



***A Way Forward for Delivering
Children's Services***

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Executive Summary and Key Judgements

This report outlines a fresh start for policies and services for children for the next five to ten years for policy-makers, practitioners and those with an interest in children, set in the context of the making of a new children's strategy for 2011-2020.

The backdrop for children in Ireland is ominous: economic collapse, reductions in social spending, high levels of child poverty and limited early childhood and education services, with the Ryan and Roscommon reports exposing serious deficits in children's protection and services. Although Ireland has a much-acclaimed children's strategy (2000), its implementation has been weak. Fresh guidelines for the protection of children (*Children First*) are still not operational. We do not have a picture of the precise number, extent, funding and coverage of children's services, whose delivery is in a state of some disorder. Efforts have made to rectify historic deficits, such as Children's Services Committee and the Prevention and Early Intervention Programme, but their impact has yet to be seen.

In analysing the problems surrounding services for children, families and their welfare, at its heart is the lack of an agreed model as to the basis on which these services should be built and delivered. Our knowledge base for existing services is thin, with a lack of effective systems for information collection, assessment, the measurement of outcomes or even common metrics. There is no Resource Allocation Model (RAM). There is no community of practice. Many have questioned whether there are alternatives to delivering children, family and welfare services through the Health Service Executive (HSE). Neither the Office of the Minister for Children and Youth Affairs nor the HSE seem prepared to seek advice from non-governmental actors in an open and whole-hearted way.

This report, designed to guide the next children's strategy, focusses on game-changing proposals to alter the dynamic for services for children and families. It proposes that services be informed by countries that give the best outcomes for children; that there be a radical improvement in the quality of advice; and that they be guided by a new five-point architecture of a new reference model, input model, resource allocation

model, improved knowledge base and design architecture. Features of quality services are articulated. Five options are considered as to how these services should be delivered and made accountable, both within and without the HSE. The elements of a new national children's strategy are set out.

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1. Context

The big picture for Irish children was painted three years ago in *Tomorrow's Child* (Barnardos, 2008). That context has changed rapidly, with economic collapse and decisions by the government to cut social spending. This chapter outlines the situation facing the country in general and children in particular.

1.1 The backdrop

Children (aged 0-14) comprise 20% of the population, much less than in earlier years. Ireland nevertheless has the most youthful population in the European Union and the highest birthrate (16.8‰). A mini baby-boom over 2008-9 meant the highest number of births since the 19th century. Irish patterns of family formation are unusually stable, with high marriage rates (4.8‰) and 85% of children living with cohabiting (though not necessarily married) parents. Although marriage breakdowns, divorce and separations have grown in recent years, rates are among the lowest in Europe. The main demographic change has been the arrival of the new communities, mainly from other countries in the European Union, now comprising over 12% of the population. Their children constitute a lower proportion of the population 7.5% (Gilligan *et al*, 2010).

Bringing together a broad range of studies of recent years, *Tomorrow's Child* found that most Irish children grow up in a physically healthy environment and supportive communities. They are well educated, quick to master new technologies, adaptable and versatile, beneficiaries of the brief Celtic Tiger boom, and living in what sociological indicators and surveys suggest was 'the happiest country in the world' (Keohane & Kuhling, 2006; Cullen, 2010). Children born today may expect to live almost until the 22nd century. This positive picture, though, must be set against a reality that about one-fifth of Irish children face situations of great difficulty with 18.6% of Irish children living in poverty, compared to a rate for all ages of 14% (35% in the

case of lone parent families) (CSO, 2010). Some categories of children are at exceptional risk, especially in the Traveller community. There is a persistent problem of poor literacy and early school leaving (14% nationally). Significant numbers live in poor housing, with a continuing problem of child or youth homelessness. A fifth of children, not necessarily coterminous with the socially disadvantaged group, face issues of mental ill-health, obesity, physical unfitness, substance abuse (alcohol, drugs) and peer violence.

Tomorrow's Child found that policies for children were problematical. The model of economic development followed in Ireland has been one of 'low-tax, low-spend', maximizing personal consumption and markets while minimizing the role of the state. Irish spending on social protection has been the lowest in western Europe, a pattern which in a youthful population has inevitable consequences for state-funded services for children. Early childhood care and education services are under-developed, under-funded, expensive and largely private (Hayes & Bradley, 2006).

1.2 The current picture

The national economic picture had changed rapidly. Since 2008, the country has suffered a double economic contraction, with falls in annual state revenues from €48bn to €33bn and economic growth down -15%. Through the National Recovery Plan, the government decided to introduce a programme of €15bn savings by 2014, to be achieved mainly by reductions in social spending and the closure of state institutions (41 were identified). These cuts were doubly impactful in a state which already had low social spending and fell disproportionately on voluntary and community organisations providing social and community services. Key decisions were to:

- Reduce the level of welfare payments in general (-4.1% in 2010 and -4% in 2011, older people being the only exception) and, specifically, child benefit, reduced by €16 monthly in 2010 and a further €10 in 2011;
- Reduce the level of current government spending, -1.6% in 2010 and -3.1% in 2011. The budget for the Health Service Executive, the largest and most relevant for children's services, was down -5% in 2010 and -6% in 2011;

- Cut education (e.g. student-teacher ratios, support teachers, special needs assistants, books grants, capitation funds, classes and places, coupled with charges). The number of Special Needs Assistants (SNAs) in primary schools fell from 8,440 in 2008 to 8,141 in 2010. From 2010, there were reports that a criterion for having a SNA was introduced, which was that the school must prove that without a SNA a child would be a danger to himself or others;
- Abolish or absorb state agencies in the social policy field. Those which most affected children were the Centre for Early Childhood Development and Education, the Combat Poverty Agency, the Education Disadvantage Committee and the Children Acts Advisory Board, with others listed for later (e.g. Homeless Agency). Other bodies important for social policy were the National Economic and Social Forum, the National Consultative Committee on Racism and Interculturalism and the Crisis Pregnancy Agency;
- Reduce the funding of voluntary organisations, the range being between 18% to 20% over 2009-2010, closing the Community Development Programme;
- Terminate municipal housing construction and maintenance programmes in favour of long-term leasing and rental support.

The economic collapse has had the effect of raising the level of unemployment, which rose from one of the lowest in Europe, 4% in 2006, to one of the highest, over 13%, with over 438,000 people out of work by the end of 2010. Unemployment, reduced public sector pay and a contraction in incomes in the private sector inevitably have negative consequences for families raising young children. Negative equity and a declining ability by households to pay mortgages have also placed families under great strain. Falling incomes have multiple knock-on effects, for example in the ability of people to contribute funds to voluntary organisations. Emigration rose to 65,300 in the year to April 2010, the highest level since 1989. Consistent child poverty rose from 6.3% in 2008 to 8.8% in 2009. Commitments given to the banking and developer community, in the order of €50bn, may well inhibit economic activity and social development for over a decade (McWilliams, 2009).

Several reports were published concerning children, notably the *Report of the commission to inquire into child abuse* (2009), generally known as the Ryan report, intended as the comprehensive and definitive investigation of the wrongdoings inflicted on children in institutions from 1936 to 2000. This was far from purely historical

interest, for the report highlighted the continuing serious defects in the state system of child protection. Accordingly the government introduced an *Implementation plan* (2009) and allocated a €15m budget. Despite this, 2010 saw alarming cases of children who had died in the care of the state over the ten-year period 2000-2010, eventually enumerated by the Health Service Executive (HSE) at 199. Autumn 2010 saw publication of the report on events in Roscommon which highlighted continued systemic failure in child protection and, especially, the consequences of not listening to the voice of children themselves (Gibbons, 2010).

In 2007, the Oireachtas established an all-party committee to consider an amendment to the constitution. Although prompted by a particular court case (*Baby Anne*), this reconsideration arose from a general concern for the need to rebalance the statement of rights between parents and their children, especially to ensure a voice for children in a legal setting. Although the committee (the Joint Oireachtas Committee on the Constitutional Amendment for Children) finally reached agreement on the issue and proposed a wording in February 2010, the government continued to delay the holding of a referendum, citing legal and technical obstacles. The committee also recommended a comprehensive vetting system to protect children, but the National Vetting Bureau Bill is still awaited. Further evidence of the difficulties in providing legal protection came to light when the Civil Partnership Bill failed to provide parity for children of same-sex relationships as those of married parents (Logan, 2010).

Finally, in 2010, the first national strategy for children (*Our children, their lives, 2000-2010*) drew to a close. Although a new strategy was promised for the new decade and due to commence in 2011, the preparatory work did not begin until autumn 2010. Our understanding is that it will consolidate the gains of the first strategy, rather than strike out in new directions. It is not known if it will include a critical review or evaluation of the effectiveness of the previous strategy.

Documentation continued to show that children continued to be in need, sometimes extreme need. At the end of 2008, 5,357 children were in the care of the HSE. There were 15,364 initial assessments for welfare and protection and 2,164 confirmed cases of abuse (OMCYA, 2010). As many as 4,490 episodes of children being homeless were reported (NESC, 2009). There were 8,028 children with intellectual disabilities; 8,043 with physical or sensory disabilities and over 406 admitted for psychiatric care (OMCYA, 2010; NESC, 2009). 11,700 children received special educational assistance (CRA, 2010).

1.3 Conclusions

The situation facing children in Ireland, especially those in need, is a challenging one. The 2008 picture in *Tomorrow's child* was one where three quarters of Irish children were prospering and at least a fifth living in difficult circumstances. Three years later, all must face the consequences of the economic collapse and the decisions of government to cut social spending in one of the least developed welfare states in western Europe, one in which the infrastructure for vulnerable children was already problematical.

2. Policies, Services, Funding and Need

This chapter provides detailed information on the policy framework for children, the basis on which services are provided and their evolution. It focusses on the background policy framework for children, the national children's strategy; the basis for children's services and what services are available; and what we know about their size, scale and the resources applied. We investigate whether these services meet the present needs of children and, from the documentary record, what new needs are emerging. Finally, we look at how the government has responded to need, before looking at the new projects that have been developed for children, such as the Children's Services Committees and the Prevention and Early Intervention Programme.

2.1 General policy background

Even though it was some time ago, the defining event determining present Irish social policy was the white paper, *Social Security* (1949), which proposed that Ireland develop a welfare state and universal health service modelled on what was then in development in Britain, concepts since matched by the northern continental European welfare states and excelled by the Scandinavian social democracies. Within two years, the white paper failed. The long-term outcome was that the level of social protection developed here, with allied social, children's and family services, never matched our European comparators and left us with social services that are still relatively undeveloped by continental European standards. Although Ireland joined the European Community in 1973, it remained remarkably immune to European social policy models, successive governments choosing to align Ireland instead with atlantic models and values of development, coupled with a low-tax, low-spend approach matching the decisive strategic turn of 1949-51. Eventually the Commission on Social Welfare (1985) proposed an incremental approach to welfare and the National Economic and Social Council (NESC) in *The developmental welfare state* (2005) argued for a 'services dividend' of significantly improved and delivered public services, especially children's services. Highlighting their historic under-development, NESC made the

case that an up-front investment in children's early years was the key to positive social outcomes.

The welfare of children, which was an early pre-occupation of the British, continental and Scandinavian welfare states, did not emerge into the public discourse in Ireland for some time: legislation inherited from the colonial period, the Children's Act, 1908, remained in effect for over eighty years. Children's welfare was considered the domain of private and religious organisations (Curry, 1993). Not until 1970 was a report commissioned on the welfare of children, that of District Justice Eileen Kennedy, and not until 1979 did the Department of Health have a child care division. Children's services were first given attention by the Task Force on Child Care Services (1980), but the recommendations were met with political opposition and administrative inertia, not being implemented until the Child care Act, 1991 and even then only partially so. The principal impetus for reform was the set of child abuse scandals uncovered in the 1990s, starting with the Kilkenny incest case (1993), followed by Kelly Fitzgerald (1996) and the McColgan case (1998) which prompted a response where earlier, evidence-based argumentation by voluntary organisations and campaigning groups had failed (Keenan, 1997). The government announced funding for 850 new social work posts to implement the 1991 Act.

From the 1970s to the 1980s, poverty was largely conceptualised in spatial and group terms while key dimensions of gender and lifecycle were neglected. The work of the Combat Poverty Agency made possible an improved understanding of how poverty affected children in three ways. First, specific studies were made of child poverty, commencing with *Child poverty in Ireland* (Nolan & Farrell, 1990), followed by *Child poverty in Ireland* (Nolan, 2000) and *Day in, day out - understanding the dynamics of child poverty* (Nolan, Layte, Whelan & Maître, 2006). Second, studies were made on specific groups which illuminated the vulnerable situation of children (e.g. in the Travelling community, lone parents). Third, the agency funded demonstration and other programmes that highlighted aspects of poverty especially affecting children and from which lessons could be learned (e.g. educational disadvantage, healthy communities). The analysis of child poverty was especially impactful, for it highlighted the exceptionally high rates of child poverty in Ireland compared to other European countries and prompted the government to increase in steps the hitherto low rate of child benefit, a policy which lasted until 2009. This intervention was successful, leading

to a modest reduction in child poverty rates, from 23% to below 19% (OMCYA, 2010).¹ The agency's work in other fields prompted a number of other interventions, such as the DEIS (Delivering Equality of Opportunity In Schools) scheme in education and improvements in welfare systems (e.g. educational allowances).

2.2 Current policy framework

Higher visibility of children's issues led the government to set down a dedicated strategy, *Our children, their lives* (2000), which complemented a growing range of other sectoral strategies (e.g. women, Travellers, cancer). The new strategy not only attempted to impose coherence on a diverse set of actions by a range of state bodies, but set down strategic goals or 'big ideas', while also attempting to come to grips with issues of implementation. *Our children, their lives* remains the principal articulation of children's policy to this day. Those working in the field were positive in their evaluations of its combination of values (consultation, children having a voice), institutional mechanisms (National Children's Advisory Council, Ombudsman for Children), attention to children's services, recognition of disadvantage, commitment to research (e.g. longitudinal study, research and development unit), coordination systems (the Office for the Minister for Children and Youth Affairs (OMCYA)) and reporting (*State of the nation's children* reports). Whatever about its implementation, the strategy was seen to rectify historic deficits in policy toward children, radical in its conceptualisation of a voice for children and as bringing Ireland into the frontline of European policy (Daly & Clavero, 2002).

At around the same time, guidelines against the abuse of children were published in 1999 (*Children first - national guidelines for the protection and welfare of children*), but here, as the Ryan and Roscommon reports found, there were significant implementation failures. Despite the many failures in child protection in the intervening years, it was not until late 2009 that revised draft guidelines were published online but

¹ A caution on child poverty rates is that they are defined in adult terms, with only over 16s questioned. These definitions do not tell us how children experience poverty and deprivation (Kerrins & Greene, 2010). Some work has been done to attempt to develop indicators for child poverty from a child perspective (e.g. school trips, birthday party, extra lessons or sports at school, pocket money, toys, bicycle, sports equipment, own room, bringing friends home, mobile phone, hobby, own books, games, pet or TV), with consideration of other dimensions (e.g. physical, mental and emotional health; aspirations).

were not operational. In October 2010, the minister of state responsible undertook to have the amended draft guidelines printed and disseminated, with the promise of enforcing legislation to be published and proposals for an implementation framework to be brought to government before the end of 2010, which did not happen. The HSE *National service plan, 2011* (HSE, 2010) gives a commitment to implementing the revised guidelines, with dedicated national and regional units by June, a cross-sectoral implementation plan by September and an audit by the end of 2011. In practice, these often-repeated commitments obscure the lack of actual concrete progress.

The framework national health strategy *Quality and fairness - a system for you* (2001) gave some important commitments to supplement the national children's strategy. The sections on children's health promised an expansion of family support services as well as ring-fencing their funding, an effective out of hours service and the development of a national consultative forum. Since then, the most substantial policy development was the social partnership agreement, *Toward 2016*, which covers 2006-2016 and gave a commitment to progressing children's issues, including a youth justice service and the local testing of integrated services. *Toward 2016* put an emphasis on implementation issues, listing an implementation group for these commitments and multi-agency children's committees in each county or city council area. Many of these commitments were re-iterated and elaborated in the subsequent *Programme for Government, 2007-2012*.

In the past two years there has been significant progress and investment in the area of early childhood care and education, with the introduction of a universal free pre-school year, starting 2010, with intentions that it be supported by a quality framework (*Siolta*) and an early childhood curriculum framework (*Aistear*). The free year was very much welcomed and was an attempt to rectify the low base, historic under-investment and limited performance of such services by European standards (NESC, 2009).

2.3 Child welfare and protection services for children and families

Given the faltering and late development of a policy framework for children, it comes as no surprise that services developed in a manner that their principal analyst, Richardson (2005), described as reactive, *ad hoc* and incomplete. Ireland had a long history of institutional services dating to the Victorian period and whose history, often tragic, has

now been documented. Today, the numbers of children cared for in institutional or semi-institutional settings are comparatively small. The 1950s saw the development of child protection services delivered by social workers (the Irish Society for the Prevention of Cruelty to Children (ISPCC) pioneered the children’s social worker) and the 1970s saw the development of community-based family services (also by the ISPCC). Statutory health services, including those for children, were provided by the local authorities until they were transferred to the health boards in 1970 and then to the Health Service Executive (HSE) in 2005.

There has never been a formal national reference model in Ireland as to how services for children should be provided, although government policies and documents (e.g. *Our children, their lives, Agenda for children’s services*) have endorsed a number of individual theorists. While discussion of a ‘model’ may at first appear to be of academic or theoretical interest, the model followed – or the absence thereof – actually has an important bearing on the outcomes and performance of the services provided.

The Task Force on Child Care Services (1980) expressed the view that services for children and families should be provided on a continuum running from community-based family services across to highly structured interventions for children at risk. It was unequivocal in arguing the merits of investment in family services and proposed *Guiding principles*. The principal government response, though, was largely legislative – the Child Care Act, 1991. The most influential current theorist is Hardiker, who set down the axiom that children’s services should be guided by four levels:

Level	Type of service
1	Universal services for all families
2	Services in targeted areas of disadvantage or to meet specific needs
3	Services for families and children with complex or multiple needs
4	Services for children at high risk

Source: Hardiker et al, 1991.

Conceptualising children's services in these layers has important practical implications, for it suggests that there should be a significant investment in community-based family services (level 1), such an investment diminishing (but by no means eliminating) the need for later, more structured, expensive and legalistic interventions (level 4). In practice, services in Ireland have tended to focus on levels 3 and 4, with estimates that up to 85% of resources are steered toward those children in most extreme risk, to the neglect of the other levels. In an attempt to steer planning, delivery and resources more effectively toward the other end of the spectrum, an approach was adapted from international models called Differential Response Model (DRM), also called the Alternative Response Model (ARM), which attempts to focus resources on early, low-level, low-density interventions in a positive, structured, consensual way that departs from the policing approach of earlier approaches.² The first explicit DRM/ARM pilot began in the Local Health Office (LHO) area of Dublin South West in 2009 – its evaluation is awaited – and is also in development in the Dublin North East LHO.

A fundamental problem hindering our ability to describe or make an informed commentary on children's services in Ireland today is that there is no national inventory of them. Although the HSE has published *Review of adequacy of services for children and families, 2008*, it does not actually list the services which it provides or funds, either directly or indirectly, nor the staff assigned thereto. In describing children's services, we are handicapped by our lack of knowledge as to who provides them, where, what type of services are provided, or the personnel assigned to them or their skills. The HSE's *Social work and family support survey, 2008 (2009)* provides a listing of children's and family services, but it lists only the names and places available. We have no idea as to whether the list is comprehensive. Apart from figures on the numbers of children in care, referred to juvenile justice programme or immunised, the most recent *State of the nation's children* (OMCYA, 2010) provides almost no information on children's services or projects in its 252 pages. Even in areas where such a listing would be relatively easy to compile, information is poor. For example, there is no list of *Springboard* projects or their location, even though they are cited as models of good practice.

² Waldfogel (1998) described the key features of this approach as recognition of the diversity of families; a customized response; a community-based system with child protection playing a lead role; recognition of the importance of family support services; and early intervention.

From what we know, we may subdivide children and family services as follows:

- The principal provider of services is the Health Service Executive, which provides services across the four Hardiker levels outlined above, operating under the terms of the core legislation, the Child Care Act, 1991. The precise nature of the service provided is determined by each of the 32 LHO districts. From what we know, the nature of the service varies considerably from one LHO to another, some being quite entrepreneurial and imaginative in their development of children's services. LHOs do not publish their own annual reports, though they collate information returns for the HSE;
- These are supplemented by specialised projects and services delivered by voluntary and community organisations (Barnardos, for example, runs 40 projects) and there are 107 Family Resource Centres (FRCs) supported by the Family Support Agency. The HSE provides funding for the former but does not itemise those receiving funding specifically for children's services;
- Services delivered by statutory and voluntary organisations working in flanking fields, e.g. housing, health and youth services.

Some limited information on infrastructure is available from the HSE *Analysis of 2007 childcare dataset* and the 2008 review, supplemented by the HSE *Annual report, 2008*. This gives us information on fixed plant and the number of their users: residential care (161 centres); residential centres for children seeking asylum (81); centres for children with disabilities (150); special care units (80); and detention schools (four, with a capacity of 77 places). About 3,800 children participate in youth justice projects.

2.4 Size and scale of resources applied

Next, we look at the resources applied for these child welfare and protection services. Here, our information is again limited. The HSE service plan for 2011 (HSE, 2010) gives a figure for 'children and families' of €587m, down on €601m in 2010. This is a global figure, without detail. The *Report of the expert group on resource allocation and financing in the health sector* (Department of Health and Children, 2010) calculates that children comprise 7.1% of Primary, Continuing and Community Care (PCCC) health

spending, behind older people (14.6%), disability (13.3%) and mental health (9.2%), but we have no further details on where or how it is spent.

The level of funding of voluntary organisations is not itemised separately (the HSE gives only a global total for all voluntary organisations in all fields, €3.9bn). In Britain, by contrast, there are clear budget lines for programmes for community-based services and schools (Katz, 2006). An informed estimate has been given that funding for voluntary organisations providing children and family services is in the order of €100m.

Turning to the human resources applied to the delivery of children and family services, the HSE *Service plan* for 2011 (HSE, 2011) gives staff numbers for 'children and families' of 2,966 out of its workforce of 111,800 (currently being reduced to 109,600). The principal instrument for the delivery of children's services, especially in child protection, is the social worker, supplemented by posts in family services (e.g. care worker, family support worker) and the number of these posts is critical. Prior to the recent approval of 270 new posts, the number of social workers in children and family services was 715 approved full-time posts, with 692 currently employed (figure for 2008; HSE, 2009), including job sharing and part-time practitioners. Note that this is the total number of posts, but does not mean that this number was or is actually at work, for it may be overstated by about 40 to 60, there being generally no replacement for sick or maternity leave. Turning to broader children and family services, the absence of an inventory of such services means that the human resources available cannot be calculated. We do not know the balance of social workers assigned to traditional child protection duties and those more involved in family support services, nor the number funded in the voluntary sector.

We are left without an input model: we do not know how much, by way of resources, goes into children services. Although the Department of Health and Children (2010) has commissioned a study of its resource allocation system (the evidence volumes to the expert group totalled 636 pages), it did not shed significant light on the nature and extent of investment in children's services.

2.5 Meeting present need

Focusing on child welfare and protection a key question is: *Do these services actually meet the present needs of children?* The *Review of adequacy of services for children and families, 2008* does not, despite its title, actually make a determination as to the degree to which services are adequate or not, nor in what ways, so we are reliant on independent reports and assessments. The evidence, taken from media research, HSE reports, the Health Information and Quality Authority (HIQA) and the Ombudsman for Children's Office (OCO), paints this picture:

- Child protection fell far short of what is legally required or administratively expected. The HSE was found by the Ombudsman for Children to be in breach of no less than ten of its duties under the Child Care Act (O'Brien, 2010). There were extraordinary variations in local child protection procedures. In North Lee, for example, of 1,000 reported cases of child abuse, only 11 were investigated (OCO, 2010). There was a failure of HSE care services in at least two parts of Dublin (North West and North Central) with, according to HIQA, children left in unsafe placements, vetting failures, lack of social work visits in ten years, half of fostered children unassigned a social worker and systemic management failure. Files were missing, incomplete or incorrect (O'Brien, 2010). In the Oireachtas, Alan Shatter (FG, Dublin S) cited evidence that 'records were kept in unsecured disorganised loose leaf notes that were falling apart, files were missing, notes were not signed or dated and items belonging to children had fallen from files' (Dail Eireann, *Debates*, 9th June 2010, 785-820). The Roscommon case, while describing ineffective case management, highlighted missing files, unsigned and handwritten casenotes (Donnellan, 2010);
- In the state fostering system, significant numbers of children (800) were not in assessed placements, while many others (815) were not allocated a social worker (Conroy, 2010; HIQA, 2009). HSE figures give the percentage in care without a social worker as 16% and without a care plan as 36% (*Implementation plan*). An internal audit of foster care in the south east catalogued a series of shortcomings in the area of assessments, filing, standards, allocations of social workers and payment systems (O'Brien, 2010). A failure in care systems is indicated by the high prevalence in the youth homeless population of children exiting care (Mayock & Carr, 2008). Following reports that two-thirds of children

leaving care became homeless, the minister of state responsible issued instructions to the HSE that it was mandatory for the executive to provide aftercare for such children and directed it to provide services accordingly;

- Waiting lists for child and adolescent psychiatric services were in the order of two to three years, sometimes more. Waiting times for initial appointments have been over a hundred days (Fitzgerald, 2007). In 2009, over half of all child psychiatric admissions were placed in adult units, contrary to good practice, due to the lack of appropriate facilities. Some were as young as 13, the practice continuing into 2010 (Smyth, 2010);
- It came to light that 199 children and young people died in state care or under state supervision in the past decade, including some especially tragic individual cases (e.g. Tracey Fay, Daniel McAnaspie) (O'Brien, 2010), leading the Ombudsman for Children Office to propose a system of child death review (OCO, 2009). HIQA catalogued a series of failings and shortcomings in the three special care units, with grave concerns for the safety of children in one (Smyth, 2010);
- There is no national out of hours social work service for children at risk, nor for children in care or their families (McTeigue, 2010), nor an out of hours emergency service apart from police stations (Gargan, 2010). The HSE began two pilot projects (in the south west of the country) but expansion was contingent on evaluation;
- Some children experienced continued difficulty in accessing healthcare, with 43% of children on waiting lists for procedures or operations for 6-12 months and over 8% over a year (OMCYA, 2010);
- Although the level of early school leaving fell from the 1980s to the 1990s, the rate bottomed out and flatlined at 12.3% a year (especially working class males), identifying the need for fresh, effective interventions (e.g. reduced streaming, personalised learning pathways, alternative reentry points to education, positive behaviour practices, improved school experiences and guidance for children at risk of leaving early (Byrne & Smyth, 2010));
- Early childhood care and education standards were rated lowest in 25 OECD countries (de Buis, 2009) while the education system lagged behind European standards. Irish spending on education, 4.7% of GDP, was the fourth lowest in

Europe and had fallen from 5.2% in 1995, with class size the second highest in the EU (Flynn, 2010).

Overall, we are left with the impression of a significant group of children in severe needs which are not yet adequately met.

2.6 Emerging need

The previous section presented compelling factual evidence that needs are not met. Next it is important to identify new or emergent needs, or old needs restated based on research carried out in the past two years. These are important elements for consideration in the next national children's strategy.

- *Children without literacy or numeracy skills.* The most recent OECD/Pisa report showed the sharpest decline in reading standards in all the 39 member countries, down -30% over 2000-2009, with 17% 'low achievers' in reading (Flynn, 2010). In its last report before its abolition, the National Economic and Social Forum (NESF) (2009) drew attention to the persistent problem of child illiteracy. It collated statistics which gave a headline figure of 27% to 30% of students with severe reading difficulties, with little evidence of improvement over 25 years. It described out-of-school literacy services as fragmented, with poor policy coherence.
- *Children failing to thrive in education.* An ESRI longitudinal study of transition from primary to secondary school and of the junior cycle showed how immigrants, Travellers and those with a poor primary school experience found more difficulty in adapting. The report recorded the negative effects of streaming, disaffection among working class boys and traditional patterns of authority that failed to engage even the academically talented (Smyth, 2009). NESF (2009) drew attention to evaluations of the government scheme for educational disadvantage, DEIS, which concentrated resources on schools in targeted areas of disadvantage: the problem, though, was that substantial numbers of disadvantaged students attended non-DEIS schools and were unable to benefit from their additional resources. Lack of educational progress was also evident in the *Teach* report which found that 80% of Travellers continued to leave education before completing secondary schooling (Duncan, 2010). The ultimate

manifestation of unequal access to education is at third level, an essential requirement to access to quality work, where participation continues to be strongly class dependent, ranging from 4.8% in the inner city (Dublin 1 postal address) to 56% in the more affluent suburbs (Dublin 14 postal address). Another educational area which continues to be undeveloped and under-debated is the democratisation of schooling: there is little parallel in Ireland to student governorship developed in Britain (Hallgarten *et al*, 2004).

- *School absenteeism*. This still has a sharp class and inequality gradient (NEWB; Millar, undated). Ten per cent of all primary students (approximately 47,000 students) miss more than 20 days from school each year or 11% of the school year. Nineteen per cent of all post-primary students (approximately 37,000 students under 16) miss more than 20 days from school each year or 12% of the school year. A primary student misses on average 10 days in the school year, but in the most disadvantaged urban areas, it increases to 17 days. A post-primary student misses on average 14 days, but in the most disadvantaged areas, this increases to 21 days. The NEWB gives us fresh data on the dimensions of the problem, reminding us of the damaging educational, career and psychological consequences of failing to address the problem in a timely and effective way;
- *Immigrant children*. There is a need to ensure the educational integration of immigrant children, especially in such areas as English language learning and curriculum development; and for schools to adjust to the high standards and motivation of such children and to prevent racism and bullying (Smyth, 2010; Gilligan *et al*, 2010);
- *Children in direct provision*. There are 2,235 people awaiting the processing of asylum applications, (NESC, 2009). The period of direct provision can be lengthy (several years being the norm), with children living in often crowded conditions at subsistence level. The hostel conditions in which they live are a cause for concern (e.g. issues of overcrowding, supervision, privacy, food, access to education, aftercare). The Free Legal Advice Centres (FLAC, 2010) have documented this situation, forming the view that such treatment of children is not only injurious to their personal and educational development, but is also a breach of human rights;

- *Separated children.* These are children under the age of 18 who are outside their country of origin and are separated from both parents or guardians. Between 2000 and 2010, 5,984 separated children were referred to the HSE; 2,888 were placed in care and 2,878 were reunited with family members, with the remainder either deemed to be over 18, sent back to other EU jurisdictions, turned out to be accompanied or went missing from care. Although this group is numerically small, it may be considered at high risk (Charles, undated). Of the 513 children who have gone missing from State care between 2000 and 2010, 440 are still unaccounted for. There is a concern that some may have been trafficked and the Department of Justice and Law Reform has issued a *National action plan to prevent and combat trafficking*;
- *Aged out minors* – these are separated children who have turned 18 yet are still waiting to have their status clarified. More often than not they are removed to Direct Provision Centres to wait, exposing this already vulnerable group to further potential exploitation.
- *Young carers.* There is a need to give attention to the situation of young carers (aged 15 to 17), estimated to number over 3,000 (Fives, Kennan, Canavan, Brady & Cairns, 2010);
- *Young offenders.* There is a need to address the disproportionately disruptive effects which small groups of young people, dysfunctional or even criminal, can have on disadvantaged estates, possibly an outcome of lack of earlier or effective intervention (Fahey & Morris, 2009). There is a need to provide support for alternatives to detention to young people and children normally remanded either on bail or in detention (Seymour & Butler, 2008);
- *Children of divorced / separated parents.* There is a need for contact centres to assist children whose family lives have been damaged by separation (Murphy & Caffrey, 2010). Although there are 400 centres in England and Wales, 42 in Scotland and ten in Northern Ireland, there is only one in Ireland and a second had to close due to lack of funding;
- *Recreation, leisure and play needs.* There is a need for much improved recreation and leisure services in areas of disadvantage (Byrne, Nixon, Mayock & Whyte, 2006) and the need to develop out-of-school services, especially homework clubs (Share, Daly, Shannon & Greene, 2009).

The Ombudsman for Children's Office is a useful barometer for emerging need, for it receives complaints and issues brought to its attention by children and parents. The most recent annual report, covering 2009, records the main headings of complaints: health (inadequacy of state services, child protection, children in care, with many being made by children in care), education (special needs, behaviour handling, school transport, management boards), housing (children with special needs) and separated children. New needs were identified as children in special care, young homeless people in need of crisis help and children requiring aftercare. Children experienced delays accessing particular health services (e.g. speech and language therapy, mental health, occupational therapy, psychological services) (OCO, 2010). *The Growing Up in Ireland* national longitudinal study of children will prove, in the long-term, to be a valuable new resource of information on children. Although the first results confirm the picture painted in *Tomorrow's child* and the enduring impact of class on opportunities for children, they also draw attention to new issues, the two of most concern being obesity and the level of bullying (Williams *et al*, 2009; Williams & Greene, 2009). In the meantime, there is widespread anecdotal evidence of the increased pressure placed on children and their families by the economic collapse. While it is early to quantify or document the impact, they are nevertheless important concerns to which we should be alert:

- The climate of economic and social uncertainty, of itself unsettling for children;
- Unemployment, with the huge financial, psychological and social strain that it has on other family members;
- Reduced parental incomes, which translate into parents' diminished ability to provide materially for their children, such as educational opportunities and access to health services;
- In extreme situations, a decline into poverty, inhibiting the ability to meet basic needs.

Social workers have, informally, reported a substantial increase in referrals from 2009, especially in disadvantaged areas, with marked increases during the summer months, normally a moment of decreased demand. The primary cause has been rising unemployment, leading to secondary outcomes (alcohol abuse) and interpersonal strain within families.

2.7 Response to need

Returning to child welfare and protection concerns here we look at how the government has addressed shortcomings in its services for children. The principal recent instrument, as noted in 1.1, was the Ryan report, which, while its immediate focus was on the abuse perpetrated on children in institutions, re-opened the question of the adequacy of all children's services. The Department of Health and Children's subsequent *Implementation plan* proposed 99 measures to close the gaps, most with specific date targets, some of which touched on the unmet needs highlighted above. Between them, the Ryan report and the *Implementation plan* are the points at which the state comes closest to assessing, measuring and devising instruments to meet the needs of children.

Two important foci of the *Implementation plan* were the appointment of 270 social workers and an out of hours service. It was especially around the 270 social work posts that the subsequent public debates in the Oireachtas revolved and it became a test of the government's commitment to meet need. A particular problem in evaluating the issue is that the 270 posts were not set against a baseline (*270 posts more than what?*) and the rationale for 270 (rather than 170 or 370) never explained. It transpired that the 270 'new' posts were essentially unfilled vacancies that had accumulated over the years, although that would not have been apparent from the parliamentary discussions (the *Implementation plan* elaborated that the filling of these posts would be achieved by suppressing other vacancies in unstated areas, thereby sparing the state any additional cost). The discussion replayed the Kilkenny report when 850 new social work posts were announced, but without specification as to how many they were additional to. We have no record or means of knowing as to whether they were ever filled or not (given that the total number now is well below 850, we presume not). As for the out of hours service, this had been identified as in need of urgent attention by the United Nations (2006) four years earlier. The *Implementation plan* fell far short of recommending such a service, satisfying itself with the re-iteration of existing initiatives (e.g. Garda station places of safety) and two volunteer pilots.

In collaboration with other organisations, Barnardos (2010) analysed the Ryan report and progress on its implementation plan one year on, finding that significant progress had still not been made in key areas, such as legislation for the *Children first*

guidelines, consultation on a new national children's strategy, funding for victim counseling services, social worker recruitment, out of hours services, aftercare, direct provision, child and youth homelessness and the inspection of all children's care settings. Subsequently, the HSE set the objective that, by the end of June 2011, each child in care will have a care plan, a review system for the care plan and an assigned social worker, with a link worker assigned to every foster family.

Overall, the Ryan report and the subsequent implementation plan prompted a much sharper focus on need. The subsequent discussions, with unresolved issues concerning the number of social work appointments to be made, *Children first* guidelines and out of hours service, suggested that there was a danger that the deficits highlighted earlier would persist.

2.8 New projects and approaches

The above history indicates significant shortcomings in the ability of the State's services to meet the needs of children. Is there evidence of the State introducing new projects and approaches to improve them?

In an effort to shift the focus of services toward early, community-based support of children at risk and their families, the *Springboard* series of projects was launched in the late 1990s. Fourteen such projects were set up initially and both the initial national and subsequent project evaluations were positive, indicating significant improvements in the well-being of the families and children concerned (McKeown, Haase & Pratschke, 2001). Although these projects once had a national coordinator, there is no longer a separate listing or dissemination point for these projects, with the danger that their institutional legacy may be lost. No recent programme evaluations are available. Teen parent support programmes were also established in 1999, growing from three pilot projects to eleven projects currently with a budget of €1.8m, supported by a national coordinator and advisory committee and assisting about 1,200 young parents annually (Grant, undated).

An attempt to introduce new approaches is evident in the importation from Northern Ireland of the *New beginnings* approach of Foyle Trust, Co. Derry (Dolan, Cavavan, Curtin & Brady, 2006). This was especially relevant, for the problems which Foyle

faced in delivering children and family services echoed the problems experienced by LHOs south of the border, such as the stockpiling of cases, the lack of out of hours services, inadequate information management, excessive social work caseloads and statutory protection obligations unmet. The *New beginnings* approach involved a refocussing toward family services, the reassignment of social work staff to the Hardiker levels of need, a systematic approach to caseload, resource panels and family support panels with independent chairpersons and a positive relationship with voluntary organisations. The *New beginnings* model has interested a number of LHOs.

The National Education and Welfare Board in 2008-9 launched a pilot project in six primary and post primary sites (Dublin (2), Mayo, Wicklow, Cork and Louth) with a focus on earlier, briefer interventions; the greater involvement of parents; structured listening to children; efficient case management; and inter-agency cooperation. An initial evaluation is already available, suggesting promising outcomes (Richards, 2009).

The two most systematic interventions by the state have been multi-agency Children's Services Committees (CSCs) in each county (announced in *Toward 2016*); and the Prevention and Early Intervention Programme (PEIP). They are a practical test of the ideas of early prevention for subsequent mainstreaming and confront the problem of implementation at a local level. CSCs and PEIP are highlighted in the *Programme for government, 2007-2012* and much store has been set in them by the governmental, NGO, practitioner and research community, so each is described in detail (2.8.1-2).

2.8.1 Children's Services Committees

Multi-agency children's services committees had their origin in *Our children, their lives*, which identified the coordination of local services for children as central to the problem of implementation of the overall strategy, settling on the City and County Development Boards (CDBs) as the ideal vehicle. Initially, four CSCs were established (Dublin City, South Dublin, Donegal and Limerick City), with eight more to be established by 2012, with the system complete by 2016. Under the aegis of the CDBs, they are chaired by the HSE and local authority and include key statutory services (e.g. gardaí, probation services, National Education Welfare Board). They have a general role of identifying needs, reviewing existing provision and planning an integrated response to the needs of children and their families. Model CSCs have a coordinator, meeting schedule and work plan.

Voluntary and community organisations were not included in the original design and the manner in which CSCs engage with voluntary organisations at local level varies. Some CSCs engaged formally with voluntary organisations (e.g. with a place on the committee, as in South Dublin), others informally (e.g. bilateral meetings, sub-groups, as in Limerick) and in other cases it was not clear what approach was followed. Either way, voluntary and community organisations, as well as others with expert knowledge, could contribute significantly to the way in which children's services were planned, delivered, monitored and evaluated.

At this stage, it is difficult to evaluate the progress of this experiment. Although quarterly progress reports are made to the National Children's Strategy Implementation Group (NCSIG), these do not appear to be published. So far, only limited information is available directly from the CSCs themselves as to their outcomes. For example, Dublin City has published single page lists of members, terms of reference, values, visions and goals while Limerick has published an eight-page powerpoint. Others have put out limited, light information.

The Centre for Effective Services (CES) has been charged with assisting and advising on the development of the CSC experiment. In its first detailed analysis, the CES suggested that the CSCs are still at an early stage and while their members consider the concept promising, measurable impacts have yet to be identified (Burke, Owens & Ghate, 2010). Other analysis suggests that institutional obstacles to enable horizontal working to thrive remain significant (Canavan, undated): the lack of capacity to participate by the Department of Education and Skills appears to be a serious problem, allied to the lack of engagement with the educational system and schools. Positively, participants have spoken of efficiency gains in the delivery of services, improved teamwork, knowledge-sharing, cooperation on individual cases and lively debates on how services should develop. In South Dublin, concrete outcomes include a directory of services, best practice guidelines and an inter-agency case-working protocol (Chance, 2010). In Limerick, there are plans for a substantial programme of strategic research, baseline analysis, mapping and building reflective practice.

2.8.2 Prevention and Early Intervention Programme

The concept behind the PEIP was to test a strategic multi-agency, multi-disciplinary approach to child poverty, focussed on measurable child outcomes in three areas of urban deprivation in Dublin. The programme was funded and developed by the Atlantic Philanthropies with the OMCYA and was intended to be of sufficient financial scale (€30m) and duration (five years) to be impactful, with a strong learning dimension built in and the intention that innovation reverse the trend of hitherto poor child outcomes (Stellenberg, 2008). The PEIP was intended to pioneer *What works?* in prevention and early intervention, validating early interventions (Canavan, undated). Despite the work by Family Resource Centres from the 1970s, Irish knowledge on this topic is limited, with no systematic collection of the information available. Although early intervention is a well-established strategy in other countries, it has yet to be proven in Ireland. The principal studies come from the United States and indicate that early intervention reduces the costs of subsequent more expensive interventions (e.g job training, teen or adult educational interventions, social housing, incarceration, poor health, social welfare) and creates positive outcomes in academic achievement, earnings, peer relationships, personal and psychological well-being and home ownership.³

The three sites are Tallaght, Darndale; and Ballymun. Darndale gave a stark indicator of the scale of the problem to be tackled, for a typical five-year old there had the same vocabulary, mathematical, motor and cognitive abilities as the national three-year old norm. The Irish projects therefore aimed to close the typically 18-month gap through early intervention programmes (Healy, 2010). Initial results are available from the Darndale group, where one group is assisted by low-intensity interventions (printed information, advice, helpline and peer group support) and the other by high-level

³ Harmon in *Notes for education* (2010) cautions that most of the literature in this area is American and may have limited applicability in Europe, for two reasons. First, there is only a limited welfare system in the United States and second, the most significant saved cost is incarceration, which would not apply in Europe. In neighbouring Britain, the evaluation of cost-effectiveness is considered to be at an early stage: remarkably little empirical work has been done (McAuley, Colette & Knapp, Martin *et al*: *Young families under stress - outcome and costs of home start support*. Joseph Rowntree Foundation, 2004). Piper has made a detailed study of the return-on-investment issue and scrutinized the outcomes of key programmes developed in Britain since 1997, many of them inspired by American models. She reported on Sure Start, the Children's Fund, Communities that Care, Connexions and New Deal for Communities, finding their outcomes inconclusive, with some programmes able to prove only meagre to modest outcomes (Piper, Christine: *Investing in children - policy, law and practice in context*. Willan, Collomport, 2008). Although it is intuitive that early investment improves children's later lives, our cost-benefit knowledge in Ireland is also still weak. This is why the PEIP experiment is all the more important.

interventions (weekly one-to-one home visits by child development practitioners), finding considerable value in the low-level intervention. It is hoped that initial evaluation results for the programme as a whole will be available from 2012.

2.9 Conclusions

To summarise, the key conclusions arising from this chapter are:

- Policies for children must be set in the context of the Irish social model, where the development of the welfare state has been weak and subordinate to a particular, atlantic model of economic development. This area of work is fortunate in having an enlightened sectoral strategy, *Our children - their lives, 2000-2010*.
- Child welfare and protection services for children have evolved over the years, from institutional to child protection to family and children's services. This evolution has been uneven and imperfect, with a weak theoretical base.
- It is impossible to measure or quantify services for children in Ireland. There is no inventory of such services and information is not collected or collated in such a way as to measure their nature, extent and scale. We do not have an input model.
- In determining the needs of children, we must rely on a range of mixture of reports from government agencies, non-governmental bodies and the media. These reports suggest that child welfare and protection services are unable to meet the needs of children at risk. The Ombudsman for Children found that the HSE's administration is unsound and not to the standard expected or required by the Child Care Act. In the meantime, many new children's needs are emerging.
- Attempts have been made to rectify some of the poor outcomes, principally the Ryan report, which has focussed on increasing the number of social workers by 270, leading to the promise that services achieve a more satisfactory performance by spring 2011.
- Several new projects and approaches have been introduced to improve children's services, such as *New Beginnings* (Foyle), the Differential/Alternative Response Model, Children's Services Committees and the Programme for Early

Intervention and Prevention, but we are not yet in a position to assess their impact.

3. Analysis

This chapter addresses the principal issues in services for children and families. There is a lack of an agreed model as to the basis on which these services should be planned, organised and delivered. Our knowledge base for existing services and levels of need is weak, with ineffective systems for information collection, assessment, the measurement of outcomes or even common metrics. There is no Resource Allocation Model (RAM) for children's services. Implementation of the children's strategy has become fraught and many have questioned whether there are alternatives to delivering children, family and welfare services through the HSE. The source of advice reaching the department responsible and the HSE is questioned here: neither seems prepared to seek advice from the non-governmental community in a open, whole-hearted way.

3.1 General Observations

The picture presented of the welfare of children in Chapter 2 is challenging. Although it is ten years since a national children's strategy was put in place, Irish performances for children in the areas of early childhood care and education and child poverty remain poor, while welfare and protection services have failed to meet need. Here, in looking for a way forward, it may be useful to venture a 'failure analysis' and explore constructive paths that would be useful in informing a new children's strategy.

Governmental analysis has relied on twin narratives that services for children and families have been 'lagging behind' and beset with 'implementation difficulties' (as stated in the *Implementation plan*). Of the two, the 'lagging behind' narrative is unconvincing. The ISPCC provided a casework services from the 1950s and it became a standard practice in the health service within less than 20 years. The Department of Health introduced guidelines on child abuse as far back as 1970 and on child sexual abuse in 1980. Although such developments may have followed Britain, from where policy and good practice were derived, that gap was actually short. Daly & Clavero (2002) see the 2000 national children's strategy as having moved Irish policy some

distance along the continuum that begins with control of the child, to that of 'good childhood' to that of 'child's best interests'. They argue that Ireland has matched (and overtaken some countries) in the onward march of a more enlightened social policy across the European Union. The narrative of 'implementation difficulty' may therefore offer us more and it is explored further under the heading of structures (3.5) for which it is likely a proxy. In the meantime, there are more fundamental problems which may help us understand the problem of implementation – the lack of a reference model (3.2), the poor knowledge base (3.3) and the lack of a system for resource allocation (3.4). The failure to ask for or receive quality advice is a further, related problem (3.6).

3.2 The problem of the model

At first sight, there appears to be a strong consensus among public representatives, departmental officials, the academic community, NGOs, activists, child welfare professionals and other practitioners as to the model of services for children and families in Ireland: one that values early intervention, family support services, a child-centered approach and putting the interest of the child first. The *Agenda for children's services* (OMC, 2007) outlined a 'whole child, whole system' approach focussed on needs-led better outcomes through improved interagency cooperation and efficiency and across a spectrum of services. The Department of Health and Children published a good practice guide *Working for children and families - exploring good practice* (Brady, Dolan & Canavan, 2003). There are few other examples of government defining its approach, values, methods or styles of working in such an explicit manner.

Confirming the earlier hypothesis that Ireland is not lagging behind, a study of the literature suggests that the Irish policy-making community is well abreast of international best practice. Progressive theories of childhood development such as Bronfenbrenner and Hardiker are widely accepted and frequently quoted, with the former cited as an inspiration for the PEIP programme (Graham, 2006; Dolan, Curtin & Canavan, 2008).⁴ Springboard projects, with their assumptions about the value of

⁴ The approach of Urie Bronfenbrenner (1917-2005) is described most succinctly in Smith & Davis (2010) as one based on the child as 'at the centre of a complex, interconnected system that includes immediate friends, school and neighbours, wider structures such as school policies and local services and macro structures of culture, government and media'. Bronfenbrenner's approaches recognise the systems around the child and family and seek to build on their strengths rather than their deficits.

family support and early intervention, are accepted orthodoxy and the value of services that help families with relationship skills well known (McKeown, Pratschke & Haase, 2003; NESO, 2009; Cleary, Fitzgerald, Nixon, 2004). The approach of the Irish Youth Justice Service (IYJS) is a progressive one of diversion, community rehabilitation, restorative justice and detention in only last resort. When the IYJS was established, it aimed to double the number of diversion projects and substantially extend community-based sanctions. All of this suggests a close alignment in thinking between practitioners, academics and theorists, the governmental and the non-governmental community.

In practice, under closer examination the degree to which there is an agreed model is less certain. The PA report, *Inspiring confidence in children and family services – putting children first and meaning it* (2009) asked whether there was an agreed model:

At the very heart of this question is what child protection practically means – is it essentially about managing risk and investigating alleged abuse or is it more about providing the supports needed for children and their families? *There is no shared view about what the ‘service model’ should look like within the HSE* (emphasis added). The HSE has still not agreed how it is going to implement the *Agenda for Children’s Services*. The HSE needs to adopt a detailed plan for implementing the *Agenda* to underline its overall commitment to children and family services and to inform its future service model.

Canavan (2010) painted a picture of quite divergent services and practices:

Ireland has a curious amalgam of under-researched local practices and new, highly-funded interventions with attendant gold-standard randomized control trial research designs. Throughout the country, a range of family support services are in train, with little or no rigorous attempts to clarify their nature or identify their effectiveness. A greater level of understanding and recognition of the worth of family support is needed among policy-makers.

Millar (2006) and others have noted the diversity of approaches, well summarised by Shannon (2009):

While Ireland does not operate a complete 'child protection orientation' model, in that there is flexibility of response to a report of child abuse, it is far from operating a differential response model.

As for the HSE, its *Report of the task force for children and family services* (2010) appears to agree on the need for a re-orientation of services:

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.

In the opinion of independent commentators, community-based family services are still limited and have low status (Pinkerton, 2006). Does this matter? Lack of agreement within the field about a number of key issues suggests that it does.

Disagreement on model is first most evident in the discussion on the 270 social work posts announced by government as the principal response to the Ryan report. The field broke into four on this issue. First, many practitioners argued that Ireland would only provide an effective service for children if it raised the number of social workers to levels comparable to Britain or Northern Ireland. The proportion of social workers is about a third the level of England or Northern Ireland and is the lowest level in these islands. Second, by contrast, the government view is that the additional 270 posts would suffice, with more than this risking the doubling of suspected cases and flooding the system with reporting. A third view was that the number of social workers is much less relevant than where they are deployed on the continuum children in care - child protection - family support services, the very challenge explored by the *New beginnings* experiment and the differential response model. Fourth, there have even been arguments in favour of *fewer* social workers in child protection: Buckley, Whelan, Carr & Murphy (2008) portrayed child protection services in largely unflattering light, poor in management and communications, inconsistent in operation, under stress and regarded with negativity and hostility. By contrast, a study in Britain by Demos (2010), *In loco parentis*, outlined how care systems can create positive journeys for children with creative outcomes and explained how this can be done (with early and timely supportive interventions, sufficient investment in reflection, analysis, research, administrative and management skills) (Ofsted, 2010). These debates indicate divided views about problems and solutions.

Disagreement is also evident on the out of hours service. The HSE 2010 *Service plan* proposed that there should be a joint protocol with the Gardaí signed and in place and emergency place-of-safety services 'augmented within existing resources and monitored on an ongoing basis'. What this means is unclear. When the Ombudsman for Children examined the out of hours notification system, which was officially in place, she found that in reality it was not operational, commenting that 'the failure of the HSE to ensure 24hr external access in most of the State involves unsound administration' and drew attention to the lack of timetable for introducing such a service. The out of hours service is essential to provide interventions out of hours and at weekends, even life-saving at times, as a number of tragic cases highlighted (e.g. Wexford). At the same time, it should not be viewed in isolation and works best when daytime, weekday services also work well. It appears that there is a division of view between the Ombudsman and the NGO community on the one hand and the HSE on the other as to the imperative for such a service, again reflecting the lack of a model. These divisions were so sharp that the Ryan report recommended:

The aims and objectives of the national child care policy should be clearly articulated and regularly reviewed in the future to prevent organisational interests becoming the main priority. The aims of the national child care policy could be subject to regular review by an independent group established specifically for this purpose (as summarised by Shannon, 2009).

Disagreement may also reflect the slow progress on the *Children first* guidelines. Although these are three specific and immediate issues, it is clear that there are wide variations in the approaches and standards of children and family services. Disorder is even more evident if we look at the HSE's *Social work and family support survey, 2008* (HSE, 2009), which shows that:

- Some LHOs provide services by geographical area, others thematically;
- Some LHOs achieve quite low rates of children in care (e.g. Limerick) compared to adjoining counties;
- Some LHOs use voluntary agencies to deliver family services extensively while others use them little (and historically even absorbed some voluntary providers). Some plan the delivery of services in partnership, while in others the relationship is limited to grant-giving for a specific service. Some have family resource centres within their LHO while others do not;

- The threshold at which child protection can be invoked varies greatly across LHO areas, between LHO areas and according to the resources available at any given time;
- Approaches to assessment of risk varies widely (e.g. use of panels), as do procedures for the management of child protection cases;
- The role of primary care teams, their level of development and location (e.g. primary care centres) in family services is unclear;
- Some LHOs are developing an intensive mapping programme (e.g. Limerick) while most do not appear to have a needs identification or research programme;
- There is inconsistent use of conferencing for family welfare and child protection: even the terms used vary.⁵ Poor management of child protection conferencing was a contributor to the mismanagement of the Roscommon case (Donnellan, 2010);
- Although independent chairs for such conferences are used in Britain, such a practice here is rare.

Voluntary organisations are very conscious that some LHO regions are entrepreneurial in developing services for children and their families. Many LHO teams have delivered quality services despite the lack of a coherent national set of structures, policies and procedures. The problem is that there is no system to guarantee that a child will receive a broadly similar, standard or consistent response across the country.

In conclusion, the first challenge of the new national children's strategy is to devise a theoretical and practical reference model for services for children and families which:

- Sets down a vision for care and protection services;
- Expresses the theoretical framework, values and points of inspiration on which services are based;
- Defines the systems whereby the needs of children and families are identified;
- Establishes a threshold at which the state should intervene to provide family support, child protection or care response;
- Details the outcomes sought and the services needed to deliver these;
- Articulates the continuum of services;

⁵ Several terms have been used to apply to conferencing: family conferences, family welfare conferences and family group conferences.

- Addresses contentious issues (e.g. mandatory reporting, the appropriate level of social work provision, out of hours service, guidelines against abuse).

3.3 The problem of the knowledge base

Any effective public service requires a robust knowledge base for it to be efficient. Our main knowledge base for the operation of children, family and welfare services is the lengthy *Review of adequacy of services for children and families, 2008* (HSE) and *Social work and family support survey, 2008* (HSE, 2009). Taken together, they are problematical:

- Although the first title suggests that it reviews 'adequacy', there is little qualitative assessment thereof, the most being an admission that 100% compliance with statutory obligations had not been achieved with little further detail being provided. Although supposedly a national synthesis, much of the volume is filled by unannotated local LHO reports. Although the HSE has the ability to collate information, it does not appear to have the in-house expertise to analyse or interpret it;
- There is no standard information collection system on children using services. There are no standard metrics, the core unit of measurement in some areas being individual children, in others families;
- While the review of adequacy has descriptions of the legislative, policy and institutional framework, little information is provided on performance or outcomes. Although there is a statement that 'in some local areas waiting lists of cases are maintained', no information is given on their numbers, duration or consequences;
- No input data were provided for example of the cost of these services, staff numbers, infrastructure or projects supported;
- We do not know the outcomes of interventions from referral through to the closure of the file, almost no statistics thereon and there is no measurement metric;
- Technical capacity varies widely, some LHOs being equipped with computers while others still use manual systems. Where computerised systems exist, they are different and may be electronically incompatible (SWIS, Access, stand-alone).

- There is no common framework to assess the needs of individual children or their families. Several systems are in use: the Buckley/Horworth model, the British system, the National Initial System and a combination thereof. On the voluntary sector side, although Barnardos has developed its own framework for family support services, not all voluntary providers have done so;
- Different LHOs have different systems for planning services, some using the Hardiker model, others complex matrix systems;
- There is no standard system for risk assessment. Some have developed their own systems (e.g. Limerick Assessment of Need System (LANS)), Early Warning System and Common Assessment Framework).

Data deficits were identified as a significant problem in children's services in Ireland as far back as the report of the Task Force (1980) and this evidence suggests that these gaps have not been closed in the past 30 years. According to the government's *Implementation plan*, the HSE *Review of adequacy* could be improved in quality and usefulness and 'should address the core issue of adequacy of services and identify gaps', an oblique and coded way of saying that it did not carry out the functions listed in its title. But rather than propose a remedy, the *Implementation plan* instead proposed that other agencies also produce reports, HSE reporting structure be simplified, the number of reports reduced and that there be more rigorous contracts for NGOs. The Ombudsman for Children (OCO, 2010) takes the view that the HSE 'failed to ensure determination of adequacy in any meaningful way in each of its functional areas'. 'Local Health Offices were not asked to determine the adequacy of services in their areas – and did not do so'. She continued:

Of course, there is no requirement that adequacy be determined by the functional areas themselves. But adequacy does have to be determined in each functional area by somebody, whether an outside consultant, staff in each area, or a member of the HSE at national level. The failure by the HSE to ensure determination of adequacy in any meaningful way in 2008 does not give proper effect to the intent of §8 of the Child Care Act 1991. For this reason, the *Review of adequacy, 2008* conducted by the HSE is contrary to sound administration within the meaning of §8 of the Ombudsman for Children Act 2002.

This is not new. The United Nations (UN) Organisation in its 2006 observations on Ireland's compliance with the *Convention on the rights of the child* noted: 'the committee remains concerned that there is a lack of systematic and comprehensive data on children, disaggregated by age, sex, ethnicity and by rural and urban areas, which would enable analysis of the situation of particularly vulnerable children in Ireland, including victims of abuse, neglect or ill-treatment; street children; children with disabilities; and children in institutional care'. The HSE (2010) has given a fresh commitment to rectify some of these deficits. Its *Service plan* for 2010 promises that in the area of child abuse (or suspected child abuse), it will introduce a reporting system in 2010 with indicators for subsequent assessments and the same for child mental health assessments. Shannon (2009) recommended a clearing house for the collection of data and proposed that:

Child care services should be subject to regular evaluation to assess outcomes in child care and protection. Data should be gathered on an ongoing basis and independent research experts should then collate and evaluate that data.

The Ryan report recommended:

A methodology for the evaluation of service provision should be devised. There is a pressing need to evaluate the extent to which services meet the aims and objectives of the national child care policy to ensure that the evolving needs of children remain the focus of service providers. Evaluation of services should be included in child care and child protection policies. All residential institutions and the HSE should be subject to regular evaluation to assess outcomes in child care and protection. Data should be gathered on an ongoing basis and independent research experts should then collate and evaluate that data (as summarised by Shannon, 2009).

Such an evaluation presupposes the existence of an input model which does not yet exist. The deficits exist at a more fundamental level. The system for knowledge circulation within the HSE appears to be limited. The HSE does not appear to have a journal or place for knowledge exchange for its children's services, either internally or with external interested parties (e.g. voluntary organisations, academics). There is no regular forum for child care managers. Although individual LHOs have pioneered good practice, there does not appear to be a system for sharing it internally in a systematic way, nor sharing it with the wider community of practitioners or users. There is no

sense of the need for a community of practice. Although the national children's strategy spoke of the importance of knowledge collection and dissemination and although there are research institutes which focus on children, there is no single place at which all information on children and children and family services are brought together (once called 'an ESRI for children'). The systems lacks stimulation at important points in the command chain, for example by seeking to occasionally appoint people from other countries where performance in children's services is better (e.g. continental Europe, Britain). There appear to be few people with a social work or family support services background at the highest level of the HSE in comparison to medical and administrative expertise. In conclusion, deficits in knowledge base constitute a serious problem, one to which neither policy makers nor service providers yet appear to be fully alert nor the negative consequences yet appreciated.

3.4 The problem of resource allocation

A central problem in the health service generally and children's services in particular is the lack of a Resource Allocation Model (RAM). Having a RAM is important, for it determines what human and financial resources should be allocated and where according to objective criteria designed to meet measured need.

In children's services, the lack of a RAM is especially evident in the allocation of social work posts. Staff are allocated on a historical basis, rather than using an objective system and there is a widespread belief that individual posts are allocated to individual constituencies or to areas where there have been high-profile media cases. Those who work within the HSE describe it as 'mysterious'. No system has yet been set down to allocate posts (social workers or otherwise), even though objective systems have existed for some time, like the Trutz Haase index that measures social deprivation; nor is there a system for the proportions that should be allocated to care, child protection and family support services (e.g. the Hardiker levels). The Irish Association of Social Workers believes that the service was always under-resourced and has made the case for a better funded service from the early 1970s. Investment in social work has never matched that for physical infrastructure, like hospitals, which are proportionately more resource-intensive. A RAM might establish parity with more institutionalised services.

The problem of the lack of a RAM is now well recognised within the HSE. The Staines report *Toward the development of a resource allocation model for primary, continuing and community care in the health services* (2010) made broad proposals for a more rational, objective allocation model and that budgets be allocated to LHOs according to population composition and deprivation (e.g. Haase index) but not in sufficient detail to give us guidance as to how that could be accomplished in social work, children's or family services. The subsequent Department of Health *Report of the expert group on resource allocation and financing in the health sector* (2010) proposed that there be a transparent system based on population health need, but likewise did not make specific recommendations for this field. Given the controversies over services for children and families, this was extraordinary.

In conclusion, the lack of a RAM is a significant problem in services for children and families and may be a significant contributor to the uneven, arguably chaotic picture described in 3.2 and 3.3 above. Until such time as there is a RAM for services for children and their families, there is little prospect that there will be a standardised or consistent service.

3.5 The problem of structures

As noted in 3.1, a widely accepted narrative is that strategies for children and family services in Ireland are good, but the problems have been in 'implementation'. 'Implementation difficulties' have long been the most favoured explanation for the shortcomings in children's services in Ireland. Such a term is generally a proxy for the design of suitable structures that enable policies to be operationalised. From the 1990s, 'implementation theory' began to feature in the discourse on public administration and from 1997 implementation mechanisms became a feature of social policy (e.g. National Anti Poverty Strategy (1997), the National Children's Strategy (2000) and the strategy for mental health services, *Vision for change* (Tinsley, 2007; Coulter, 2010)).

At the core of the implementation problem is the interface between the HSE and its parent department (Department of Health and Children), its accountability and its lines of command. Although the Office for the Minister of Children and Youth Affairs

(OMCYA) has a coordinating function in the department, commentators have asked whether the OMCYA has any effective control, leverage or purchase on the HSE; whether responsibility under a junior minister gives the issue sufficient priority; and whether the HSE is effectively accountable. The Oireachtas has mechanisms to bring state agencies such as the HSE to account. The principal channel is first, ministerial accountability to the Dail and Seanad, supplemented by the accountability of the HSE to the joint Oireachtas committee on health and children (which now includes a sub-committee on children's affairs). It is normal for the HSE to report to the joint Oireachtas committee quarterly, the HSE being represented by its chief executive. In autumn 2010, the assistant national director responsible for children was brought before the committee for the first time. It may well be the case that channels of accountability have, in the case of services for children and families, not been used to the full. If they had, it is possible that more progress might have been made sooner on issues that have been slow to progress (e.g. out of hours service, *Children first* guidelines).

Individual members have expressed considerable frustration in setting down effective lines of command in the HSE. No formal organigram of services for children and their families has been published, although consultants have attempted to help us by constructing an interpretation (e.g. PA). The HSE is directed by a Chief Executive Officer (CEO), with nine subordinate directors and four regional directors, with services delivered through four regions and 32 Local Health Offices (LHOs), with proposals in train for Integrated Service Areas (ISAs). In an attempt to strengthen the line of command and make children a designated responsibility, the HSE appointed an assistant national director for children's services in 2009 and a national director in late 2010. At local level, the situation is less clear: the *Implementation plan* observed:

It is difficult at present to locate responsibility for services delivered to children at risk or in care. There is no single management post at local health office level with clinical and executive authority for child and family social services. Those managers with responsibility for risk (principal social workers) do not have direct access to resources, including care placements. Child care managers have an advisory role, rather than a service management function. Although the local health manager had overall responsibility, the layers and decision-making arrangements made it difficult to identify where authority and responsibility lie and

leads to a system that is administered, rather than managed (*Implementation plan*, with minor editing for brevity).

The HSE commissioned *Inspiring confidence in children and family services: putting children first and meaning it – strategic review of the delivery and management of children and family services* (PA Consulting, 2009). PA concluded that the variation in local practice was excessive, services were inconsistent, management was confused, there was lack of an agreed model and information systems were deficient. It proposed a new system of general managers, managers for children in care and for children's welfare (Hardiker levels 2-4) and a liaison system with primary care centres for family services (level 1). The impact on the problem of implementation following the appointment of the two directors, coupled with the PA reforms, remains to be seen.

Frustrated with its poor performance, untidy channels of command and ineffective reorganisations, media commentators, academics and practitioners have argued that it would be preferable to locate services for children and families outside the health services and the HSE altogether. This is not a new idea.⁶ The argument has increasingly been heard that the HSE is not fit-for-purpose in the area of children and is compromised by poor management (Dolan & Holt, 2010; McGarry, 2010; Donnellan, 2010). Services for families and children will never be a priority in a HSE whose priority is institutional, hospital services, nor with only a junior minister in charge. O'Brien (2010), the journalist who has closely followed child protection issues, has argued that the HSE lacks openness, a spirit of self-criticism and is reluctant to put documentation in the public domain: 'it is time to look toward establishing a new agency or government department responsible for child protection'. The most explicit commentary has come from the Ombudsman for Children who determined that the operation of protection systems at local HSE level constituted unsound public administration. She asked the question:

Whether child protection services are best delivered within the context of the HSE and, if concluded that they are, how to ensure that a focus on them is not lost amid wider concerns about health services.

⁶ For example: 'A visible, accessible and powerful national children's authority is needed to cope with the tragic mess created by the indifference of politicians and senior civil servants over the decades' (Irish Times: *Looking after the children*, editorial, 20th May 1996); O Morain (1996).

The then minister of state responsible for children, Barry Andrews, rejected the view that child protection services should be taken from the HSE, arguing that this would lose time while only moving deficits to a new organisation (O'Brien, 2010). During the Oireachtas debate on the *Implementation plan*, such questions were raised on several occasions and some deputies even proposed the disbandment of the HSE experiment. The HSE for its part has argued that it is well capable of reforming its structures and services and has begun procedural changes to make this possible (e.g. PA report).

At political level, the principal opposition party at the time, Fine Gael, has proposed, in *Reinventing government* the dismantling of the HSE and the the transfer of its functions to hospital trusts, coupled with the abolition of 145 other state bodies, including the National Education Welfare Board. It proposes that children and family services be 'self-directed', that families be given personal care budgets to buy the service that they need and that social investment bonds be made available to voluntary organisations (Fine Gael, 2010). The Labour party (2008) has proposed the introduction of structures to make the HSE accountable at local level, coupled with ending the practice of non-policy parliamentary questions being referred to the HSE for answer. At the same time, both parties have proposed the abolition of the Seanad, which would eliminate an important channel of accountability. Sinn Fein (undated) proposes to keep a health executive, but on all-Ireland basis.

In summary, there are significant question marks over the current structures charged with the delivery of services for children and families, a loss of confidence in their ability and an increasing interest in exploring alternatives. These options and others are explored in more detail in chapter 4.

3.6 The problem of advice

An important subset of the implementation structures laid down in the national children's strategy *Our children, their lives* was the system for advising government on its progress, principally the National Children's Advisory Council (NCAC). The strategy stressed the need for government to receive quality advice in planning, devising and operating children's services and set down the role for the NCAC as being to influence and effect change and shape the implementation of the strategy, as well as create linkage between governmental and non-governmental actors. The idea of such a

council was not a new idea, for it was earlier proposed by the Kennedy report (1970) and re-proposed by the Task force on Child Care Services (1980). The Kennedy report, the task force and the national children's strategy emphasised the *independence* of such a council, the task force stressing its critical role of working to 'eliminate weaknesses' in children's services with the right to publish own-initiative reports. *Our children, their lives* assigned the council a key role in driving the children's strategy, giving it an independent advisory and monitoring function, secretarial support and an impressive role in advising on policy, coordination, delivery, monitoring, evaluation, research, training and consultation.

In the event, although the council functioned until May 2008, it did not make a discernible impact, even its website being taken down. It is now being repurposed to advise generally on children's issues, specifically on the new national children's strategy and Ireland's reports to the United Nations, but explicitly restricted to meet no more frequently than quarterly (hardly an affirmation of independence). Since then, there have been two further proposals to address the quality of advice available to the department on children's services. The department has, in the *Implementation plan*, committed the department to an improved technical capacity in the form of one professional child care specialist. This is a potentially important development as such a specialist played an important role in the 1970s in developing the task force (it does show the reduced appetite for professional advice, for the task force proposed no less than five senior such advisors at the highest level). Shannon (2009) recommended an independent committee on child welfare and protection in the OMCYA.

Although it was not part of the original 2000 strategy, a National Children's Strategy Implementation Group (NCSIG) was established in 2006 both as an implementing body for the children's strategy in general and as a reporting body for the Children's Services Committees in particular (Canavan, undated). It comprises statutory representatives and has no NGO presence. Burke, Owens & Ghate (2010) have raised questions about its role, effectiveness and impact. While the convening of a statutory-only body to implement government policy is of course legitimate, its conversations and perspectives are of interest to a broader audience. It is interesting to observe that the principal mechanism to drive the children's strategy, the advisory council, which had an NGO presence, was allowed to lapse while a new, government-only body was

introduced instead.⁷ While controversies raged about the welfare of children over 2008-2010, the advisory council was prorogued, its opinions unsought. Government departments with only a peripheral involvement in the strategy were involved in the NCSIG, in preference to NGOs central to the delivery of children's services. Given that there are over 90 NGOs that work with children in the state, this is a puzzling discrepancy which merits explanation.

It is interesting that few of the recent analytical reports on problems in children's services in Ireland have paid attention to the role of NGOs, for example the PA Consulting report (2009). They have not acknowledged ever-more accepted European concepts of civil society and multi-level governance. An exception was the National Economic and Social Forum which drew attention to the importance of involving non-governmental and civil society organisations in the multi-level governance of the state in general and in the delivery of public services in particular (McInerney & Adshead, 2010). This was its last report and it was abolished soon thereafter. Analysts of change in politics and public administration emphasise the role of civil society organisations as drivers (e.g. Coxall (2001), Simpson (1999)). A growing body of opinion in public administration believes that the quality of governmental decisions is improved by such advice (Grant, 2000). It is evident that the reform of children and family services in Britain over the past decade owed much to the influence of the NGO community and civil society (Katz, 2006; Millar, 2006). The need for their greater involvement in policy-making has been highlighted in numerous fields, including child poverty (Eurochild, 2008). Partnership with civil society on issues of child protection and welfare has been emphasised by the UN (2006). Here, Richardson (2005) credits improvements in Irish children's policy to pressure groups such as CARE,⁸ the Irish Council for Civil Liberties, Streetwise and the Irish Association of Social Workers (IASW), as well as prominent judicial champions, (e.g. Justices Eileen Kennedy, Peter Kelly and Catherine McGuinness) reinforced by concerned professionals, researchers and service providers (e.g. ISPC and Barnardos).

⁷ Membership is An Garda Síochána, the Children Acts Advisory Board, Departments of Community, Equality and Gaeltacht Affairs, Education and Skills, Environment, Heritage and Local Government, Health and Children, Social Protection, Tourism, Culture and Sport, Family Support Agency, HSE, Irish Sports Council, Irish Youth Justice Service, local authorities, National Education and Welfare Board, OMCYA, Pobal and the Probation Service (Burke, Owens & Ghate, 2010).

⁸ The campaigning group of social workers, concerned professionals and researchers formed in 1970 to support the implementation of the Kennedy report.

This deals with the nature of advice at central government, departmental level. Turning to the agency delivering services for children and families, the HSE, the Child Care Act, 1991, specified that each health board shall:

7. - (1) Establish a child care advisory committee to advise the health board on the performance of its functions under this Act and the health board shall consider and have regard to any advice so tendered to it.
- (2) A child care advisory committee shall be composed of persons with a special interest or expertise in matters affecting the welfare of children, including representatives of voluntary bodies providing child care and family support services.
- (7) Each child care advisory committee shall—
 - (b) consult with voluntary bodies providing child care and family support services in its area,
 - (c) report on child care and family support services in its area, either on its own initiative or when so requested by the health board,
 - (d) review the needs of children in its area who are not receiving adequate care and protection.

Despite these legal requirements, there is almost no documentary information available on these committees, their activities, reports, composition or outcomes. These sections of the Act were transferred to the HSE by the Health Act, 2004. Presumably, the 11 committees were formed into a single advisory committee, but there is no documentation of its existence and the Minister for Health and Children referred enquiries to the HSE, which failed to respond, so its current status is unknown.⁹ Granted that this is a legal requirement, this is extraordinary. Separately, the Health Act, 2004, §43 authorises the HSE to establish advisory 'panels', but in the event, the HSE formed a number of 'expert groups' corresponding to these 'panels'. Before describing them, it is worth pointing out that an 'expert group' or 'panel' does not, in any case, have the same authority or standing as the child care advisory committee stipulated under the 1991 Act. The role of the standard expert group is, according to the HSE:

⁹ Dail Eireann, *Debates*, 11th November 2010, §132.

- Needs assessment;
- Examination and analysis of current service provision in terms of effectiveness, efficiency and value for money;
- Exploration of alternative models of service delivery;
- Consultation;
- Evaluation of best practice and standard models nationally and internationally;
- Option appraisal; and
- Review of compliance with relevant legislation, development of guiding principles and determination of the appropriate actions to be taken.

Following this, recommendations are passed on for implementation. Expert groups are intended to be a 'central platform' for the 'development and transformation' of services, leading to improved care; to provide opportunities for operational policy development; to enable recognised leaders to apply their expertise; to ensure the highest international standards and drive integration; to propose implementation protocols; to ensure that policies and strategies are implemented and that legislation, standards and best practice are complied with (HSE: *Expert advisory groups*, undated).

The work of the expert group for children was not widely known. The only mention in the HSE 2008 annual report was that it had made a proposal for neonatal screening for cystic fibrosis surveillance. There was no mention in the 2009 annual report, nor in the 2010 *Service plan*. The PA report makes no reference to the expert group (indeed, no other reviews have done so). The expert advisory group on children functioned from 2006-8. Proposals were invited by public notice, but members were chosen by the CEO, the precise criteria for successful selection not being known. In the event, there was only one representative from a voluntary sector background, most were HSE staff and there were no mechanisms to represent the views of children or families. The formal role of the group was to address all aspects of health services for children, including birth, immunisation, the national paediatric hospital, dental care, speech therapy, disability and the welfare and protection of children at risk. In 2008, the members were told that the group had been put 'on hold' and no further meetings were convened, no explanation being given. The experience of membership was that there was no effective response to onward reports or recommendations, nor to requests for information and no connection to those delivering services. Few concrete changes

could be identified as a result of its proposals (the only one being improved systems to establish the identity of children in care by taking their photograph). It fell short of the lofty promise held out by *Expert advisory groups*.

In 2010, the HSE moved to establish a new expert group in the area of children, the National Advisory Group for Education, Training, Research and Policy for Children and Family Services, which first met in July 2010. Its objective is to provide the HSE with expert advice, strategic direction and interagency agreement, with a role to recommend and advise. It has subgroups on *Children first* training, supervision training for social work staff and social work practice and has a three-year lifetime. Members are drawn from statutory bodies (e.g. Gardaí, Irish Youth Justice Service), voluntary organisations (e.g. Barnardos, ISPCC, IAYPIC), the academic community, practitioners and well as from within the HSE itself and it meets quarterly. Its terms of reference specify that its documentation and discussions are classified (presumably, its deliberations will be declassified in the normal way in 30 years' time). In conclusion, the quality of advice sought by the state in the discharge of its functions to children and families is problematical and may be a contributor to the poor outcomes chronicled in chapter 2.

3.7 Conclusions

From our examination of the problematics of policies and services for children in Ireland, we can come to the following conclusions:

- There is no reference model for the development of children's services in Ireland. Although there is a widespread acceptance of early intervention, whole-child approaches, in practice there is a lack of agreement on key fundamental issues, such as appropriate staffing levels for social workers, out of hours services, assessment frameworks and mandatory reporting;
- Services and standards provided by the 32 LHOs vary widely, this being most evident in assessment systems, conferencing, relationships with voluntary organisations, proportions in care and the structuring of services;
- The information base is weak, with no common system for assessing the needs of children or reporting on outcomes. There is not even a common system of metrics. There is no community of practice;

- There is no Resource Allocation Model (RAM) and the proposals tabled make little reference to how children's services should be determined. There is no 'input model', making it impossible to assess or measure outcomes;
- The performance of the HSE in operating children, family and welfare systems has led many to question whether it should still hold this brief. Although designed as a command-and-control system, the HSE lacks a direct line of command for children's services, while the PA Consulting report may make responsibility even more diffuse;
- Although there is abundant advice available to both the department and the HSE from NGOs, civil society, the practitioner and the academic community, neither has demonstrated an interest to take such advice in a whole-hearted way. Both the National Children's Advisory Council (NCAC) and the expert advisory group in the HSE were lapsed, with a new statutory-only, implementation-only group created in the department instead. The CSCs have varying NGO presence. The new NCAC will be limited to meeting quarterly while the work of the new advisory group in the HSE is classified. In the case of the child care advisory committee, it is not clear if the HSE applies the legal requirements of the 1991 Act. This does not constitute a serious effort to seek advice in a service best with so many difficulties.

In conclusion, there are six major problems with services for children and families. Addressing them may enable us to come to close quarters with what have been hitherto been identified as 'implementation problems'.

4. Ways Forward, Options and Recommendations

Here, ways forward, options and recommendations are put forward for the new national children's strategy. Taking account of the country's economic collapse, there is a focus on changes in model, structures and orientation that are of low cost but which promise significant medium and long-term impact.

4.1 Broad context

This report comes at an important time, with the Irish report to the United Nations *Convention on the rights of the child* and a new children's strategy due (2011). There are urgent policy challenges, such as the need to create an effective and functioning system of child protection, address child poverty and remedy under-investment in education and early childhood care and education. They are underlined by demographic projections that the number of children is expected to rise from 606,500 in 2011 to 615,900 in 2016 and 665,400 in 2021 (Layte, 2009).

The current economic collapse, outlined in chapter 1, is all the more reason to use this opportunity to think constructively. Here, in the context of the new children's strategy, proposals are put forward which follow the lines of analysis developed in the previous chapter. They focus especially on changes in orientation, model and structures which need not necessarily be financially costly but promise significant medium- and long-term impact on the lives of children and families. This report first outlines how there must be a re-orientation of policy (4.2). Second, it outlines the key features of quality services for children and families (4.3). Third, it addresses how the quality of advice for these services could be improved (4.4). Fourth, granted that structures should follow form, it outlines options on how services for children and families should be delivered (4.5). Finally, the main lines of proposals for a new children's strategy are summarised (4.6).

4.2 Re-orientate policy

A feature of nearly all the Irish discourse on policies for children is that it is almost entirely set in the English-speaking or Atlantic world. While reference to the other jurisdictions within these islands are, given our long historical, administrative and political connections, logical and sensible, the urge to develop children's policies with reference to quite dissimilar and distant jurisdictions, some even antipodean, is puzzling. Irish public administration seems to be infatuated by the English-speaking countries, regardless of their distance or differences from us, excluding any interest in continental European countries despite their proximity and good example (e.g. the idea of an ombudsman for children dates to Scandinavia, 1981). Ireland has often sought inspiration for projects in the United States, where the quality of children's services is inferior and whose social and health outcomes are among the worst in developing countries. This often leads us to focus on outdated models of child protection, still dominant in some English-speaking countries, to the exclusion of family support models, despite their better outcomes. International commentators have long drawn attention to the manner in which services for children and families in Europe have their roots in education and community development and are more likely to bring positive outcomes than the contested Atlantic and English-speaking protection models (Daly & Clavero, op cit; Ruxton, 2004). It should be little surprise that policies for children in Ireland achieve poor results if we eschew comparison with northern European countries which reach good outcomes in favour of those that obtain bad ones. In the course of research for this text, almost none of the texts consulted even referenced examples of policies and practices from the 25 continental European countries with which we share a common economic, social and political project (the European Union). Despite their good example, some of the leading European inspirations for services for children and their families and their rights are little known in Ireland. Much of this field of work is available in English, so language differences are not a convincing explanation for the lack of attention given to these examples. It might be useful to consider the benefits of a European focus by looking at such exemplars as:

- Denmark, Sweden and Finland, which have achieved levels of risk to child poverty of less than 5%, a quarter of the Irish rate. The rate in Sweden is as low as 2.6%; in Cyprus, Slovenia, Austria and France, the level is less than 10%, half our rate;

- The Czech Republic, Slovenia, Poland and Slovakia, where the rates of early school leaving are around 5% - 6%, compared to 12.3% here;
- The broad and generous range of child and family support systems (e.g. child benefit, allowances, family tax allowances) available in the northern and some mediterranean European countries which substantially ease the financial burdens on young families; the system of child impact assessments in Sweden which govern the allocation of welfare benefits;
- The Nordic countries, which provide, in the view of the National Economic and Social Forum, continuous, integrated programmes of care and education for the whole 1 to 6 age range in early childhood care and education, recognising children's right to society's resources. In Denmark, there is a right to a childcare place for all children over one, provided by the local authorities, while in Sweden, there is a universal system of municipal childcare till six and an extensive range until 12. In Germany, there is a legal right to a *kindergarten* place for children aged 3 to 6. Typically, multi-dimensional childcare and education centres were provided by municipal authorities. Children are now involved in the design and architecture of their educational, recreational and physical environment. There is a community of practice in early childhood care and education in Sweden;
- The introduction in Germany and Sweden of 'child-proofing' in government policies, applicable at national, regional and local level, including a children's perspective in government commissions, accompanied by a system of monitoring; the establishment of children's councils in the lowest tier of local government, the *commune*, in France; the right of the children's parliament in France to initiate and comment on legislation;
- Spain, where children's services are brought within the education system so as to achieve an integrated model of care, education, social and welfare services. As far back as 1972, Sweden took the decision to move services for children and families away from social services and mainstream them into the education system so as to achieve more socially inclusive outcomes;
- Integrated services for children in France, *Centres socio-culturel*, which combine the functions of education, social services, community development, pre-school, adult education, all modelled on the Bronfenbrenner eco-system with services for play, counselling, information, advice, parenting, creche, fathers, social education,

children's clinic run by nurses, literacy, youth and marginalised communities; Greece, with the idea of the children's intercultural centre to promote social inclusion, diversity and parental empowerment in education; Italy, where multi-purpose centres for children and families combine play, recreation, out of hours and out of term learning, home education services, social development and services for children at risk;

- France, where children may bring a case to a juvenile magistrate and request the assistance of a lawyer; Italy where under §321 of the Civil Code, children may instigate legal proceedings; Spain where children have a right to a hearing before decisions affecting them are taken; Sweden, where the Social Services Act requires children be given the opportunity to speak on their own behalf in dealing with social services.

Outside the European Union, further examples of early childhood models and services may be found which are geographically much closer than those of the United States and, moreover, countries with which we already have frameworks for political and educational cooperation through the Council of Europe (e.g. Norway).

Closer to continental Europe, there are examples from Britain which are of value:

- Britain, which introduced legislation to mark the orientation from 'child protection' to a 'family welfare' model in the Children Acts, 1989 and 2004;
- Scotland, which recently reformed its child welfare systems (*Getting in right for every child*), beginning with an overall assessment of the model to be followed, explicitly adopting the philosophy and approach of Bronfenbrenner, low-level intervention and the use of multi-agency forums to plan and help deliver services. It also reached a view as to what should be an appropriate level of resourcing and complement of social workers.

In conclusion, the new strategy for children in Ireland could achieve better results by making a conscious intellectual shift to focus on those countries that achieve good outcomes for children rather than poor ones.

4.2 Key features of quality services

Chapter 3 outlined and analysed many of the problems in children and family services. Here, it is possible to sketch the key features and elements that characterise the type

of services for children and families that we should expect to see articulated in the new national children's strategy. There are five over-arching elements which are essential:

A reference model

This would:

- State the clear theoretical base and values on which services for children would be based, citing the main points of inspiration (e.g. Hardiker, Bronfenbrenner) and good practice examples which we should emulate (see previous section);
- Set down the expectations of the nature of supports to be made available to children and families and the outcomes expected;
- Identify the preferred lines of development (e.g. DRM);
- Articulate the range and continuum of blended services that should be made available to children and families;
- Resolve the key issues that currently divide practice (e.g. out of hours services and mandatory reporting);
- Guide the respective, complementary roles of statutory bodies on the one hand and a variety of voluntary and community organisations and agencies on the other and the partnership working that should inform their relationship;
- Set national performance standards for children in care including aftercare, child protection and family support, with clear performance measures for all services (HSE provision, voluntary);
- Establish a best practice standard for assessment, independent chairs, conferencing, panels;
- Set thresholds at which point services will be accessed.

A new design reference architecture, one consistent across national, regional and local levels

This would:

- Set down the mission, objectives, parameters and *modus operandi* of services for children and families;
- Detail how services should be delivered;

- Create systems for recognising, being alert to and responding to emerging needs;
- Construct an organigram for services for children and their families, with links to adjoining services, making the system transparent and promoting accountability;
- Shift human and financial resources decisively to family and welfare services;
- Specifically include the Department of Education and Skills in the development of services for children, families and welfare in cooperation with the school system;
- Restate the legislative base of statutory obligations in the light of events since the Child Care Act 1991, specifically to enable social work services to decide that a child protection referral can, in certain circumstances, be met with a family support response rather than a child protection investigation;
- Set down systems, schedules and timetable for inspection and quality assurance through the Health Information and Quality Authority (HIQA) to test that children and families receive a speedy and effective service.

An input model

This would:

- Detail the level of investment, staff and services, including indicators and a directory of services, statutory and voluntary;
- Clearly identify the amounts and percentages spent on children in care, child protection and family support.

A dedicated Resource Allocation Model (RAM)

This would:

- Determine how and where resources should be allocated, with a weighting toward early intervention and prevention;
- Develop those social indicators most relevant to children (e.g. an adapted version of the Trutz Haase model);
- Set down the complement of social workers and other services, with a view to facilitating investment in early intervention and prevention;
- Ensure regular, frequent updates of need, from the local to the regional to the national level.

A radically improved knowledge base with:

- The body responsible for services for children and families explicitly required and resourced to rectify the critical information deficits outlined earlier, namely to analyse need, assess risk, determine adequacy, identify and track outcomes, measure performance, set down common information systems and metrics. It would utilise technical assistance if need be;
- A single, common, accessible universal information and database (printed and internet) for policy makers and practitioners, with updated literature, models, approaches, good practice and documentation;
- A community of practice, with its own publication, beginning with a good practice policy and practitioners' forum which captures emerging need and disseminates outcomes from projects (e.g. PEIP, CSCs) and evaluation, with a published organ of results, findings, and opinion. The information/database and the community of practice could be hosted either by the agency delivering services for children and families, independently, or by a consortium bringing together the key stakeholders, with its own system of accountability;
- A significant investment in continuing professional development, along the lines recommended in the PA Consulting report.

An important feature of the architecture is the Children's Services Committees (CSCs) (see 2.8.1). The CSCs are a welcome innovation which should be built on, but there is a need to ensure that they are rolled out and resourced more speedily; work to a common template and involve voluntary and community organisations in their membership. Here there must be, in each local authority area, a CSC to:

- Oversee the identification of local needs;
- Promote quality planning for children across a range of functions and disciplines (housing, recreation, schools, health centres, services);
- Ensure that there is a continuum of services to meet needs;
- Make sure that services are working well together (service directories, information sharing, inter-agency protocols);
- Support and develop initiatives according to local need (e.g. responding to critical incidents);

- Find ways to ensure that the views of children and young people are sought and listened to at both at the CSC level and the individual agencies working therein;
- Support cross agency training, staff development and continuing professional development;
- Oversee the development and review of good datasets;
- Provide quality control and troubleshoot difficulties;
- Provide horizontal and vertical advice on experiences and outcomes.

4.4 Improving the quality of advice

This report highlighted the weak presence and influence of non-governmental actors (e.g. voluntary organisations, the research and academic community) over policy and practice. Under the developing European concepts of multi-level governance, from which we may have isolated ourselves, non-governmental actors are increasingly brought into decision-making through consultation, expert advice, commentary and interrogation of state actors. Here, the relationship between the state and non-governmental actors in the area of children and family services has been problematic, the locus of that relationship being normally the annual grant, rather than more strategic issues. In the view of one informant this results in an 'owner-pet' relationship which lacks parity of esteem and prompts childish behaviour by voluntary organisations ('megaphone diplomacy, over-the-top criticism, slagging from the outside'). Either way, the situation is unsatisfactory. Government is rarely pro-active in consultation or in seeking non-governmental views. Chapter 3 identified how:

- The National Children's Advisory Council fell far short of a full advisory role and the government's dispensing of its role at a key time indicated that it was not treated seriously at departmental level;
- Although there has been an expert group in the HSE, its role was almost invisible. The work of the new expert group is classified;
- The child care advisory committee, set down under the 1991 Act and still a legal requirement, is invisible;
- Consultation with voluntary organisations was not built into the role of the CSCs.

Non-governmental actors are a source of information, knowledge and practice from which governments and statutory services can benefit: closing them out, as is the case in Ireland, may contribute to some of the poor outcomes described earlier. Bringing them closer to decision-making could fundamentally and positively change the nature of policy and its operationalisation. In the areas of science and industry, nothing drives change more positively or more quickly than an energised user community and the same is true in social policy. Doing so requires not just the presence of non-governmental actors, with a strategic position within key structures, but attention to such issues as procedures, secretariats, budgets, technical assistance, publications, promotion, transparency, visibility, access, independence and a system of interrogation. Although ultimately government may reject the advice offered, there must be a reasonable assurance that it is treated seriously, listened to and that it informs decisions.

In conclusion, the new national children's strategy must set down how children and family services will be informed by non-governmental actors (voluntary and community organisations, academics, experts, practitioners); how they will have a substantial presence; and how the important technical issues listed above will be attended to (procedures, transparency etc). There should be a substantial, independent and resourced non-governmental presence in the National Children's Advisory Council, the HSE advisory group, the CSCs, the child care advisory group and whatever system is adopted for the delivery of services (4.5, next).

4.5 Options in planning and delivering services

The issue of who should deliver services for children and families is a core one and was discussed at some length in 3.5 above. Essentially the principal options are as follows, to:

- Enhance the structures and systems of the HSE;
- Relocate services to the local authorities;
- Construct a new State agency responsible for delivering a broad range of children, family, educational and related personal services, building on a number of existing agencies; or a broader department for social care;

- Construct a new national Child Care Authority to take responsibility for commissioning services from the HSE and other bodies;
- Relocate to another government department which already has responsibility for children, namely education.

Each is explored in turn, with a view to determining which holds out the most promise of resolving the difficulties and challenges identified in earlier sections. This report argues for a mature consideration of these options, with a decision in the new national children's strategy. Before doing so, it is essential that issues affecting children and families be made a demonstrably higher priority within government and that there be a direct line of accountability therein. Regardless of which option is followed, policies and services for children must be elevated to full cabinet-level ministerial responsibility.

4.5.1 Enhance structures and systems in the HSE

There are strong arguments for maintaining services within the HSE. The two most convincing are that children and family services within the HSE provide direct links and referral into other important health and related services for children and that the HSE provides the physical infrastructure from which existing services are delivered. On the other hand, there has been a catastrophic loss of confidence in the ability of the HSE to deliver services and protect children, one which the modest reforms of recent years have failed to halt. The control of the minister responsible and the Office for the Minister of Children and Youth Affairs on the HSE appears limited and there is much skepticism as to the prospect of significant improvement. The PA Consulting report, with its confused proposals for 'integrationist' services, is unlikely to lead to progress to match the scale of the problem. Nevertheless, if services for children and families are to be kept within the HSE, then there are arguments for the following changes:

- A ring-fenced budget for children and family services;
- An annual report on the carrying out and performance of children and family services, including its adequacy report, to be directly submitted to the Oireachtas;
- Given the failure of the board of the HSE to oversee services for children and families, a system of direct reporting by the HSE National Director for Child and Family Services to the OMYCA and the minister of state.

4.5.2 Relocate services to the local authorities

Relocation to the local authorities, where health services were originally placed prior to 1970, has a number of advantages. First, the local authorities provide a gateway into other local services that are important for children (e.g. recreation, education, youth services). Second, the local authority model is a system well developed in neighbouring Britain, which gives us an informant in close proximity. Third, local authorities have substantial physical infrastructure, although this does not underestimate the challenge of finding space for children and family services therein. Fourth, it scores high on accountability, for the performance of children's services would be reviewed by the monthly county or city council meetings of councillors, with ever more intense scrutiny possible through council subcommittees. On the other hand, confidence in the ability of the existing local authority structures to manage children and family services is low, given that it has no experience of doing so since 1970 and also because of the financial pressures within them.

4.5.3 Construct a new state agency or department for social care

Another approach is to reconfigure existing state services for children and families at national level. Here, it would be possible to move children and family services from the HSE and join them with the two other main state agencies responsible for children and families, the Family Support Agency and the National Education and Welfare Board. This would have a number of advantages: creating clear lines of responsibility, accountability and budget for children's services; building links to important related services in the community and in education; and fitting state imperatives for more joined-up government. The two main disadvantages are that arrangements would have to be made about infrastructure, given that many services for children and families are delivered from multi-purpose HSE buildings; and the loss of a direct link into the rest of the health service. A variation on this approach is to move services for children and families (and the other agencies mentioned) into a broader department for social care, combining them with other personal social services (e.g. for older people, people with disabilities), proposals along the lines of which were first made in the 1980s. This has

the double advantage of direct cabinet-level ministerial responsibility and at last enabling these services to receive priority management and attention.

4.5.4 A national childcare authority

A fourth possibility is to return to the task force (1980) which recommended the concept of a child care authority to take exclusive responsibility for the management, planning, monitoring, performance and promotion of children's services and ensuring their efficient delivery by others. Such an idea has been in the public domain for many years and frequently re-proposed. The way this system could work is that:

- A national child care authority would take responsibility for the leadership, accountability, planning, monitoring, standard-setting, reporting of children and family services. This would function as a semi-state body with the normal channels of accountability to the minister and Oireachtas.
- It would not deliver such services: these would be contracted to the LHOs of the HSEs and voluntary organisations, with the authority specifying the nature and type of service to be provided.
- In the event of a LHO not performing to the required standard, the authority would be empowered to intervene and, in an extreme situation, assign staff directly or contract an agency to rectify the problems until the LHO could be re-contracted.

This approach has the advantage of using the existing systems, plant, structures and personnel, minimising the upheaval to frontline services, but with an entirely new channel of management, financing, reporting and accountability, enabling scope for new approaches.

4.5.4 Re-location to another government department (Education)

Another approach is to relocate children's services in another government department, one which already has substantial responsibilities for children. The clearest candidate for this is the Department of Education, in its current iteration the Department of Education and Skills. This has a number of advantages: a department which already has a knowledge base about children; the prospect of more integrated services for children; and it is an approach known to work well in continental European countries.

These may be outweighed, though, by some important considerations. First, the department is a centralised body with little local presence, as the discussion on the CSCs above highlighted. Second, the Irish education system is peculiar insofar as most educational institutions are independent of the state, with the department fulfilling largely a funding and supervision role, but not the pro-active role that children's services would require. Third, related to both, the department has almost no local infrastructure.

4.6 Summary of key elements for next children's strategy

Given such a difficult backdrop, this report has focussed on game-changing proposals to alter the dynamic whereby services are conceptualised, planned and delivered by altering the policy orientation (to northern European countries with good outcomes rather than bad), setting down a new five-point architecture, itemising the elements of the new service and improving the quality of advice. Here are, in summary form, the type of proposals that bring together the discussion in this report, that could make for an invigorating, challenging new children's strategy.

An agenda for the new national children's strategy

- Critically evaluate and learn from the implementation problems in the first strategy
- Re-orientate services for children and families around countries that obtain good outcomes for children rather than poor ones.
- A new architecture for services for children and families based on:
 - ~ A reference model;
 - ~ A design reference architecture with systems for quality assurance;
 - ~ An input model;
 - ~ A resource allocation model;
 - ~ A racially improved knowledge base, with a common information point/database, community of practice, coupled with continuing professional development.

- Improved advice: bring in and assign a significant, independent, resourced role to non-governmental actors (voluntary organisations, civil society, academic and practitioner community) at national, service and local level.
- Decision taken as to which option to best pursue to resolve the long-standing problem of implementation, namely the most suitable structure and the agency best charged with responsibility for the delivery of a world-class service.

The key test for the strategy is that a quality service for children and families is quickly in place, with the full implementation of the recommendations of the many reports and recommendations of recent years (Ryan, Roscommon); with their allied instruments (e.g. *Children first* guidelines). The strategy should conclude with an independent evaluation which, hopefully, will show that the long period of systemic failure has given way to an enlightened, well-informed model of carefully designed, effectively executed quality services.

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Terms of Reference

The broad context for this research is that Barnardos has asked for a 40- to 50-page report on the development of policies and services for children that will inform its own work, that of colleagues and professionals in the field, policy-makers and the broader audience which supports Barnardos' work, with a time horizon of the next children's strategy (2011-2020). The task is to bring together existing documentation, analyse the situation, discuss options and make proposals, accompanied by a modest interview programme. The aim is to ensure that Barnardos will have a report with a synthesis of the most up-to-date information, a fresh analysis, proposals for realistic but transformative policies and services to put to government and the basis for appealing for public support.

The following are the general terms of reference, which are for a report that includes:

- ~ The 'big picture' affecting children, following but updating the situation portrayed in *Tomorrow's Child* in 2008, identifying fresh and emergent needs;
- ~ The broader context of a possible constitutional amendment domestically and, further afield, the more mature services for children in Northern Ireland, Britain and continental Europe;
- ~ A refreshed assessment of the level of need affecting children, taking note of the following: cuts in public spending since 2008; the difficulties affecting services provided by the Health Service Executive (HSE); the series of reports published over 2008-10 by voluntary and statutory bodies concerning the welfare of children; the gaps and shortcomings in delivering services for them; and changing expectations of what is appropriate for children;
- ~ Discussion of options for a systemically improved design for services for children, one which offers improved data, more effective investment, implementation systems that deliver clear and consistent outcomes, leadership and accountability, as well as concrete and identifiably better results;

- ~ Proposals for policies and services that will inform the government for the remainder of its period in office, the next government, statutory and voluntary organisations and the broader audience.

Specifically, the report is expect to be alert to the following issues:

- ~ Priorities and patterns of funding and investment, with their consequent often negative effect on the welfare of children;
- ~ The organisational structure and base for children's services in Ireland, from the national to the local;
- ~ Identification of factors, values and attitudes that have held back or frustrated implementation of policies and services; and conversely, those likely to lead to improved commitment to children's welfare;
- ~ Strategies that distinguish between early, middle and later years;
- ~ Structures likely to promote joined-up services;
- ~ Programmes, projects and approaches known to be impactful (or not), with some case studies;
- ~ Identification of any cost-benefit analyses of investment, domestically or internationally,
- ~ Value-For-Money (VFM) considerations at a time of economic crisis;
- ~ Identification of enlightened approaches likely to attract political, administrative and broader support;
- ~ Creation of virtuous circles and structures that will promote and underpin fresh and transformative thinking and action.

This report will be informed by the approach and values which Barnardos itself takes, especially its focus on early prevention and effective support for families.

This report is an attempt to focus on a number of key issues. It does not address or assess every issue affecting children in Ireland today. Comprehensive commentaries are available from other organisations (e.g. *Is the government keeping its promises to children?* Children's Rights Alliance, 2010).

Methods

The research comprised three methods. The main part was desk research, synthesis, analysis and writing.¹⁰ There was a modest programme of interviews (see acknowledgements), and a focus group with a number of social workers.

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¹⁰ It was specified that this should draw on government documentation on the welfare of children, including inquiry reports, service plans (e.g. Office of Minister for Children and Youth Affairs, government departments (e.g. Justice and Law Reform); Ombudsman for Children; National Economic and Social Council; Health Service Executive); research presented by voluntary organisations and the academic community (e.g. One Family, Children's Rights Alliance; Dublin University); government providers, voluntary organisations and networks in Northern Ireland, Britain and Europe; and media commentaries, professional journals, good practice sources, institutes, think tanks and other writers in the field.