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Introduction

The publication, one year ago, of the Report of the Commission to Inquire into Child Abuse (commonly known as the Ryan Report) on 20 May 2009 revealed horrific wrongdoings perpetrated against children living in institutions during the period 1936 to 2000. The Commission was the largest ever investigation into child abuse in Ireland. The report's findings are now etched on the nation's psyche and will forever be a stain on our country. Some of us had an inkling of the contents that lay within its pages, but nothing could have prepared us for learning of the deeply inhumane and appalling cruelties catalogued within it. As a nation and a people, we realised that we had failed miserably in our duty to protect and cherish these children.

The immense outpouring of shock and sadness felt by the people of Ireland as a whole was, in many ways, unprecedented. The bravery of those who spoke out against the wrongs that were perpetrated against them touched the hearts of many. We vowed never to let this happen again. One year on, we must shine a spotlight on progress since the publication of the Ryan Report. Has it made a difference to the lives of children growing up in Ireland today? Have survivors been given access to necessary services and supports?

The recommendations of the Ryan Report were elaborated on in a detailed 'Implementation Plan' published in July 2009 by the Minister for Children and Youth Affairs, Barry Andrews, TD. In this Plan, the Government pledges to implement 99 specific actions within agreed timeframes and with an allocated budget of €25 million. So then, is this Plan being implemented? Is it making a difference to children's lives? This document examines progress – or lack of progress – made on implementing ten selected aspects of the Plan. Each of the following sections looks at the recommendations made in the Ryan Report and the actions committed to in the Implementation Plan, providing a progress update and setting out the actions required.

To date there has been some welcomed progress – the recruitment of additional social workers, the publication of Health Information Quality Authority (HIQA) guidance in relation to child deaths, the commencement of consultation with children in care and the introduction of the equity of care policy for separated children. However, deadlines in relation to other commitments have been missed or are in serious danger of being missed unless real energy is invested. Among these, the realisation of a referendum to strengthen children's rights in the Constitution must be a priority. This one measure would go a long way to ensuring the rights of children in Ireland are fully and forever protected and promoted.

One of the challenges we face when trying to assess progress is the lack of information sharing and lack of transparency on developments that have been achieved. To breathe life into the Plan it must be adequately and transparently monitored. An implementation group has been established to oversee progress on the Plan's objectives. However, the group contains only statutory agencies, with no independent or non-governmental representation: a missed opportunity. To avoid the Plan becoming just another 'wish list', its key commitments should be placed on a statutory basis, as advocated for by the Special Rapporteur on Child Protection, Geoffrey Shannon.

A prime opportunity lies before us. Let us act on the momentum that was created in the wake of the Ryan Report's publication. Let us live up to the commitments we made when we signed up to the UN Convention on the Rights of the Child in 1992. Let us try to repair some of the devastating damage done in our past. We can begin by seeking to remedy the failures and gaps that exist in our current child protection and care systems, particularly when the State takes on the role of corporate parent to children in its care as highlighted in a number of reports, most recently the Ombudsman for Children's Investigation into Implementation of *Children First*. Our duty to reform these systems is non-negotiable and we must all act to fulfil this duty without delay.

Recommendations

Government must:

- Ensure that a referendum to strengthen children's rights in the Constitution is held;
- Expedite the legislation to place *Children First* on a statutory basis and widen its remit to include all organisations and individuals, including faith bodies, sports bodies and volunteer groups;
- Ensure children's voices are heard in all matters affecting them. Develop the necessary legislative and policy framework to make statutory provision for the right of children's voices to be heard in judicial proceedings affecting them;
- Introduce and progress the National Vetting Bureau Bill without further delay ensuring that the Bill provides adequately for the sharing of all significant information between relevant agencies;
- Ensure all children in care have a dedicated social worker and care plan;
- Evaluate the National Children's Strategy 2000-2010 and begin the consultation process in preparation for the development of the next Strategy;
- Provide adequate funding to those providing support services to survivors of institutional child abuse;
- Amend the Child Care Act 1991 via the Child Care (Amendment) Bill 2009 to place a statutory obligation on the State to provide aftercare for all children leaving state care who need it and develop a comprehensive national aftercare policy;
- Ensure that separated children moving into care placements are provided with adequate supports to meet their specific needs. Ensure these children have access to aftercare services;
- Publish the promised national review of current practice in relation to Section 5 of the Child Care Act 1991 to establish current practices and gaps in the system for children experiencing homelessness;
- Commence the Health Act 2007 to allow independent inspection of foster carers and all children's residential centres as a matter of urgency, this should be widened to include supported lodgings;
- Grant HIQA adequate resources and more independence and robust powers to enforce compliance with child care standards and regulations.

Ten Key Issues

1. Children First (Child Protection Guidelines)

Ryan Report

Recommendation 20: Commission to Inquire into Child Abuse
<i>Children First: National Guidelines for the Protection and Welfare of Children</i> should be uniformly and consistently implemented throughout the State in dealing with allegations of abuse.

Ryan Implementation Plan

Action	Commitment	Timeframe
85	Legislation will be drafted to provide that all staff employed by the State and staff employed in agencies in receipt of funding from the Exchequer will have: <ul style="list-style-type: none"> • a duty to comply with the <i>Children First</i> national guidelines; • a duty to share relevant information in the best interest of the child • a duty to cooperate with other relevant services in the best interests of the child. 	Dec 2010
86	Office of the Minister for Children and Youth Affairs (OMCYA) will publish a revised edition of <i>Children First</i> .	Dec 2009
89	<i>Children First</i> should be uniformly and consistently implemented throughout the State.	Ongoing

Issue

The advancement of legislation to place a duty on staff to comply with *Children First* national child protection guidelines so that all children across Ireland are afforded the same protection from harm and abuse.

Background

The *Children First* guidelines (1999) emphasise that the needs of children and families must be at the centre of child care and child protection activity, and that a partnership approach is central to effective delivery of services. Anyone who works with, has responsibility for, or comes into contact with children should be aware of the signs of abuse, be alert to the possibility of abuse and be familiar with the basic procedures to report their concerns. Linked to this collective responsibility is the importance of consistency in implementation between policies and procedures across statutory and voluntary organisations in the interests of protecting a child from anyone who may harm them.

In practice, adherence to *Children First* guidelines varies considerably. This is due to a number of factors: different interpretations of when to intervene when abuse is suspected, lack of understanding of responsibilities, lack of capacity to undertake those duties and lack of resources to fully implement the system. An overriding factor contributing to inconsistent application of the guidelines is that currently no legislative provision exists to ensure compliance.

A review of *Children First* was conducted in 2006 and the resultant report, *National Review of Compliance with Children First* (OMCYA, 2008), found that, in general, difficulties and variations on the implementation of the guidelines arise as a result of local variation and infrastructural issues rather than from fundamental difficulties with the guidelines themselves. In response, a revised edition of *Children First* was published online in December 2009 and is due to be disseminated. Whilst the revised edition is to be welcomed, it is disappointing that it contains some serious omissions such as a lack of primacy given to prevention, early intervention and family support.

The Ombudsman for Children has also just published its investigation into the implementation of *Children First*. Its findings also reveal wide discrepancies in adherence and implementation by practitioners and professionals working with children. It highlights that these failings even at the most basic level largely stem from a lack of drive to consistently implement *Children First* at a national level. Some of the problems identified - variable practice, a lack of internal and external scrutiny and a failure of inter agency collaboration - indicate a need for a fundamental change in culture and attitude towards child protection generally.

Update

There has been no progress on drafting legislation that would place *Children First* on a statutory basis, thereby enforcing compliance with the guidelines. The continued absence of this legislation means that children presenting with the same situation in different regions will have different experiences regarding professional assessment, intervention and follow up, potentially placing them at continued risk of abuse or neglect. The revised *Children First* should be holistic and have its remit widened to include all organisations and individuals, including faith bodies, sports bodies and volunteer groups.

Action

Expedite the legislation to place *Children First* on a statutory basis, thereby ensuring a collective responsibility to report concerns that a child could be experiencing abuse. This should lead to a subsequent consistent appropriate assessment and investigation into such concerns.

2. Voice of the Child

Ryan Report

Recommendation 13: Commission to Inquire into Child Abuse
Children in care should be able to communicate concerns without fear.
Recommendation 17: Commission to Inquire into Child Abuse
Children who have been in child care facilities are in a good position to identify failings and deficiencies in the system, and should be consulted.

Ryan Implementation Plan

Action	Commitment	Timeframe
80	In the context of the Children's Acts Advisory Board (CAAB) report on Guardians ad Litem, the Minister for Children and Youth Affairs will engage with ministerial colleagues to agree a future policy of management and funding of the service.	May 2010
81	The HSE will arrange for 'exit interviews' to be conducted with children on changing placements and on leaving care. These interviews should be formally recorded and should be considered, both individually and collectively, in the planning and delivery of services.	Sept 2009
82	The HSE and Irish Youth Justice Service (IYJS) will ensure that all young people in care and detention are made aware of the work of Irish Association of Young People in Care (IAYPIC) and will support children should they wish to contact or become involved with the service.	Dec 2009
83	The OMCYA will conduct a consultation exercise with children and young people in the care of the State. A working committee will examine methods of communicating with young people in care and detention settings, and ways of establishing permanent forums, with findings to be published.	Sept 2010
84	The HSE will arrange for exit interviews with personnel leaving child protection and residential care in order to better understand issues of staff retention.	Sept 2009

Issue

To ensure that the voice of the child is heard in judicial proceedings affecting them and to enable children in care to have an opportunity to have a say in decisions affecting their lives. To influence policy and service development by sharing their experiences of the care system.

Background

The UN Convention on the Rights of the Child states that the voice of children must be heard in matters that affect them, given due regard to the age and maturity of the child. However, the present systems of ensuring children and young people have an opportunity to express their views and influence policy development is ad hoc at best. There are a number of reasons for this including an historic reluctance by policy makers to consult young people, a significant number of children in care not having an allocated social worker and the appointment of a Guardian ad Litem (GAL) being discretionary in court proceedings affecting children. In addition, there is no mechanism to hear the voice of children in private family law cases, such as custody and access disputes between families.

Some policy and service developments are attempting to address this issue including the development of child participation and consultation mechanisms such as Dáil na nÓg and Comhairle na nÓg as well as through the Ombudsman for Children Office. However, opportunities are being missed. The Child Care Amendment Bill 2009 fails to advance the principle of listening to children especially those in high support and secure care. For instance, the current draft does not include a statutory provision for the appointment of a GAL in cases affecting children subject to special care orders. Such a move would reflect the commitment in the Ryan Implementation Plan and would mark a step in the right direction to having children's voices heard in all processes affecting their lives. Children and young people in care do not always participate in the care planning process where decisions are made about their lives. A national policy on care planning is needed to ensure that children and young people in care are actively supported and encouraged to have their say in the care planning process.

Update

Some progress on these actions has occurred. The OMCYA has set up a National Consultation Forum for Young People in Care to hear their experiences and establish ways in which their voices can be heard into the future. A working committee to assess the best method to conduct 'exit interviews' with children and young people in care, has been established and IAYPIC has fed into its work. No direct progress on ensuring that the work of IAYPIC is known to all those in care has been achieved and no extra resources have been made available to do this. Also, the future policy and funding of the Guardian ad Litem service has not yet been finalised. The Minister recently commented that the CAAB Guidelines were not working satisfactorily and work was still ongoing regarding the future direction of the GAL service¹. The Special Rapporteur's third report also recommends the necessity to address the management and administration of the GAL service².

Action

While the developments made in this area are welcome much still needs to be done. Fundamentally we must promote a cultural shift among professionals so that involving children and young people becomes standard practice rather than an exception. In relation to Guardian ad Litem services, Government must move beyond discussions for the establishment of such services and develop the necessary legislative and policy framework to make statutory provision for the right of children's voices to be represented in judicial proceedings affecting them. For children and young people in care, formal procedures need to be put in place to support them to participate in decisions which impact on their lives. The Ryan Report highlighted only too well what can happen when children's voices are silenced. They must be allowed to express their views and wishes on matters that affect their lives.

¹ Committee Stage Seanad debate on Child Care (Amendment) Bill 31st March 2010

² Geoffrey Shannon (2010) Third Report of the Special Rapporteur on Child Protection

3. Vetting / Information Sharing

Ryan Report

Recommendation 12: Commission to Inquire into Child Abuse
Management at all levels should be accountable for the quality of services and care.
Recommendation 14: Commission to Inquire into Child Abuse
Child care services depend on good communication.

Ryan Implementation Plan

Action	Commitment	Timeframe
47	Management will ensure that all staff are appropriately vetted, including high standards for the take up of references.	Ongoing
57	The OMCYA will consider legislation to provide for a duty to share information in the best interests of children between agencies, specifically between support services for adults and the HSE child protection social workers.	Ongoing

Issue

To accelerate legislation to develop a more comprehensive vetting system for those working with children (whether paid or unpaid) and to ensure a legal duty to share relevant information between professionals, in the interests of protecting children from potential harm.

Background

As revealed in many child protection reports including the Ryan Report (2009), Murphy Report (2009) and Ferns Report (2005), the lack of effective communication between agencies and professionals leaves vulnerable children at continuing risk of abuse and neglect. It is a failing of the current child care legislative and policy framework that cooperation among agencies and staff is dependent on local leaders rather than on standard practice.

The Ombudsman for Children report on the implementation of *Children First* is also critical of the lack of information sharing between agencies, highlighting that sustainable working relationships between the HSE and An Garda Síochána failed to thrive due to staff turnover, shift working and the absence of an out-of-hours service. However, an imminent joint training initiative on Children First for the HSE and An Garda Síochána is to be welcomed.

Effective communication involves statutory and non-statutory agencies working in partnership to share concerns and suspicions regarding a vulnerable child and their family so that they can act in the best interests of the child. The responsibility for sharing information applies not only to managers of children's services but to all those engaged with children. At present, there is no legal framework for the sharing of relevant information in relation to children at risk. The absence of this framework means that the safety of children can be compromised.

However, reducing risk is not just about responding to child protection concerns; it is also about ensuring that those working with children are appropriately vetted. There is a recognised necessity to place Garda vetting on a legislative footing. This would ensure that all individuals, paid or unpaid, involved in working with children would be vetted. This comprehensive vetting system would extend to include the collection and sharing of non-conviction data ('soft' information) meaning that checks would be made not only against any convictions held by the individual but also any information pertaining to relevant cautions, warnings and serious allegations against them. Such a system has been long called for in the interests of protecting children from those who would seek to harm them.

Update

Legislation regarding introducing a comprehensive vetting system was promised soon after the publication of the Interim Report of the Joint Oireachtas Committee on the Constitutional Amendment for Children in 2008. Now nearly two years later, the OMCYA and the Department of Justice and Law Reform are finalising the drafting of the National Vetting Bureau Bill with the Heads of the Bill to be tabled in the Oireachtas shortly. The Bill is likely to put the Garda Vetting Unit on a statutory basis with the responsibility of managing all soft and hard information. This statutory body would be led by An Garda Síochána with the HSE and other relevant bodies working alongside it³. It is imperative that the legislation is cognisant of the comprehensive vetting system operational in Northern Ireland and its potential impact on those barred from working with children in Northern Ireland seeking such work in the Republic.

Action

The enactment of this legislation must be advanced if we are to learn from the lessons of the past and ensure that such failings are not repeated. A duty to share information coupled with a comprehensive vetting system is of paramount importance, otherwise the cost for children is too high to bear again.

³ Dail Debate - Report by Commission of Investigation into the Catholic Archdiocese of Dublin: Statements - 1st December 2009

4. National Children's Strategy

Ryan Report

Recommendation 6: Commission to Inquire into Child Abuse
Child care policy should be child-centred. The needs of the child should be paramount.
Recommendation 7: Commission to Inquire into Child Abuse
National child care policy should be clearly articulated and reviewed on a regular basis.

Ryan Implementation Plan

Action	Commitment	Timeframe
22	The OMCYA will develop a new National Children's Strategy to cover the period 2011-2020.	Jan 2011

Issue

To ensure the development of a new, rights-based National Children's Strategy to guide future policy direction for children in Ireland from 2011-2020.

Background

The National Children's Strategy: Our Children – Their Lives (2000) is a ten-year plan of action which identifies clear objectives for statutory agencies, the voluntary sector and local communities to improve the quality of children's lives in Ireland. It sets out a clear vision for policy in relation to children and was developed after consultation with children, parents, experts and non-governmental and statutory bodies. The National Children's Strategy is underpinned by the principles of the United Nations Convention on the Rights of the Child, and contains three national goals: children will have a voice in matters that affect them; their lives will be better understood; and they will receive quality supports and services.

The Strategy has led to many advances for children, including the establishment of the National Children's Office (2001) and subsequent Office of the Minister for Children and Youth Affairs (2005); the appointment of an Ombudsman for Children (2004); and the establishment of Dáil na nÓg and Comhairle na nÓg.

Update

The existing strategy expires in December 2010 and to date there has been no indication that a new National Children's Strategy is being developed by the OMCYA. Prompt action is needed to ensure that a new Strategy is completed in a timely manner to provide a smooth transition between the two strategies. The existing Strategy must now be evaluated in line with good practice to provide the foundation for the next Strategy. We must build upon the achievements of the last ten years.

The National Children's Strategy 2011-2020 must be holistic, rights-based and incorporate an explicit plan for the implementation of the UN Convention on the Rights of the Child in Ireland. The *Towards 2016* National Social Partnership Agreement commits to the development of a new national children's strategy which will be informed by the UN Convention. The strategy must promote the development of legislative, policy and service frameworks that promote and protect children's best interests and welfare. The new strategy should be linked to clear objectives, outcomes, lines of departmental responsibility and budgetary allocations.

The development of the National Children's Strategy 2011-2020 requires meaningful consultation and engagement in advance with key stakeholders. The reconvening of the National Children's Advisory Council, (whose second term concluded in 2008) comprising relevant NGOs, experts and statutory bodies, is integral to this process and to the Strategy's ongoing monitoring and evaluation.

Action

The current Strategy must be reviewed and evaluated in line with good practice in order to ensure a solid foundation for the next Strategy and incorporate the lessons learned from the last ten years. Key to both the evaluation process and the development of the new strategy is meaningful consultation and engagement with the relevant stakeholders; the National Children's Advisory Council should be reconvened and calls for consultation issued as soon as possible. Updates from the OMCYA as to the progress towards the development of the new Strategy would be welcome.

5. Therapeutic Services

Ryan Report

Recommendation 3: Commission to Inquire into Child Abuse
Counselling and educational services should be available.

Ryan Implementation Plan

Action	Commitment	Timeframe
7	To address the anticipated increase in demand for services resulting from the publicity surrounding the Commission's Report and the forthcoming Dublin Diocesan Report, additional therapy services will be purchased by the NCS from the non-statutory and private sectors for the next 18 months.	Ongoing
8	The NCS will be exempted from the public service moratorium on recruitment and replacement of staff within its overall complement.	Ongoing

Issue

To ensure the provision of adequate support and counselling services for survivors of institutional child abuse.

Background

Over the last number of years, there has been an increase in the number of individuals seeking therapeutic or psychological support for childhood abuse experienced in institutions. The publication of Murphy, Ryan and Ferns reports has been directly attributed to greater demands on these services. It is rightly acknowledged in both the Ryan Report and the Ryan Implementation Plan that anyone affected by institutional child abuse will be provided with free counselling and advocacy support. A commitment was made to provide these supports through the HSE's National Counselling Service (NCS), relevant NGOs and private service providers.

Update

Despite the increase in demand for services since the Ryan Report was published, the availability of additional funding has been very limited. At a recent meeting between Dublin Rape Crisis Centre (DRCC), One in Four and Minister for Children and Youth Affairs, Barry Andrews, the Minister said that €2million would be provided imminently for counselling and advocacy services. Of this funding, €1.8 million is to be allocated to the NCS and €200,000 to NGOs. This is a very meagre amount to agencies when for example the DRCC has had its grant frozen for the past four years and has been cut by 8% in the past two years, which is contingent on no cuts to the services being provided. Also One in Four has had its budget cut by 5% in 2009 and by a further 5% in 2010 yet the number of clients seeking their services has trebled between 2008 and 2009. Children at Risk Ireland have also seen an increase of 22% in children and families seeking therapy services.

There are also concerns that, despite the lifting of the public service moratorium for the NCS, necessary posts have not yet been filled. The Irish Examiner recently reported (8 March 2010) that more than 800 victims of abuse are on the waiting list for the NCS, with a further 208 returning clients waiting for vital support services. Such a waiting list is wholly unacceptable.

The Ferns 4 (Children) Working Group, established as a result of the recommendations in the Ferns Report (2005), presented its final report to the HSE in October 2009. A key recommendation is the development of Needs Led Services for Children and their Families, essentially a more co-ordinated method of assessment and access to therapeutic services⁴. No update on the progress of this recommendation is available.

The Ferns 5 Working Group Report identifying the treatment needs of abusers was accepted by the HSE in 2007 yet the provision of services in this area is still lacking⁵.

Action

Survivors must to be given support and provided with necessary therapeutic and psychological services in a timely manner. The State has pledged to help repair the devastating damage caused to children in institutions, however, the evidence indicates that this pledge is not being adhered to and that, for many, the suffering will continue. The State must provide the necessary funding to service providers to ensure that quality supports are accessible to those who need them, when they need them.

⁴ CARI (2010) Annual Report 2008/2009

⁵ Report of the Working Group on Treatment Services for Persons with Sexually Abusive Behaviour 2007

6. Social Work

Ryan Report

Recommendation 15: Commission to Inquire into Child Abuse
Children in care need a consistent care figure.
Recommendation 16: Commission to Inquire into Child Abuse
Children who have been in State care should have access to support services.

Ryan Implementation Plan

Action	Commitment:	Timeframe
33 (also contained in Actions 58, 60,70 & 79)	The HSE will ensure that all children in care have an allocated social worker and a care plan that is developed and reviewed, as laid out in regulations and national standards.	Dec 2010
93	The HSE will put in place a national out-of-hours social work crisis intervention service, built into the existing HSE out-of-hours services. This will be piloted initially in two areas of the country.	Ongoing

Issue

To ensure that all children in care have an allocated social worker and a care plan and that a national out-of-hours crisis intervention service is established as a matter of urgency.

Background

It is required – according to the National Standards for Foster Care 2003 and the Child Care (Standards in Children’s Residential Centres) Regulations 1996 – that a social worker be allocated and a care plan devised for each child in the care system. Currently, this does not always happen. As of April 2010 there were approximately 5,700 children in care – 84% of these had an allocated social worker, leaving 912 children without this support⁶. In 2008, 34% of children in residential care and 36% of children in foster care did not have a care plan⁷.

The consequences of not having a dedicated social worker can include children staying in residential care for much longer than necessary due to a lack of active ongoing care planning, or not searching for alternatives such as fostering or reunification with family or siblings⁸. It can also mean that children who are at risk within their care placement setting may not be identified or heard.

The lack of appropriate resources for social work services means that social workers presently only have capacity to work with cases which have been prioritised as ‘at immediate risk of harm’. This means that children who are at risk but not assessed are often overlooked. Aligned to this is the fact that resources do not always match need as identified in the HSE National Social Work and Family Support Survey 2009. If resources were better matched to need it would improve equitable service provision across the country⁹.

The current provision of out-of-hours social work services is very ad hoc, relying on emergency foster care placement where available. In essence, failure of the system to respond to calls for assistance from both families and children out-of-hours potentially puts children’s well-being and lives at risk. It is envisaged that the HSE out-of-hours social work service will be multidisciplinary linking with existing out-of-hours services such as GPs, acute hospital services and mental health services to respond to children’s needs.

Update

In a bid to recruit an additional 270 social workers, the HSE has been granted an exemption from the public sector moratorium in this area. It has to date begun to hire social workers and convert some temporary social work posts into permanent positions. While this is welcome, the recruitment process is lengthy and in reality many children in care are still awaiting an allocated social worker. This results in children being left at risk and without access to supports and services, exacerbating their feelings of being alone and uninvolved in matters affecting them and subsequently uncertain about their future. The progress on piloting an out-of-hours service in the two areas is unclear. Also as there is no assigned timeframe for the set up of an out-of-hours service there is a danger it will be postponed until resources and personnel allow.

Action

An April 2010 Dail debate notes that 200 child protection social workers are to be recruited this year with 50 expected to be in place by end June 2010. While this is to be welcomed it is essential that these are new posts as opposed to reorganising current staff. It also remains difficult to quantify the entire number of child protection social workers in the HSE. Improved information provision would be very welcome and would greatly support transparency and trust in the system. A comprehensive out-of-hours service must be established without delay.

⁶ Dail Debate 29th April 2010

⁷ Health Service Executive (2009) Review of Adequacy of Services for Children and Families 2008

⁸ Health Information and Quality Authority (2007) The Placement of Children aged 12 and under in Residential Care in Ireland, Department of Health and Children, Dublin

⁹ Ombudsman for Children (2010) Investigation into the Implementation of Children First, Dublin

7. Aftercare

Ryan Report

Recommendation 17: Commission to Inquire into Child Abuse
Children who have been in State care should have access to support services.

Ryan Implementation Plan

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

Issue

Ensure the consistent availability of aftercare services across Ireland, ending the current ad hoc provision of such services. A national aftercare policy or service programme is needed.

Background

Aftercare services are provided to children leaving the care system to assist and support them in their transition from care to an independent adult life. At present, the provision of services is inconsistent and erratic. Furthermore, under the Child Care Act 1991, the provision of aftercare is discretionary.

Young people leaving the care system are particularly vulnerable. They are often disadvantaged in terms of their education, income and employment opportunities, and are at risk of homelessness, prostitution or imprisonment. However, it is well-accepted that investing in aftercare services makes financial sense as it reduces pressure on adult support services, including homeless and criminal justice services. Research shows that being able to leave care on a gradual basis or staying on beyond the age of 18 and having stability and continuity contribute to positive outcomes for care leavers¹⁰. Certain groups of children have specific aftercare needs, such as children leaving St. Patrick's Institution and 'Aged Out' Minors (separated children who have turned eighteen and whose residency status has not been determined).

A comprehensive and standardised aftercare service is needed, underpinned by a national aftercare policy to ensure the provision of an integrated and joined-up support structure. Planning for aftercare must start long before a child begins the process of leaving care and include better communication between the services required, including disability, mental health and housing services. Every young person should have a leaving and aftercare plan with a designated person responsible for implementing the plan and ensuring the young person is prepared and supported to make the transition from care. The ongoing and planned provision of comprehensive aftercare services must not be confused with assessment for aftercare, which is often just once-off.

Those leaving care need a range of practical supports including financial, accommodation, training and education, advice and information support. It is, therefore, imperative that a holistic approach to aftercare be taken. Young people need to have access to emotional support, mentoring, and a caring adult who will keep in touch with them.

Update

There are six commitments in the *Implementation Plan* in relation to aftercare. A budget of €1m was allocated within the HSE's Service Plan 2010 for the development of aftercare services in 2010. It is understood that the drafting of a national aftercare policy is still at an early stage. It is critical that there is NGO representation in its development. It is understood the longitudinal study on aftercare has not yet commenced.

The recent PA Consulting report on management and delivery of HSE child protection services highlights that the needs of children come second to the delivery of services and as a result the quality of care given, either by social workers or aftercare services, is very mixed¹¹.

Action

The Government must amend the Child Care Act 1991 via the Child Care (Amendment) Bill 2009 to place a statutory obligation on the State to provide aftercare for all children in care of State who need it – this includes separated children. The development of a comprehensive national aftercare policy is also needed with appropriate consultation with relevant stakeholders including young people in the care system and those working with them in NGOs and statutory bodies.

¹⁰ Stein, Mike (2005) Resilience and Young People Leaving Care, Joseph Rowntree Foundation

¹¹ PA Consulting (2009) Inspiring Confidence in Children and Family Services: Putting Children First and Meaning It

8. Separated Children

Ryan Report

Recommendations 9-11: Commission to Inquire into Child Abuse

Regulation and Inspection:

- | |
|--|
| <ul style="list-style-type: none">• It is important that rules and regulations be enforced, breaches be reported and sanctions applied.• A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed.• Independent inspections are essential. |
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Ryan Implementation Plan

Action	Commitment	Timeframe
31	The HSE will end the use of separately run hostels for separated children seeking asylum and accommodate children in mainstream care, on a par with other children in the care system.	Dec 2010
32	In the interim, the HSE will inspect and register residential centres and hostels where separated children seeking asylum in the care of the HSE are placed, in accordance with the Child Care Act 1991, pending the commencement of the Health Act 2007 for children's residential services.	Ongoing

Issue

To advance the equity of care given to separated children so that they are provided the same accommodation and supports provided to Irish children in care, while at the same time providing the specific supports required to meet their needs.

Background

Separated children are children under 18 years of age who are outside their country of origin and separated from both parents, or their previous / legal customary primary care giver. Between 2000 and 2009, 5,889 separated children were referred to the HSE of which 2,818 were placed in care and 2,858 were reunited with family members.

The Child Care Act 1991 does not provide for the inspection or regulation of hostels for separated children living in Ireland. In practice, these hostels have usually been managed by private service providers often employing inadequately trained childcare workers and in some cases were run by managers and security personnel¹². The HSE social workers provided supports to separated children in these hostels on an office hour basis, meaning that during the evenings and weekends, the young people had no access to care supports¹³. The lack of adequate care staff in the hostels and the absence of a proper inspection regime meant that significant numbers of separated children went missing from care. Of the 502 separated children who went missing from State care between 2000 and 2009, 444 are still unaccounted for¹⁴. Historically, there has been a lack of a child centred approach in dealing with separated children, with too much emphasis placed on the immigration status of the child rather than the best interests of the child.

Update

In late 2009, the HSE started implementing its Equity of Care Policy which aims to ensure that separated children receive the same level of care as Irish children in care. So far, three privately-run hostels have closed and only four residential units remain (two for boys, one for girls and a mother and baby centre). These four units now offer 24-hour care delivered by Crosscare and are now registered with HIQA and will be subject to inspection following the enactment of the relevant sections of the Health Act 2007, due to take place in July 2010. There are also some separated children residing in supported lodgings.

Action

While much has improved in this area, more action is required for this vulnerable group of children with diverse needs. This includes ensuring that appropriate supports are available to separated children as they move into care placements. It is especially important that the suspected victims of trafficking are identified and provided with timely and appropriate support. Transparency as to the progress made and the status of these children continues to be problematic, as does clarity around access to services and education for children placed in areas where the specific supports they need may not be available (i.e. language supports). Supports for foster parents caring for separated children will also be required and provision or plans for such services are not yet finalised. The Joint Protocol between An Garda Síochána and the HSE does not adequately address the specific issues of separated children who go missing, such as including a trafficking assessment in the risk assessment form. A six month review of the protocol was scheduled for the end of October 2009 and should be undertaken. The removal of children to Direct Provision centres once they turn 18 is also an ongoing area of concern as it is not based on an assessment of the needs of that young person.

Change to how separated children are perceived by the State is needed and they must be provided access to supports that meet their needs as children first.

¹² Joyce, C. & Quinn, E. (2009). Policies on Unaccompanied Minors in Ireland. Dublin: Economic and Social Research Institute

¹³ Ibid.

¹⁴ HSE April, 2010; Irish Times, 1st February 2010

9. Homelessness

Ryan Report

Recommendation 10: Commission to Inquire into Child Abuse
It is important that rules and regulations be enforced, breaches be reported and sanctions applied.
Recommendation 11: Commission to Inquire into Child Abuse
A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed.

Ryan Implementation Plan

Action	Commitment	Timeframe
35	The HSE will undertake a national review of current practice in relation to Part II, Section 5 of the Child Care Act, where homeless children can be placed in accommodation and not received into the care of the HSE.	Dec 2009

Issue

Review the current practice where children who are homeless are placed in accommodation and not received into the care of the HSE, provided under Section 5 of the Child Care Act 1991. Children, generally teenagers, who are homeless on their own (without families) are an extremely vulnerable group.

Background

The fulfilment of this commitment, to undertake a national review of current practice in relation to Section 5 of the Child Care Act 1991, is relatively straightforward and achievable. Section 5 of the Act was envisaged to be an emergency measure to respond to the accommodation needs of homeless children. However, in practice children remain under Section 5 and in emergency hostels for considerably longer periods of time. This is not an appropriate care response. Also the use of supported lodgings for longer durations and for younger children is alarming given it is unregulated and children do not necessarily have an assigned social worker. Emergency hostels for homeless children often require children to depart every morning leaving them on the street for most of the day. Homeless children are extremely vulnerable to risks such as drug use, crime, prostitution and other forms of exploitation that can seriously impact on their welfare and well-being.

The recent publication of the HSE's reports on the deaths of two teenagers in State care – Young Person A, aged 17 years, and Young Person B, aged 18 years, both of whom died from drug overdoses paints the real life picture of these vulnerable children. The reports found the HSE had failed adequately to address their care, protection and accommodation needs. They exposed tragic systemic failures. For instance, during her first six months in care, Young Person B was accommodated in nine different places¹⁵.

Statistics in relation to homeless children are inadequate. The latest national statistics available date back to 2006 when 449 children were found to be homeless¹⁶. It is difficult to ascertain due to a lack of data whether we have sufficient and appropriate beds available to avoid a child being forced to sleep rough. Homeless children often drift in and out of the child care system; their lives are often characterised by conflict with family members, a history of State care and mental health or substance misuse difficulties.

Update

We are unaware of any progress on the national review of current practice of Section 5 of the Child Care Act 1991 as committed to in the *Implementation Plan*. This is despite the commitment's timeframe having passed almost six months ago.

Action

Children experiencing homelessness who are provided care under Section 5 of the Child Care Act 1991 should be moved to the care of the State under Section 4 of the 1991 Act. Under Section 4 they will have a statutory entitlement to an allocated social worker, an individual care plan, their care facilities will be inspected by HIQA and governed by national standards. None of these safeguards are automatically available to children residing in emergency hostels. Children must not be left in limbo without adequate care to meet their needs.

The Government must publish the promised national review of current practice in relation to Section 5 of the Child Care Act 1991 to establish current practices and gaps in the system. This review must examine the operation and quality of the HSE Crisis Intervention Service. The inappropriate use of Section 5 of the Child Care Act 1991 for children who are homeless over an extended period of time must be ended as a matter of urgency. Instead these children must be provided with care under Section 4 to ensure that they access appropriate levels of care that meet their needs.

¹⁵ HSE (April 2010) Child in Care Death Report, Child: Young Person B

¹⁶ HSE (2009) Review of Adequacy of Services for Children and Families 2008

10. Health Information Quality Authority (HIQA)

Ryan Report

Recommendation 9: Commission to Inquire into Child Abuse
The provision of childcare services should be reviewed on a regular basis.
Recommendation 10: Commission to Inquire into Child Abuse
It is important that rules and regulations be enforced, breaches be reported and sanctions applied.
Recommendation 11: Commission to Inquire into Child Abuse
A culture of respecting and implementing rules and regulations and of observing codes of conduct should be developed.
Recommendation 12: Commission to Inquire into Child Abuse
Independent inspections are essential.

Ryan Implementation Plan

Action	Commitment	Timeframe
34	The HSE will ensure that all relatives as carers and foster carers are assessed, in accordance with the regulations.	Dec 2011
36	The HIQA will develop guidance (by November 2009) for the HSE on the review of serious incidents, including deaths of children in care and detention. These will be reported to the HIQA and the Department of Health and Children/IYJS. The HSE and IYJS will develop a panel (internal and external) of appropriately skilled professionals to undertake investigations.	Dec 2009
39	The Health Act 2007 will be commenced to allow the SSI of the HIQA to undertake independent inspection of all children's residential centres and foster care.	July 2010
40	The Health Act 2007 will be commenced to allow the independent registration and inspection of all residential centres and respite services for children with a disability.	Dec 2010
41	St. Patrick's Institution will continue to be inspected by the Inspector of Prisons having regard to his statutory remit. The Inspector may, if considered necessary, invite HIQA to advise on matters of child welfare in the discharge of this function.	Ongoing
42	The SSI will develop standards* and commence inspection of child protection and welfare services.**	*Feb 2011, **Sept 2011
87	The HIQA will develop outcome-based standards for child protection services.	Dec 2010

Issue

Fill the gaps in the current inspection and review system for services to children in the care of the State. All such services must be regularly reviewed and independently inspected, and standards and regulations must be applied and adhered to.

Background

The Health Information and Quality Authority (HIQA), through its Office of the Chief Inspector of Social Services, has a statutory duty to inspect and register certain care facilities in line with national regulations and standards. In relation to children's residential centres, a two tier system operates: HIQA is responsible for registering and inspecting certain children's care settings, with others inspected by the HSE.

HIQA is to be commended on its valuable inspection work, which not only promotes improvements for children but also flags areas where children are being failed. However, much work remains to be done in this area. Certain care settings are not registered, including hostels for separated children and homeless children, supported lodgings and residential centres for children with disabilities. HIQA's role is due to be expanded when the relevant provisions of the Health Act 2007 are commenced.

Furthermore, increased resources are needed to enable HIQA to fulfil its statutory duties. For example, HIQA has recently begun inspecting foster families, where nearly 90% of all children in care reside. Given that the large number of children in foster care, such inspections pose a real challenge to HIQA in terms of its resources.

Update

Progress has been made to-date and is warmly welcomed. HIQA published *Guidance for the Health Service Executive for the Review of Serious Incidents including Deaths of Children in Care* in March 2010. A related development, also in March 2010, was the establishment of a new, independent Child Death Review Group to review HSE investigations into the deaths of children in State care since 2000. Furthermore, in January 2010 HIQA published *Draft National Quality Standards for Residential and Foster Care Services for Children and Young People* for consultation.

Action

Progress to date in relation to improving the standard of care to children is welcome. To improve the provision of services to children in the care of the State, as an immediate step, the Government must commence the Health Act 2007 to allow independent inspection and registration of all children's care settings. There should be one independent inspectorate reporting directly to the Oireachtas. HIQA must be given adequate resources, more independence and robust powers to enforce compliance with child care regulations, through a range of mechanisms, including penalties, sanctions and fines. Without an ability to enforce regulations and standards, the level of care that children receive will continue to vary.

The Ombudsman for Children report¹⁷ recommends the recommencing by HIQA of inspections into child protection work through the examination of case files and staff practices to assess the state of implementation on the ground. This too should be advanced.

¹⁷ Ombudsman for Children (2010) Investigation into the Implementation of Children First

Conclusion

The Ryan Report exposed a horrific history of systemic and colluded abuse of the most vulnerable children living in Ireland. The report lifted the lid on Ireland's shameful past where many people who could have done something to stop those who abused and harmed these vulnerable children did not act to do that. Children were not seen and they were not heard. In fact they were actively silenced. We must change and learn the lessons from the past. We no longer allow the authority of exalted figures in our society to mask the horrors some are capable of perpetrating against children. We have made many promises to children. But are we delivering?

One year on from the Ryan Report, we have seen numerous other reports most recently the Ombudsman for Children's review of implementation of *Children First*, that highlight the various ways in which our State and we, as a society, have continued to fail our children. But we have also seen a robust and historic promise from Government to right the wrongs of the past and ensure that the children of the present and future are better protected from harm and abuse. The Ryan Implementation Plan is an ambitious document that seeks to correct the many inadequacies in our child protection system. Progress has been made but it is slow. The longer progress takes, the more young lives are blighted by gaps in the system and failures of the State, letting them slip through cracks and emerge into adulthood vulnerable, lost and struggling. Children in Ireland deserve better. It is time that we as a society demanded better. As a nation, we have closed our eyes to injustices against the children we should be cherishing; it is time for us to fight for childhood together.

We must ensure that the promises and hopes laid out in the Ryan Implementation Plan are made a reality. They must not get stuck in the bureaucracy of politics or left behind because of a lack of resources. It is time for us all to work together to save childhood for those children who need us to champion their cause. We must fight for an overhaul of the services provided to children across Ireland so that their childhoods will be better, their futures brighter. The ten themes identified are a start to this process. Some progress has been made, but more is needed. As a society we must prioritise our children, we must prioritise their childhood, and we must demand the changes that will fix our broken child protection system.