statement of the consultation with the child/ young person, the family and significant others.

1.5 When should a Care Plan be drawn up?

A Care Plan should be prepared before the child/ young person is placed in care. In the case of emergency admissions to care a Care Plan should be developed within 7 days of an emergency placement for young people placed in residential care (National Standards for Residential Care) and within 14 days of an emergency placement in foster care (National Standards for Foster Care). Initially the Care Plan may be valid only for a specific period of time. A detailed Care Plan should be completed by the Social Worker as soon as decisions are made in relation to the child's/ young persons care status or prior to the first Child in Care Review at eight weeks following admission, whichever is the soonest.

With the exception of emergency placements, young people should only be referred and admitted to care when their identified needs clearly indicate that such a placement is necessary and this is reflected in the child/ young person's Care Plan

Where a child/ young person is placed, or continues to be placed in Residential Care because of the lack of an appropriate alternative placement, this should be clearly outlined in the child/ young person's Care Plan.

1.6 Who authorises the implementation of the Care Plan?

The child/ young person's supervising Social Worker and the Social Work Team Leader have responsibility for the implementation of the child/ young person's Care Plan, following consultation with the child/ young person, the carers, the family and significant others.

1.7 When can the Care Plan be implemented?

The Care plan can only be implemented when it has been 'signed-off/ approved' by the Principal Social Worker, the Social Work Team Leader, the supervising Social Worker and the child/ young person and their parents where possible.

1.8 What makes a Care Plan effective?

An effective Care Plan is one that:

- Sets out clearly the short, medium and long terms goals for intervention with the child
- Enables Social Worker to be clear about why the child/ young person is in care and gives direction to the work with the child/young person.
- Clarifies for the parents and child/young person the circumstances by which the child/ young person may be returned to their care.
- Outlines the specific role of foster carers/ residential care while the child is in placement
- Outlines the family and significant others' future involvement with the child/young person – where the child/ young person is not returning home.
- Ensures that the child/ young person's individual needs are clear and the services required to meet them have been identified.
- Ensures that the child/ young person is informed and consulted about decisions that affect their lives
- Ensures that the child/ young person knows where he/ she will be living and what is going to happen in future.
- Ensures that Carers know the Agency's plan for the child/ young person, what they are being asked to do, the implications for them and the supports they are going to need now and in the future in order to implement the Plan.
- Ensures that the Social Worker/ Social Work Service/ HSE meets the statutory and regulatory requirements.

1.9 When should a new or amended Care Plan be developed?

- Where the current care plan is no longer relevant and the needs of the child/ young person have changed significantly since the last Care Plan Review
- When a change in Foster/ Residential placement is being considered
- Where the child/ young person is being reintegrated with their family of origin
- When a placement is at risk of ending in an unplanned way
- When a placement ends in an unplanned way
- When there is a plan to discharge a child from care

1.10 Special Care

- In the case of Special Care Applications a Family Welfare Conference should be held and Social Workers should follow the Information and Application Pack for Special Care, including the “Criteria for Appropriate use of Special Care Units”. This will lead to a new or amended Care Plan.

2. THE STATUTORY CHILD IN CARE REVIEW

2.1 What is a Statutory Child in Care Review?

- A statutory Child in Care Review is a legal requirement to review the overall placement and Care Plan for the child/ young person.
- A Review is generally organised as a formal meeting involving all professionals working with the child and family. A Review involves the child/ young person/ family or significant persons being in attendance unless there are compelling reasons for them not to attend.
- The purpose of the review is to consider the child/ young person’s progress in care, important issues related to his/ her well-being, existing plans for his/her developing circumstances and to make appropriate recommendations and amendments.
- To ensure that the Care Plan is being implemented.

2.2 Who is responsible for convening a Statutory Child in Care Review?

The child/young person’s supervising Social Worker, Team Leader or Child in Care Reviewer has overall responsibility for arranging the statutory review. The date of the Statutory Review should be recorded in the Care Plan for the child.

Given the difficulties inherent in scheduling and re-scheduling meetings, every effort should be made not to change the date and time of a child/ young person’s Review where it has been arranged.

2.3 How often should Statutory Child in Care Reviews be convened?

Statutory Child in Care Reviews are convened in accordance with the Child Care Regulations 1995. The first review must be carried out within two months of the date on which the child/young person was placed and thereafter as follows in Table 1.

Table 1:

Duration of Placement	Timeframe for Review	Regulation Applied
1 st Review	Within 2 months (or one month if in Special Care)*	Part IV Section 18(1)(a) Child Care Regulations 1995 Child Care Special Care Regulations 2004
Less than 2 years	Intervals not exceeding 6 months or as often as may be necessary in the particular circumstances of the case.	Part V Section 25(1)a Part IV Section 18(1)b Child Care Regulations 1995
More than 2 years	Not less than once in every calendar year	Part V Section 25 (1) b Part IV Section 18 (1) b Child Care Regulations 1995

** Reviews in Special Care are held monthly in accordance with the Child Care Special Care Regulations 2004*

Changes to the Care Plan should not be made outside the Review Process unless there are compelling circumstances. Where the circumstances change to the point where the Care Plan is no longer valid/ achievable, the Social Worker should convene a Care Planning Meeting. The child/ young person and their parents need to be involved and consulted about any amendments or changes to their Care Plan.

The next Statutory Child in Care Review should consider the new or amended Care Plan in the light of the child/young person's needs and make such recommendations as are appropriate to ensure that these are met.

2.4 Who should attend a Statutory Child in Care Review?

The general principle is that only those known to the child/ young person and his/ her family should attend the review. In line with this, it is recommended that only the following should be invited to participate in the Statutory Child in Care Review:

- The child/ young person (age appropriate)
- The child/ young person's parents
- The child/ young person's Social Worker
- The Social Work Team Leader

- The Principal Social Worker (when reviewing complex cases)
- The Centre Manager/ Key worker/ Foster Carer
- Any professional person currently involved the child/ young person's care
- Any professional person who may be asked to become involved in the child/ young person's care
- Any other person with a bone fide interest in the welfare of the child/young person as determined by his/ her Social Worker
- Any Guardian or Guardian *ad Litem*.

2.5 What preparation is required for a Statutory Child in Care Review?

In order to prepare for a Statutory Child in Care Review the child/ young person's Social Worker will ensure the following takes place:

- A date for the Review is set.
- A child/ young person centred venue for the Review is agreed between the Social Worker, carers, and the child/ young person
- Those invited to attend are reminded/ informed of the upcoming Review in writing at least 4 weeks prior to the set date or as appropriate for Special Care
- Professionals involved submit a written report in relation to the child/young person for consideration at the review, whether they are able to attend the Review or otherwise.
- Ensure that reports are secured from the child/ young person and their parents, the carer/ key worker and the teacher / course instructor/ Special Care Units School and forwarded to the Social Worker for consideration at the review
- The child/ young person's Social Worker completes a report in preparation for the Review
- A copy of all documentation received is held by the child/ young person's Social Worker on the child/young person's case file.

2.6 How is the Statutory Child in Care Review Conducted?

The Statutory Child in Care Review may have an Independent Chairperson or be chaired by the Social Work Team Leader. It should be conducted in a manner that ensures that:

- All participants feel they are safe, respected and that their contribution is both welcome and valued, especially the child/ young person and their family
- The child/ young person and their family have been heard by all those present
- All reports contributed are read into the record and discussed with a view to identifying and meeting the needs of the child/ young person concerned

It should ensure that the following regulatory requirements under the Child Care Regulations 1995 have been considered and satisfied:

- Whether all reasonable measures are being taken to promote the welfare of the child/young person
- Whether the care being provided continues to be suitable to the child/young person's needs
- Whether the circumstances of the parents of the child/young person have changed
- Whether it would be in the interests of the child/young person to be given into the custody of his/ her parents
- In the case of a child/young person who is due to leave the care of the HSE within the following two years, the child/young person's need for assistance in accordance with the provisions of Section 45 of the Child Care Act

In addition consideration should be given to:

- Any other issues relevant to the health, safety, social and educational development and the emotional well-being of the child/young person.
- Whether the child/ young person is eligible for adoption under the 1988 Adoption Act
- Where a child/ young person will have been placed with Foster Carers for 5 years consideration should be given to whether an application under Section 43(a) of the Child Care Amendment Act 2007 should be pursued.
- Where a child is in Special Care whether the circumstances which led to the granting of a Special Care Order have changed and whether it is necessary to continue to detain the child/ young person in the unit.
- Statutory Child in Care Reviews are recorded and minutes of these meetings should be circulated to all those in attendance in a timely manner.

2.8 The Special Review

- A child/ young person's family or guardian or any guardian *ad litem* or significant others or legal representative of the child/ young person or any person having a bone fide interest in the case of a child/ young person placed in a unit or foster home, may make a request in writing to the Local Health Office responsible for the child/ young person to carry out a review of the case. In the case of Special Care a child/ young person may make a request for a review of their case. The HSE shall accede to such a request, unless it considers, having regard to the available information and reports on the child/ young person, that a review is unnecessary.
- Where the HSE declines to accede to a request to review the case of a child/ young person in a unit the supervising Social Worker shall inform in writing the person who made the request of its decision and the reasons for not acceding to the request.

3. THE PLACEMENT PLAN

3.1 What is a Placement Plan?

A Placement Plan is a document which gives a clear indication of the purpose and aim of a placement, the developmental needs of the child/ young person (i.e. educational, social, emotional, religious/ spiritual and health) and the goals of the placement. It provides practical and manageable ways of achieving the goals set out in the Placement Plan. Practical tasks and time-frames are incorporated into the plan.

The Care Plan should distinguish between the overall long-term plan and the plan dealing with the period the child/ young person is in a placement which is called the Placement Plan.

3.2 Who is responsible for drawing up a Placement Plan?

In Residential and Special Care the Placement Plan is ideally prepared during the pre-admission process or within a week of the child/ young person's admission to the centre. The child/young person's Key Worker is responsible for drawing up a Placement Plan in consultation with the Social Worker, the Residential Care Team, the child/ young person and his/ her family and significant others.

In Foster Care the Placement Plan is drawn up by the supervising Social Worker in consultation with the Foster Carers, the link worker, the young person, their parents and other relevant parties as soon as is practicable.

Young people are entitled to be involved in decisions affecting their lives and as such should be consulted and actively involved regarding the development and implementation of the placement plan. A child/young person's feelings and wishes should be reflected within the placement plan. Young people may not be happy with certain aspects of their placement plans. If this is the case it is important that they understand why a decision or plan is put into place and that their opinions and feelings are clearly recorded. Key-workers should work closely with young people to ensure that they are involved in the plan.

3.3 Who authorises the implementation of the Placement Plan?

For Residential Care/ Special Care the Centre Manager authorises the implementation of the child/ young person's Placement Plan with the agreement of his/ her Social Worker. The key-worker is responsible for ensuring that a copy of the placement plan is forwarded to the supervising Social Worker. The key-worker should also ensure that the Placement Plan is held in a prominent position on the child/ young person's individual file.

In Foster Care the Social Work Team Leader authorises the implementation of the Placement Plan.

3.4 When is the effectiveness of the Placement Plan reviewed?

The Placement Plan should be reviewed on a regular basis and the frequency should be considered at the Statutory Care Plan Reviews. The timeframes for reviewing the Placement Plan must be clearly identified in the placement plan. The Placement Plan should always be subject to review at the same time as the Care Plan as part of the Statutory Care Plan review process.

Staff Supervision Policy

This policy applies to all staff in child protection and welfare services

1.0 Policy and Context

The purpose of this policy is to develop one standardised national policy that draws from, and builds upon, the previous policies.

Children First emphasises that all staff engaged in child protection work should be provided with adequate and regular supervision as a means of dealing with the actual or potential stresses associated with this area of work. The National Children's Strategy (2000) highlights the need for staff engaged in direct work with children to receive adequate and appropriate training. Agenda for Children's Services (2007) encourages policy-makers, managers and practitioners to engage in reflective practice. This entails checking and changing practice in the light of learning from past experiences.

The Primary Continuing and Community Care Interim Report (2008), commenting on the transformation of community services into Primary Care Teams and Networks states that: "While allied health professionals, clinicians and support services will work in multidisciplinary teams, they will receive their clinical supervision and professional development from existing professional structures". However, the whole purpose of transformation is to enable all the different disciplines to work together more closely than ever in order to provide better outcomes for families.

It is, therefore, both timely and appropriate to take a fresh look at how staff can be supported in this new working environment. This document aims to give broad guidance to managers and staff in all professional areas of child care services. At the same time, it allows sufficient flexibility for specific disciplines to address their own unique requirements, which may take the form of additional protocols that are complimentary to this overarching operational policy.

This particular operational policy is confined to the supervision of individuals. However, it is acknowledged that there is a growing interest in group supervision as a means of using case consultations as the primary means through which practice is strengthened and developed (Lohrbach and Sawyer,2004; Lohrbach,2008) and this may be the subject of future policy development.

2.0 Policy Purpose and Objectives

The purpose of this policy is to ensure that staff engaged in child and family services receive consistent and effective supervision that conforms to an overall national standard. Supervision is critical to achieving and maintaining best practice. Effective supervision aims to facilitate both individual and systemic change in a process of continuous improvement.

Supervision provides a regular, structured, opportunity to discuss work, review practice and progress and plan for future development. The main functions of supervision are:

- **Management** to hold the worker accountable for practice to ensure safe, quality, care for children and families
- **Support** for the individual staff member in what is a demanding and potentially stressful working environment. This may involve debriefing which addresses the emotional impact of such work.
- **Learning and development** of each individual to identify their knowledge-base, attitude, learning style and skills; to identify learning needs and the strengths and weaknesses of the worker; and to plan and set targets for ongoing development
- **Mediation** to ensure healthy engagement with, and communication between, the individual and the organisation.
-

3.0 Scope of Policy

This policy applies to all professional grades in child care services. Furthermore, it applies to staff in all settings such as the community, day care facilities, hospitals or residential care, whose responsibilities encompass child welfare and protection. As supervision is a vital means of promoting staff and organisational development it cannot be seen as an optional extra and is therefore mandatory for all staff working in this area. Children First states that it is essential that managers of all disciplines acknowledge the levels of actual or potential stress that may affect their staff and that adequate and regular supervision be provided.

4.0 Definitions

A definition that has stood the test of time is that:

“Supervision is a process in which one worker is given responsibility to work with another worker(s) in order to meet certain organisational, professional and personal objectives. These objectives are competent, accountable performance, continuing professional development and personal support” (Harries, 1987).

Richards and Payne (1990) state that supervision is ‘primarily concerned with overall performance of the worker and ensuring this is in line with the agency’s expectations and standards’

The overall aims of supervision are:

- To ensure that staff are clear about their role and responsibilities
- To ensure that the workers meet the organisation’s objectives
- To provide professional and personal support
- To help alleviate stress
- To develop a suitable climate for reflective practice
- To facilitate communication between the organisation and the worker

- To promote quality services to children and families by striving to continuously improve the quality of practice as a means of ensuring that the best interests of the service user is promoted
- To place children and young people at the centre of practice
- To provide better outcomes for children and families
- To improve staff satisfaction and retention and to reduce staff burn-out and attrition

5.0 Roles and Responsibilities

A number of responsibilities have been identified (Morrison, 2001) that relate to the organisation, the supervisor and the supervisee in order to ensure that supervision succeeds:

Organisational Responsibilities:

The organisation is responsible for the creation and promotion of a climate in which supervision can be introduced, developed, monitored and evaluated.

The organisation may achieve this by:

- Making supervision a core function of child welfare and protection services; and ensuring that the process of supervision is supported and resourced. Staff and managers at all levels should be facilitated to participate in the activity of supervision and in supervision training
- Ensuring that all professional grades of staff, including supervisors, have access to supervision
- Identifying, acknowledging and providing for the cost to the organisation in terms of time out for supervision activity and training
- Identifying, acknowledging and providing for external supervision where appropriate
- Ensuring that the process of implementation, evaluation and review of the policy is facilitated and that this includes mechanisms for consultation with all parties involved

Supervisor Responsibilities:

1. The supervisor is responsible for ensuring that, in conjunction with the supervisee, the supervisee's needs are identified and met; while at the same time having regard to organisational objectives. The supervisor may delegate to, or collaborate with, others in addressing the supervisee's needs but may not abdicate their responsibilities in this regard. In such situations there must be communication between the primary supervisor and the person to which the supervision task has been delegated.
2. The supervisor should ensure that there is equal emphasis on each of the four functions of supervision; bearing in mind that the emphasis on each may change from session to session.
3. The supervisor should seek to ensure that supervision is considered a priority and that appropriate arrangements are put in place to facilitate the process of supervision.

Supervisee Responsibilities:

1. Supervisees should be proactive in getting the support they need to do their work
2. Supervisees should seek clarification regarding their role and ways of working
3. Supervisees must take responsibility for their personal and professional development
4. The supervisee must prepare for supervision, listen, give and accept constructive feedback
5. Supervisees should implement agreements and plans
6. The supervisee should take responsibility for their own performance

6.0 Agreement and Contract

The contracting of supervision between the supervisor and supervisee is fundamental to establishing their working relationship and to identifying the roles and responsibilities of each.

The Supervision Contract should be addressed during the first meeting. However, it may require one or two sessions before the contract is completed as the supervisor will first have to take a supervision history. The original is kept by the supervisor together with the records of supervision meetings and a copy is held by the supervisee. The contract should be agreed upon by the supervisor and supervisee and signed by both parties. It should address issues that have been agreed upon and reviewed at least annually.

A supervision contract template is attached at Appendix 1.

7.0 Frequency and Duration

The frequency and duration of a supervision session may vary according to the needs of the individual supervisee. For example, newer staff will require more frequent supervision. However, ideally, supervision should take place every four weeks. The duration of a supervision session should be not less than one hour and, under normal circumstances should not exceed two hours.

The supervisor has responsibility to ensure that time is kept free from interruptions. Cancellation of supervision should only be in exceptional circumstances as it should be seen as a priority for both parties. If a cancellation is made the supervisor and supervisee should immediately set a new date and time for supervision.

8.0 Content

Supervision is provided to facilitate effective professional practice. Therefore, the content of supervision must include attention to detail of the work and the individual member of staff. Supervision should focus on children and young people's rights, outcomes for children and families, how decisions are made that impact on those outcomes; and planning for the future.

A supervision session should have elements that include:

- Monitoring and ensuring the quality of work
- Exploring and recording decision making processes and their impact on clients
- Seeking and receiving information
- Expressing and exploring issues brought up by the work
- Being challenged in a supportive manner
- Support and feedback

It is essential that supervision is not seen as counselling, either by the supervisor or the supervisee. If, during supervision, personal issues are identified which may impact on the work of the supervisee, it may be necessary for the supervisor to refer to the line manager and/or occupational welfare services.

9.0 Confidentiality

Supervision should take place as a private meeting; however, confidentiality cannot be absolute. There may be circumstances in which matters discussed in supervision may appropriately be brought to others. For example, the supervisor may feel the necessity to bring issues raised in supervision to the attention of the next line manager. In such circumstances, it is incumbent upon the supervisor to first advise the supervisee of their intention to take such action.

10.0 Records

The supervisor is responsible for ensuring that an accurate record is maintained of all supervision meetings. The record should be held by the supervisor in a locked drawer or cabinet. Common practice is that supervision records are held on the staff file, but as a separate, removable, section. Supervision records are the property of the HSE and, as such, may be subject to the same disclosure as any other HSE records; and may also be accessed as part of an inspection or monitoring process.

A copy of all supervision records must be made available to the supervisee. All supervision records should be signed and dated by both supervisor and supervisee; and dated.

The record should reflect a summary of the main points discussed in supervising and any decisions made. There should be a clear indication of who is responsible for actions to be undertaken, with specified time-scales as appropriate. A template for the recording of staff supervision is contained in Appendix 2.

The final part of the meeting should be used to summarise the main points discussed, any decisions taken, tasks to be carried out and a date made for the next supervision session.

When one or other party of a supervision relationship moves, the supervision records should be sealed and maintained within the supervisee's file. It would generally be inappropriate for a new supervisor to access these records. The transition from one supervisor to another should be managed by way of a three-way meeting between them and the supervisee. This will protect the integrity of the supervision relationship while ensuring that outstanding issues are carried forward.

11.0 Resolving Dispute

If difficulties arise in the supervisory relationship, within the context of supervision, these must be acknowledged and addressed by both parties. If issues remain unresolved, either party can inform the next line manager and a separate meeting can be arranged to address the issues under dispute. The next line manager will either facilitate this meeting or appoint an independent person to act as mediator.

Unresolved differences may need to be addressed through the separate Grievance and Disciplinary procedures. Clearly, differences may also arise that are unrelated to the supervision process and these too, if unresolved, should be addressed through Grievance and Disciplinary procedures.

12.0 Training

Training should be provided to all those involved in the provision of supervision. This should address the principles of supervision as well as skills and techniques, having regard to the experience and expertise of the supervisor. Supervisees must also be provided with the opportunity to familiarise themselves with the purpose and function of supervision.

13.0 Evaluation

The supervisor and supervisee should undertake a planned evaluation of the process and content of supervision at least once per year. This is to ensure that supervision remains focused and in keeping with its stated objectives. The original Supervision Contract should be reviewed at this time and amended as required.

Clinical and Managerial Roles and Responsibilities of Social Work Staff and Senior Managers in respect of Children referred to social work departments

Part A

Key Roles

Social Worker

To assess and address the needs of children and their families referred to the Social Work Department as a result of concerns in respect of their welfare or protection.

This will include:

- Screening, intake and assessment of referrals/reports and implementation of appropriate action in consultation with Team Leader.
- Management and prioritisation of assigned caseload.
- Planning and delivery of systematic interventions as appropriate.
- Maintenance of case records
- Preparation of Care Plans for children.
- Preparation of reports for and attendance at Court, Case Conferences, Strategy Meetings, Professional Meetings, Children in Care Reviews.
- Implementation of Family Support Plans
- Implementation of Child Protection Plans

Team Leader

To assist the Principal Social Worker in the management of assigned areas of the Child Protection and Welfare Social Work Service, including the prioritisation of tasks and cases.

This will include:

- Supervision, in accordance with the national supervision policy, of assigned social work staff.

- Ensuring that social work staff complete assigned tasks in accordance with agreed clinical and organisational standards.
- Support the management and prioritisation of caseloads of assigned social work staff.
- Management of strategy meetings and reviews of children in care.

Inform Principal Social Worker where significant identified needs of a child are not being met despite the provision of services.

Principal Social Worker

To manage the Child Protection and Welfare Social Work Service.

This will include:

- The identification and prioritisation of Social Work needs within the area and recommendation of appropriate action to the Child Care Manager and General Manager.
- The provision of a duty/intake system whereby all new reports to social work department are received, screened, assessed and responded to in accordance with agreed standards
- Provision of supervision, in accordance with national supervision policy, to the Team Leaders.
- Ensuring that appropriate clinical and organisational standards are met within the Department.
- To alert the Child Care Manager in respect of child care matters requiring senior management knowledge and oversight
- Inform General Manager/Child Care Manager where significant identified needs of a child are not being met.
- Inform the General Manager about any possible Serious Incident in accordance with the National Policy.

Child Care Manager

To coordinate and monitor the child protection and welfare services in the context of the HSE's obligations under the Child Care Act 1991, Children Act 2001 and *Children First*, including:

- Management of the Child Protection Notification System
- Management of the Case Conference system including:
 - Decision to hold conference

- Chairing conference or appointing designate
 - Sign off on the decision to list on CPNS
 - Reviews
 - Monitoring Child Protection Plans.
- To ensure the operation of an Early Alert System in respect of child care matters requiring senior management knowledge and oversight.
 - To provide the General Manager with a monthly report about the status/performance of the CPNS.

General Manager

To provide management oversight of the Social Work Department to ensure that organisational standards are being met.

- To ensure that the resources allocated to the Social Work Department are properly utilised and managed
- To respond to cases identified by the principal social worker where the significant needs of a child are not being met and where necessary to alert the LHM.
- To review, by month, the activity data of the social work department.
- To initiate the Serious Incident Protocol where necessary.
- To review, by month, the activity data of the CPNS.
- To provide management oversight of the CPNS.

Part B
Persons Responsible for Key Tasks and Decisions

TASK	PERSON WITH RESPONSIBILITY/AUTHORITY
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Referral

a. Provision of Duty System	Principal Social Worker
b. Management of Duty system	Team Leader
b. Receiving a referral	Social Worker (duty)
c. Completion of intake record – <i>this includes network checks.</i>	Social Worker (duty)
d. Intake record sign-off – <i>this includes categorisation of report type and decision about need for immediate action and/or further action</i>	Team Leader

Initial Assessment

a. Allocation	Team Leader
b. Completion of Initial Assessment	Social Worker
c. Initial Assessment sign-off – <i>categorisation of report type, determination of risk and decision about immediate and/or further action.</i>	Team Leader

Child Protection

A	
a. Allocation	Team Leader
b. Notification to gardai	Principal Social Worker
c. Management of case liaison with gardai	Team Leader
d. Request for Child Protection Conference	Principal Social Worker
e. Decision to hold CP Conference	Child Care Manager
f. Conference Chair	Child Care Manager or designate
g. Determination of risk and need for child protection plan (made at CP Conference)	Child Care Manager or designate
h. Decision to list child on CPNS (taken at CP Conference)	Child Care Manager or designate
i. Child protection plan sign-off	Child Care Manager or designate
j. Direct work with child and family	Social Worker
k. Case management	Social Worker
l. Management of CPNS	Child Care Manager
m. Maintenance of case record	Social Worker

B	
a. Decision to hold strategy meeting	Team Leader
b. Chair strategy meeting	Team Leader
c. Sign-off strategy meeting record/decisions	Team Leader

Child Welfare

a. Allocation	Team Leader
b. Family support plan	Social Worker
c. Family support plan sign-off	Team Leader
d. Direct work with child and family	Social Worker
e. Case management	Social Worker

Family Welfare Conference

a. Request for Family Welfare Conference	Principal Social Worker
b. Decision to hold Family Welfare Conference	FWC service manager
c. Convening a Family Welfare Conference	FWC coordinator
d. Family Welfare Conference plan sign-off	FWC coordinator

Children in Care

a. Decision to place child in care under sect 4, CCA 1991 (voluntary care)	Principal Social Worker
b. Decision to initiate legal proceedings under sect 13 CCA 1991 (emergency care order) or sect 17 (interim care order)	Principal Social Worker
c. Decision to initiate legal proceedings under sect 18 CCA 1991 (care order) or sect 19 (supervision order)	General Manager

d. Application to Special Care Admissions Discharge Committee	Assistant National Director
e. Application for Special Arrangements Placement	Local Health Manager
f. Referral to residential/foster care services	Team Leader
g. Placement with relative {36(1)(d)}	Team Leader
h. Exceptional care arrangement {36(1)(d) non relative}	Principal Social Worker
i. Care plan	Social Worker
j. Care plan sign-off	Team Leader
k. Foster carer contract	Principal Social Worker
l. Support of child in placement	Social Worker
m. Child care review	Team Leader/Reviewing Officer
n. Transfer of placement	Team Leader
o. Discharge from care	Principal Social Worker

Closure of cases

Closure sign-off for all child protection cases	Principal Social Worker
Closure sign-off for all child welfare cases	Team Leader

Case transfer

a. Case transfer inter-LHO	Principal Social Worker
b. Notification of child listed on CPNS transferring inter-LHO	Child Care Manager

Aftercare

Sign-off for provision of aftercare services	General Manager

Homeless children

Decision to provide accommodation pursuant to sect 5.	Principal Social Worker

Part Three

IMPLEMENTATION PLAN

Action Plan

The key objectives of the Task Force were to bring about standardisation of the various business processes, operating procedures and forms and practice across the organisation in the context of the articulated policy of the HSE, to identify methods for enhancing Child Protection and Welfare service capacity and to advance practice in respect of appropriately protecting children, supporting staff and engaging public confidence.

Task sub-groups were established to address the child care service areas and service priorities. A number of reports were produced, containing specific outputs for implementation that are set out in table 1 below.

Table 1. Task Force Outputs

1.	Social Work Survey
2.	Duty System
3.	Intake Record
4.	Initial Assessment Record
5.	Further Assessment Record
6.	CPC Procedure
7.	CPNS Procedure
8.	LHO Review Procedure
9.	Policy for HSE designated Staff
10.	Policy for HSE non- designated Staff
11.	Proposed SRF
12.	Child Welfare FS Plan & Review Records
13.	Child Welfare Procedure
14.	Family Welfare Conference Records
15.	Family Welfare Conference Procedures
16.	Children In Care Records (Admission, Care Plans, Transfer etc)
17.	Children In Care Procedures
18.	Impact Table
19.	Roles & Responsibilities Framework
20.	Supervision Policy
21.	Survey of Training Resources
22.	Proposal to audit and select a single set of national policy documents
23.	Suite of Metrics (Incl. Child Health Metrics)

24. Care Planning Guidelines

The underlying aim of the task force was to effect change in the service. An action plan to implement the outputs was developed. The action plan provides a clear and measurable means to achieve the objective set out for the task force initiative.

Table 2. Action Plan

Task Force Outputs	Implementation Actions	Owner	Date
SW Survey	Publish Report	AND/CFSS	Q3 2010
Policy for HSE non-designated Staff	Publish (HSE Intranet)	RDO's	Q4 2010
	Disseminate through HR, Contract/ Induction	HR	Q4 2010
Policy for HSE designated Staff	Publish	RDO's	Q4 2010
	Disseminate through HR, Contract/ Induction	HR	Q4 2010
Standard Report Form	Implement through CF implementation Plan (DoHC)	DoHC/ OMCYA	Q3 2010
	Disseminate through HR (HSE CCPG CF implementation group)	HR	Q4 2010
Duty System	Publish, Disseminate protocols through RDO's to PSW's	RDO's	Q3 2010
Intake	Implement National Referral Process	NCCIS - BPS Project	Q2 2011
Initial Assessment	Implement National Initial Assessment Process	NCCIS - BPS Project	Q2 2011
Further Assessment	Implement National Further Assessment Process	NCCIS - BPS Project	Q2 2011
Child Protection	Publish, Disseminate CPC protocols through RDO's to CCM's	RDO's	Q4 2010
	Implement National Child Protection Processes	NCCIS - BPS Project	Q2 2012
Child Welfare FS Plan & Review	Implement National Child Welfare (family support plans) Process	NCCIS - BPS Project	Q2 2012
Family Welfare Conference	Implement National Family Welfare Conference Process	NCCIS - BPS Project	Q2 2012
Children In Care	Publish, Disseminate Care Planning Guidelines through RDO's to PSW's	RDO's	Q4 2010
	Implement National Child in Care Processes (Admission, Care Plans, Review, Transfer etc)	NCCIS - BPS Project	Q2 2012
Roles & Responsibilities Framework LHO Review of Child	Publish and disseminate through RDOs to PSWs pending implementation of PA Report.	RDOs	Q3 2010

Protection Services Procedure			
Supervision Policy	Publish, Disseminate Care Planning Guidelines protocols through RDO's to PSW's	RDO's	Q4 2010
	Support Implementation Through on-going Training Programme	RDO's	On-Going
Performance Monitoring	CP Metrics to be collected as processes are standardised	BIU/Regional IO Forum	On-Going
	CH Metrics	BIU	On-Going
Training Resources	Survey of Training Resources	GMck	Complete

Table 3. Service & Functional Areas Addressed

The task force outputs will address the following high level service and functional areas

High Level Service Area/ Function	Task Force Output
A Service Status	– Social Work & Family Support Survey Report
B Reporting concerns about children	– Policy for HSE non-designated Staff – Policy for HSE designated Staff – Standard Report Form
C Dealing with reports of concerns about children	– Duty System – Intake Record – Initial Assessment Record – Further Assessment Record
D Dealing with cases of children at on going risk of significant harm	– CPC Procedure, CPC Review, CP Plans – CPNS Procedure
E Dealing with welfare concerns	– Child Welfare FS Plan & Review Records – Child Welfare Procedure
F Children in Care	– Admission to Care, Care Plan, Placement Plan, Transfer, Review, Discharge. – Children In Care Procedures – Care Planning Guidelines
G Family Welfare Conference	– Family Welfare Conference Records – Family Welfare Conference Procedures
H Governance	– Roles & Responsibilities Framework – LHO Review of Child Protection Services Procedure – Supervision Policy
I Metrics	– Suite of Metrics (Incl. Child Health Metrics)
J Training Resources	– Survey of Training Resources

Task Force Membership

The membership of the Task Force was:

Mr. Hugh Kane, Assistant National Director, PCCC, Chair

Mr. Bernard Gloster, Lead LH Manager Children and Families HSE West

Mr. Pat Dunne, Lead LH Manager Children and Families HSE Dublin N E

Mr. Seamus Moore, Lead LH Manager Children and Families HSE South

Mr. Gerard McKiernan, Lead LH Manager Children and Families HSE
Dublin M L

Mr. Gerry O'Neill, National Manager, Special Care and High Support

Mr. Aidan Waterstone, National Specialist, Children and Families

Ms. Claire O'Kelly, National Specialist, Children and Families

Ms. Liz Oakes, Regional Specialist, HSE Dublin N E

Mr. Peter Kieran, Regional Specialist, HSE South

Ms. Ita O'Brien, Regional Specialist, HSE West

Mr. Joseph Murphy, Project Manager, NCCISP

Ms. Carol Glynn, Senior Research and Information Officer, HSE West

Mr. Pat Osborne, Child Care Manager, Laois / Offaly LHO area

Mr. Con Lynch, Principal Social Worker, West Cork LHO area

Ms. Peggy Ryan, Regional Information Officer, HSE West

Appendices

Appendix One

REPORT OF THE NCCIS BUSINESS PROCESS STANDARDISATION PROJECT

<http://www.hse.ie/eng/services/Publications/services/Children/nciss.html>

Appendix 2

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