

Review of the Child Care Act 1991

July 2020 Consultation Paper

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Context – The Child Care Act 1991

The Department of Children and Youth Affairs is currently reviewing the Child Care Act 1991. This is the primary piece of legislation regulating child care and child protection policy in Ireland. The 1991 Act is a wide ranging piece of legislation which, at its core, seeks to promote the welfare of children who may not be receiving adequate care and protection. The legislation covers the following main areas:

- Promotion of the welfare of children, including the relevant functions of the Child and Family Agency
- Protection of children in emergencies, including section 12 which governs the powers of An Garda Síochána to take a child to safety
- Care proceedings, including the different types of care orders which can be made by a court
- Children in need of special care or protection
- Private foster care
- Jurisdiction and procedure, including provisions for the appointment of a guardian ad litem for a child and the in camera rule
- Children in the care of the Child and Family Agency
- Supervision of preschool services and
- Children’s residential centres.

Under the Act, the State, as a last resort and in the common good, may intervene to take the place of parents as provided for under Article 42A.2.1 of the Constitution, following the thirty-first amendment. Although the Act has undergone some amendment (such as to make provision for special care), many of its key provisions have been in force for over 25 years.

The Review

The purpose of the review is to:

- Identify what is working well within the legislation, including its impact on policy and practice;
- Address any identified gaps and new areas for development;
- Capture current legislative, policy and practice developments;
- Building on those steps, revise the original legislation.

Work to date

The Department has consulted extensively with stakeholders to collect their views on the legislation including through a call for written submissions and a number of consultation events. This included extensive engagement with Tusla on subjects covered by the 1991 Act.

In September 2017 the Department held an Open Policy Debate where the implementation of the current Act was discussed with reference to three key themes: supporting families and children, listening to the voice of children and inter-agency work. In 2018 the Department received a large number of submissions as part of a written consultation process. In their submissions stakeholders

were invited to comment and make recommendations on the main parts of the Act, as well as on any new parts that they wished to propose. Responses to this consultation are available [here](#)*.

In 2018 the Department also sought the views of Tusla staff and management on what aspects of the legislation are working well and what needs improvement. Last year, following consultation with Tusla frontline staff on initial proposals, and a seminar on reforming child care proceedings with a selected group of stakeholders, there was a focussed stakeholder workshop on foster care, followed by regional events on the same topic. The Department is currently preparing for a separate consultation with children who have experienced interventions under the Act, however this had to be postponed in light of the current health crisis.

As part of the Review process the Department has also been represented on the informal working group convened by the Department of Justice and Equality on the development of Family Court reform and has provided input on the draft Heads of Bill. The Review itself and our feedback on Family Court reform has also been informed by research the Department commissioned on reforming child care proceedings that was completed in June 2019.

Current Consultation

Building on this research and consultation, the Department has concluded that the Child Care Act, 1991 continues to serve children well, and contains much that is worth retaining. However, Ireland has changed greatly in the quarter of a century since the Act's full commencement, and it is unsurprising that there are areas that require updating to reflect both these changes in society and our understanding of children's rights, and also to allow for positive practice developments to be enshrined in law where needed. The Department has identified a number of areas where improvements could be made to address gaps in the legislation, to bring it up to date with current best practice and to ensure that it reflects important changes such as a greater focus on children's rights and their best interests.

These proposals, and the thinking behind them, have been outlined in a number of separate papers below, with topics ranging from more abstract themes such as the incorporation of guiding principles into the Act, to more concrete topics such as proposed changes to care orders.

Please note that the current consultation does not cover all sections of the Act. The Department will continue to engage with stakeholders on proposals in other areas in the coming months.

You are **not** required to comment on **all** proposals. Contributions are welcomed on one or more areas of interest and expertise, or the entire paper as appropriate.

Please note that while wider policy and practice issues must of course be considered, the primary purpose of this consultation is to identify the appropriate legislative approach. This will allow us to update and revise the Child Care Act to ensure that we have legislation that both requires and enables any necessary future policy and practices to be put in place.

* <https://www.gov.ie/en/publication/ee2a23-submissions-to-the-written-consultation-on-the-review-of-the-child-c/>

Your Response

The Department is now inviting focussed comment on these proposals. Responses should be emailed to: ChildCareAct1991@dcya.gov.ie by Friday 11 September 2020. Any submissions received after this date may not be considered.

It would assist the Department if as an introduction to any response you would provide a short narrative (not exceeding 800 words) setting out the basis of your/your organisation's experience and interest in this area.

Responses to this consultation are subject to the provisions of the Freedom of Information Act 2014. Parties should also note that responses to the consultation may be published on the Department's website.

You may wish to consult the reference documents provided at the previous consultation. These are available at <https://www.gov.ie/en/publication/97d109-review-of-the-child-care-act-1991/#consultation-process>]

Proposals

NEW PART of Act

Guiding Principles

Current position

The Child Care Act 1991 currently does not contain explicit guiding principles; however, there are a number of quasi-principles, primarily in Section 3 and Section 24, with regard to the duties of Tusla and the court, respectively, towards children and their parents.

The Child Care Amendment [Guardian *ad litem*] Bill 2019 aims to revise Section 24 to introduce principles regarding the best interests and views of the child*. It presents a list of factors to be considered in relation to the best interests of the child and also prescribes the duty of the court to ascertain the views of children and give them due weight. However, several stakeholders have also called for the introduction of guiding principles with a view to making the legislation more child-centred and to bring it into line with the United Nations Convention on the Rights of the Child. Stakeholders have also recommended that parental participation and the importance of family support and early intervention are given a stronger basis in the Act.

Proposal

On the basis of the consultation and scoping review, the Department is proposing the introduction of a new section on principles which would provide guidance on the implementation of the Act in its entirety. It is worth noting that several contemporary pieces of Irish legislation have incorporated guiding principles and a dedicated section on principles has been included in a number of international examples of child care legislation.

The proposed section will contain a number of principles that will apply to the revised Act. Among these, the best interests of the child will have a central role and the best interests of the child will override any other principles in cases of possible conflict. The principle will contain a list of enumerated factors, similar to the Children and Family Relationships Act 2015[†], but excluding the last three factors more specific to private family law. Furthermore, it is proposed that additional factors be added to the list in line with consultation findings such as timely decision-making, stability of care and promoting the rights and development of the child. The section will also prescribe that the views of children should be ascertained and given due weight in accordance with their age and maturity in all decisions made under the Act.

It is further proposed that a new principle addressing the importance of parental participation will be introduced. This will provide the basis for relevant operational measures, many of which are underway, which aim to ensure adequate parental participation in decisions concerning the care and protection of children. It is also suggested that rather than stating that generally it is in the best interests of the child to be brought up in his/her own family, the emphasis is given to recognising families as the preferred way to safeguard the welfare of children unless this is prejudicial to the welfare of a child. Such an approach is intended to support proportionate intervention into families provided that this does not put the child at risk. It should also recognise diverse family configurations in contemporary Irish society and allow for the involvement of the wider family in ensuring the welfare of the child.

* See <https://www.oireachtas.ie/en/bills/bill/2019/66/> Note that this Bill has lapsed with the dissolution of the Dáil.

[†]See list at <http://www.irishstatutebook.ie/eli/2015/act/9/section/63/enacted/en/html#sec63>

Future position

The amended Child Care Act will contain explicit guiding principles. In all decisions under the Act the best interests of the child will be considered and their views will be ascertained and given due weight. Parental participation will be facilitated in all decisions concerning the care and protection of children as far as practicable and attempts will be made to safeguard the welfare of children within the family, including the wider family when appropriate. In cases of conflict between principles, the best interest will always be paramount.

Please provide your response to the above proposal

The proposal for the inclusion of the wider family is very welcome however the best interest of the child's welfare, safety, stimulation and health must be kept paramount.

This move to develop guiding principles is to be commended and will help to further bring about Irish legislation that is consistent with; - international best standards such as the UN Convention on the Rights of the Child; - best practices and research and the principals set out in National Children's First Policy. We welcome the emphasis on ensuring the child's voice is heard and given due weight and the emphasis on families continuing to participate in their children's lives.

This section we suggest should note empirical research findings which notes that children with disabilities are 3 times as likely to be abused as non-disabled children, international research also concluded that in Child Protection & Welfare services a lower threshold is often applied to assessing the vulnerability of children with disabilities as concerns are often framed in terms of parental stress rather than assessing parental capacity or listening to the voice of the child.

Principals such as Equality should also be enshrined in 'explicit guiding principles' for this legislation, to ensure that all children have fair access to family, community and good lives and that this legislation applies to all, such as those with a disability.

The introduction of guiding principles is a welcome addition to underpin the framework utilised in supporting children and families.

PART II Promotion of Welfare of Children

Interagency coordination and collaboration

Current position

Section 7 sets out that the Child and Family Agency shall establish Child Care Advisory Committees (CCACs). These committees may consult with voluntary bodies, report on child care and family support services, review the needs of children in their areas and advise the Agency on relevant matters. Under Section 8 Tusla is required to report annually on the adequacy of child care and family support services and to pay due consideration to the needs of children who are not receiving adequate care and protection. For the preparation of this report Tusla must consult with CCACs and other bodies that provide relevant services. However, while CCACs were established in line with the legislation, they have since been replaced with new structures and are no longer in operation.

At a national level the Children Acts Advisory Board (CAAB) was responsible for advising the Minister regarding the coordination of service delivery under the 1991 Act between 2007 and 2011. However CAAB was abolished in 2011 and its coordination functions were not replicated in a new structure. Recent years have seen the establishment of a number of relevant local and national inter-agency mechanisms (including co-ordination structures and protocols); however, it has not been set out explicitly what role they might play in supporting the implementation of the Act.

During the consultation process the need to provide for inter-agency co-ordination in the Act was the issue which was most frequently raised by stakeholders, including the Ombudsman for Children and the National Review Panel, which both identified it as a major problem in meeting the needs of vulnerable children under the Act in an integrated manner. Contributors referred to recent English and Scottish legislation which list bodies that need to collaborate for the purpose of promoting the welfare of children. In Northern Ireland children's authorities have recently been empowered to share resources under the Children Services Co-operation Act 2015. Notably, the recent review of safeguarding boards in England resulted in the allocation of a shared statutory responsibility to a strategic leadership group to improve inter-agency co-ordination. Their local representatives have to develop joint plans and report on delivering those.

Challenges

- Need to adopt more strategic approach to inter-agency co-ordination in promoting the welfare of children in the context of the 1991 Act.
- Previous co-ordination structures under the Act are now defunct.
- New structures have taken on relevant functions but do not have a formal link to the Act.
- It is difficult to achieve the joint planning and delivery of measures on a consistent basis without a clear legislative underpinning.

Proposed solutions

The Department is considering replacing Child Care Advisory Committees with Children and Young People Services Committees (CYPSCs*) in the legislation. There is a large degree of overlap in the functions of CYPSCs and the former CCACs. All the relevant services are represented on CYPSCs and they are strategically well-positioned to link together more specific co-ordination mechanisms (e.g. Child and Family Support Networks, Children First Tusla-AGS or Tusla-HSE structures). Other bodies are narrower in their scope, while re-establishing CCACs would result in the creation of yet another local structure. It is also proposed that a national strategic oversight group should also be incorporated in the legislation. The

* See <https://www.cypsc.ie/> for further information

Department's preference would be to utilise an existing national structure such as the Children First Inter-departmental Group or a Better Outcomes, Brighter Futures structures on which all Departments and key agencies are represented, rather than to create a new national governance structure. Within this overall context, consideration is being given to including a statutory duty on all relevant services to work together in the planning and delivery of services which promote the welfare and well-being of vulnerable children under the Act. Details of what such a duty would entail and the list of relevant agencies and services involved would be most appropriately specified in Ministerial guidance rather than in the legislation itself.

Future position

CYPSCs will assess the needs of children in their local area on a regular basis to inform planning and co-ordination of services inclusive of both universal and targeted measures relevant to the 1991 Act. Utilising relevant sub-groups, they will liaise with specific delivery and co-ordination structures to monitor the local co-ordination and delivery of multi-agency support to vulnerable children. They will provide a report on their assessment to the national oversight body e.g. Children First IDG. The national body will also liaise with Departments and key agencies in collating information on relevant services. It will also provide a forum for discussing services that promote the welfare of vulnerable children under the Act and co-operation among them. The information and discussion will inform the report on the review of services under the revised Section 8 that will be published annually. Furthermore, Ministerial guidance will support the implementation of the statutory duty concerning inter-agency co-operation and the compilation of the Section 8 reports (e.g. list of priority groups). Further independent reviews of co-operation among relevant services may also be commissioned by the Minister.

Please provide your response to the above proposal.

The measures noted above in respect of the future position of this part of the Act are welcome, particularly in view of the lack of cohesive structures in place to oversee inter-agency co-operation among relevant services.

Research documents that child protection services often lack the expertise with regard to assessing the vulnerability of children with disabilities - as evidenced in international research they are 3 times more like to experience abuse. The CYPSC's are critical to support interagency cooperation to promote a collaborative approach in regard to best practice between agencies in assessing and supporting the vulnerability of children with disabilities.

Children with special needs, disabilities should have a section in this policy.

It is essential that children with special needs, intellectual disabilities, genetic disabilities, physical disabilities etc. are afforded the same protection as their peers without disabilities. Many times, it appears there is a different TUSLA threshold for children who are connected to child development services.

While the Children's First Act outlines what a Child Protection and Welfare concern is, and we as agencies are obliged to report the concerns, frustrations can arise where the concern is not deemed to meet Tusla's threshold but our obligations are to report. Again, the CYPSC's could be a forum to highlight local practices and thresholds for intervention.

Systems to promote inter-agency co-operation and good teamwork at national, regional, local and individual child levels are welcomed.

Such a body must develop systems to ensure the voice of the child is heard and that the views of those people, groups and services in children's lives are represented.

A review of adequacy cannot be carried out by state sponsored services alone, but should be a fair, independent, child centred review that has capacity to challenge systems and promote new and creative responses. The CYPSC should include members of voluntary bodies and disability service providers. This should be mandatory as experience has been that they can be left out.

An important role for such a body is to promote good working together across individuals, groups and services to promote child welfare. Such work should highlight current challenges and recommendations such as how to ensure a collective responsibility rather than a child being referred from one group or service to another and falling between gaps in responsibility e.g. complex diagnosis of autism, intellectual and physical disability and mental health. The Act should be amended to include children with disability as one of the specific groups of children that Tusla report on – Section 8(2)

With regard to disability services, the challenges faced in trying to work collaboratively with statutory agencies such as Tusla, Child and Family Agency have been consistently flagged across a number of forums. One of the main challenges faced by voluntary bodies is when the parent of a child advises that they are no longer in a position to provide for the care of that child and refuse to take or accept the child home from their respite service.

Despite clearly meeting the threshold for abandonment / neglect under the Child and Family Agency Act (2013), Tusla have often advised that this is not a child protection issue. This places the child in a situation whereby they have no available primary carer and have been left in the care of a voluntary organisation that have no remit to act in loco parentis. Even where parents have articulated that they are relinquishing the care of their child, Tusla will often refuse to take an active role in accessing legal remedies or in any aspect of the governance of the situation. This ensures that the child and the service provider are effectively left in limbo.

This is a wholly unsatisfactory position for the child as they are not afforded the same level of service from Tusla, as a direct result of having a disability. Generally speaking, disability services recognise that they are best placed to provide the specialised care required by complex children and also appreciate that Tusla has not invested in the development of such crisis placements for children. Therefore, voluntary agencies within the disability sector, are often open to working in collaboration with Tusla to ensure that the wellbeing of the child remains the paramount consideration.

However, while there are a number of remedies enshrined within current legislation which are available to Tusla as a state agency tasked with the protection of children, these remain inaccessible to some of the most vulnerable children where Tusla refuse to accept their circumstances as a child protection issue.

When children are in need of care and protection, the challenges they face in respect of diagnosis or disability should be a secondary consideration to the fact that they are first and foremost a child. Unfortunately, the presence of a disability appears to further disenfranchise children when they are at their most vulnerable.

Early intervention and family support

Current position

The Child Care Act 1991 (the 1991 Act) states that the Child and Family Agency (Tusla) shall provide family support and child care services and maintain premises for that purpose. The 1991 Act does not differentiate between the various levels of support (early intervention or child protection focused) required for vulnerable children. The Child and Family Agency Act 2013 (the CFA Act) is more specific in that it states that Tusla is responsible for *encouraging and supporting the effective functioning of families where such service may involve preventative family support services*, domestic, sexual or gender-based violence services and those related to the psychological welfare of children and their families. In addition, the 2013 Act also transferred the functions of the Family Support Agency and the Educational Welfare Board to Tusla.*

Since the adoption of the 1991 Act major developments have taken place leading to a broader range of family and parenting services being made available while Tusla has also embarked on major reforms through the Prevention, Partnership and Family Support Programme. The programme has established Meitheal, the national practice model for multi-agency early intervention and commenced the process of standardising the commissioning of family support services. Tusla also recently combined the educational welfare and two school support services into the new Tusla Educational Support Service. Furthermore, as outlined in the First 5- Whole Government Strategy for Babies, Children and Young People – the Government has begun to develop a National Parenting Model.

Recent reforms to child protection legislation in a number of countries have adopted a diversified approach where early intervention measures are distinguished from child protection interventions to reflect new service models. A number of contributors to the consultation favoured a similar approach in Ireland, with a separate legislative provision for early intervention measures.

Challenges

- Need to provide family support measures on a more consistent basis, with more frequent involvement of statutory partners in multi-agency responses, and offer more targeted support to high-risk groups such as ethnic minorities and people with disabilities.
- Unlike in many other countries, early intervention has a weak legislative basis in the 1991 Act, which is oriented towards children with higher level of risks.

Proposed solutions

It is proposed to remove the statement in S3 of the 1991 Act that Tusla shall provide family support services, since the Child and Family Agency Act 2013 includes a similar, more detailed provision. Instead, a new provision which is framed more broadly in terms of promoting the well-being of children is proposed to underpin the provision of early intervention measures. Setting out specific interventions is not advisable given that this may create unnecessary constraints. Ministerial guidance on early intervention would be better suited to provide an indicative list of interventions and priority groups. The local co-ordinating body, outlined in the previous section, will have responsibility for co-ordinating arrangements to promote the well-being of children in the local area. Further requirements concerning cooperation among organisations may be supported via emerging national policy or set out by the Minister in statutory guidance or protocols.

Future position

* Section 71 and 72, Child and Family Agency Act 2013.

Early intervention measures will be used consistently to prevent an escalation in the needs of vulnerable children. Tusla and its partner organisations will collaborate consistently in promoting the well-being of children through co-ordination, and where necessary, the joint delivery of measures. Statutory guidance and national policy will provide further details on the types of measures utilised and details around how collaboration should take place and will also assist in setting out a structure for regular reports.

Please provide your response to the above proposal.

Collaboration and co-ordination are essential for providing early intervention.

Good to establish resources to address at an early stage, concerns of welfare particularly in relation to special needs such as disability. This area may be complex and require costly aids/ appliances/ services/ supports to address welfare issues. Really helpful to address issues at a welfare level that do not reach the threshold for protection.

Welcome the recommendation for a formal multiagency response with Tulsa oversight and lead as appropriate.

Also, welcome guidance on 'welfare concerns' that require a service response such as establishing 'good enough' care or acceptable levels relative to peers. For children with a disability this can be particularly complex given special needs, carers under significant stress and may face additional issues associated with disability such as poverty; isolation; discrimination etc. Thus, establishing what is a welfare concern and good responses needs to involve HSE and funded agencies who deliver a high number of the disability services nationally.

Perhaps in addressing good enough standards of welfare this should also look at issues of equality and inclusion. While we have equality legislation, the child care act should be accessible to all children e.g. children with a disability should have the same enjoyment of family, community and access to supports and services as their non-disabled peer. The child care act should reiterate this as per UN Convention.

Need to provide family support measures on a more consistent basis, with more frequent involvement of statutory partners in multi-agency responses and offer more targeted support to high-risk groups such as ethnic minorities and people with disabilities.

This statement is welcomed as it acknowledges the need for a multi-agency response to those who are most vulnerable. The challenge has often been the implementation of joint working on the ground as disability services are often viewed as a 'catch all' in respect of the needs of the child and family

Voluntary Care Agreements

Current position

Voluntary care agreements can be reached between Tusla and the parents of a child under section 4 of the Act. This section allows Tusla to receive a child into care with the agreement of the parents or where a child has been abandoned or orphaned. Instances where a child may be taken into care with parental consent might include serious illness, sudden bereavement or other family crises. In such instances, Tusla must have regard to the wishes of the parents in the provision of care.

Challenges

- Purpose of voluntary care agreements unclear and may allow child to “drift” within system
- Power imbalance between parents and State in the making of an agreement
- Court hearing required to move from voluntary care to a care order with parent’s consent
- No parental rights transferred to Tusla under a voluntary care agreement
- No Data Protection clarity around information sharing between professional services

Proposed solutions

- Limit voluntary care agreements to a maximum of 12 months. After this period (which aligns with the care planning reviews) Tusla can (i) reunite child with family, (ii) apply to court for care order or (iii) enter into a new voluntary care agreement with renewed consent and planning and a record of why renewed voluntary care was the most appropriate option for the child. Annual reporting obligation also placed on Tusla to provide details of the number of children in care under a voluntary agreement; the duration of such care; the number of annual assessments completed and the associated outcomes (at (i), (ii) and (iii) above).
- Introduce 3 (working) day standstill period before and after the voluntary care agreement. Tusla to also provide written details to parents, prior to the agreement taking effect, setting out the reason the child needs to be in care; the changes needed for reunification; the supports available; and the parental rights transferring to Tusla if any.
- Allow care order to be made ex parte, from voluntary care, where the court is satisfied that the relevant threshold is met and there is acceptable consent from the parents so that parents can avoid the court system if they wish and consent to care out of court.
- Allow for day-to-day parental rights to transfer to Tusla under a voluntary care agreement (subject to appropriate proportionality) to include school trips, GP appointments etc.
- Allow for the explicit sharing of information on the child and the parents of the child, e.g. from wider health services, educational professionals etc.

Future position*

Voluntary care agreements can be reached between Tusla and the parents of a child under section 4 of the Act. This section allows Tusla to receive a child into care with the agreement of the parents or where a child has been abandoned or orphaned. Instances where a child may be taken into care with the parental consent might include serious illness, sudden bereavement or other family crises. In such instances Tusla must have regard to the wishes of the parents in the provision of care. *Agreements are limited to 12 months when Tusla assess the situation and either return the child; apply for a care order; or enter into a new agreement. Tusla publish annual details of the number of children in voluntary care; the duration of the care; the number of annual assessments that have taken place and their outcome. Agreements come into force 3 days after parent’s consent and are withdrawn 3 working days following the removal of consent. Tusla provide written details to the parents prior to the agreement taking effect setting out the reason the child needs to be in care; the changes needed for reunification; the supports available; and the parental rights transferring to Tusla, if any, such as permission for school trips and GP appointments. Sharing of relevant information on the child and the parents between Tusla and health and education*

* Note: changes from current position are marked in *italics*.

professionals is allowed. Care orders can be made ex parte, from a voluntary care agreement, where the court is satisfied that the relevant threshold is met and there is acceptable consent from the parents who choose the out of court option to consent to care.

Please provide your response to the above proposal.

These proposed changes appear to offer practical solutions to current challenges whilst upholding the rights of the child and family.

This section of legislation should also be reviewed in relation to the needs of children with a disability. For some children and their families, the demands of meeting complex, special needs with insufficient supports and resources can lead to family break down and children been abandoned. In some of these extreme instances, children with a disability are not taken home from their school setting or respite service whilst some can remain in temporary placements for years. In such situations the status and guardianship of children can be vague were they are not under the care of the state i.e. being cared for by a disability service with varying contact from family. Such anomalies should be considered in light of this evolving Child Care legislation to ensure all children receive adequate protection and that these vulnerable children in ad-hoc/ informal arrangements receive the same protection and oversight by the state, as with children in formal care arrangements under the Child Care Act. Experience suggests that there are a number of children with a disability throughout the country, abandoned in residential and hospital settings. Often such cases are identified by Tusla as a disability specific issue and therefore there are no care orders or formal arrangements in place. Currently no clear legal framework for such incidences which can make complex situations even more difficult with no formal guidance or resources in place. This highlights a need for some legal framework to deal with such

In many situations where a child is abandoned to the care of the disability services, the voluntary care agreement offers an appropriate remedy in that it ensures parental collaboration, a level of recognition that the child is in need of care and also allows for an appropriate response to the needs of the child from the appropriate statutory agency.

Again, the challenge to the effective use of this remedy is often the inappropriate response by Tusla who deem such a case not to be a child protection issue. In the event that Tusla does agree to undertake an initial assessment they may find that the parents acted in the best interests of the child as they could no longer safely provide for the child's care within the family home. A voluntary care agreement would be an appropriate next step in response to the needs of the child in collaboration with the family and disability service. Unfortunately, the experience of disability service providers has seen it has become more common practise for Tusla to close such cases and leave the child with the disability service provider, who have no remit to act in loco parentis and with no oversight or future planning agreed.

The future position statement as noted above appears practicable and workable. However, greater weight is required within the legislation to ensure an appropriate response to those children who are most vulnerable such as those with disability and complex needs.

Key concern: children with a disability who are abandoned are often placed in Disability services without a legal or voluntary agreement to do so. Legally parents continue retain parental /guardianship rights in these circumstances, as is the case with voluntary care or interim care orders. However, it can become unclear who is responsible for making day to day decisions for the child and who has oversight and governance of these children, their interest & safety. Children with a disability who are abandoned are not considered under section 4 of the child care act. This is a key concern which needs to be highlighted / addressed.

Unaccompanied children seeking asylum and taken into care

Current position

Unaccompanied children seeking asylum and taken into care have no specific provisions contained in the Child Care Act 1991 governing their pathway into care, rather their place in the care system is based on the interaction of Department of Justice and Equality Legislation (the International Protection Act 2015) and the Child Care Act 1991. Under the “equity of care” principle, operationalised some years ago, an unaccompanied child seeking asylum and taken into care is afforded the same standard and quality of care as would be provided to any other child in the care system. Voluntary care agreements (section 4) and care orders (section 18) are the mechanisms by which unaccompanied children seeking asylum are taken into State care.

Challenges

- No definition in the Act of unaccompanied children seeking asylum and taken into care.
- No reference to unaccompanied children seeking asylum within the Act as grounds, of itself, for taking a child into care – rather it is based on the interplay between Justice and Child Welfare legislation.
- No clarity in relation to application for residency status for unaccompanied children seeking asylum.

Proposed solutions

- Define unaccompanied children seeking asylum as those unaccompanied children without a right to reside in Ireland.
- Amend sections 4 (voluntary care), 17 (interim care order) and 18 (full care order) to provide that any presentation of an unaccompanied child seeking asylum is of itself grounds for being taken into State care and can be made ex-parte.
- Introduce a statutory requirement for Tusla to provide national guidance in relation to the application for residency status for unaccompanied children seeking asylum.

Future position*

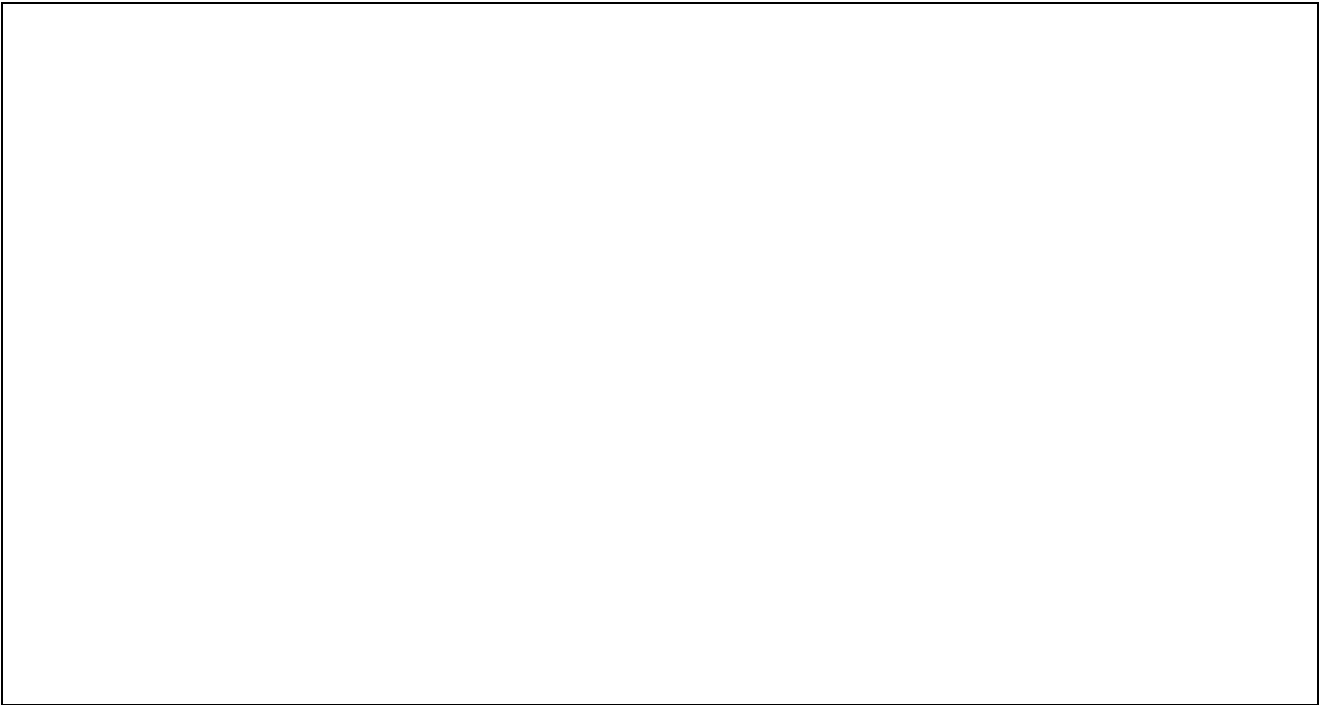
Unaccompanied children seeking asylum and taken into care *are specifically mentioned in sections 4 (voluntary care), 17 (interim care order) and 18 (full care order). Their presentation as an unaccompanied child seeking asylum is of itself grounds for being taken into State care e.g. for a care order the grounds for being taken into care are now:*

- (a) the child has been or is being assaulted, ill-treated, neglected or sexually abused, or
- (b) the child’s health, development or welfare has been or is being avoidably impaired or neglected, or
- (c) the child’s health, development or welfare is likely to be avoidably impaired or neglected, or
- (d) *the child is an unaccompanied child seeking asylum, defined as an unaccompanied child without a right to reside in Ireland, and orders in relation to these children can be made ex-parte*

Tusla publish national guidance in relation to the application for residency status for unaccompanied children seeking asylum and taken into care.

* Note: changes from current position are marked in *italics*.

Please provide your response to the above proposal.

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Accommodation for homeless children

Current position

The powers in relation to the provision of accommodation for homeless children are contained in section 5 of the Act. This section places a duty on Tusla, where it appears that a child is homeless, to enquire into the child's circumstances and, if satisfied that there is no accommodation for them to occupy and unless taken into State care, to make accommodation available for the child in question. Usually, such scenarios would see children coming to the attention of An Garda Síochána, or presenting in the absence of parents, with no viable accommodation options, on foot of some form of family dispute. This power is held to refer to children who are homeless outside the family and is not to be confused with the obligations of local authorities in relation to homelessness.

Challenges

- Risk that a small number of vulnerable teenagers could be accommodated with the bare minimum of care and protection (shelter, a key worker) without the additional care planning, long-term planning, oversight, aftercare and other supports which children taken into care receive.
- The title of section 5 – “Accommodation for homeless children” implies a role in homelessness which is not accurate. Tusla's interventions in this space revolve, in the main, around temporary accommodation while family difficulties are managed.

Proposed solutions

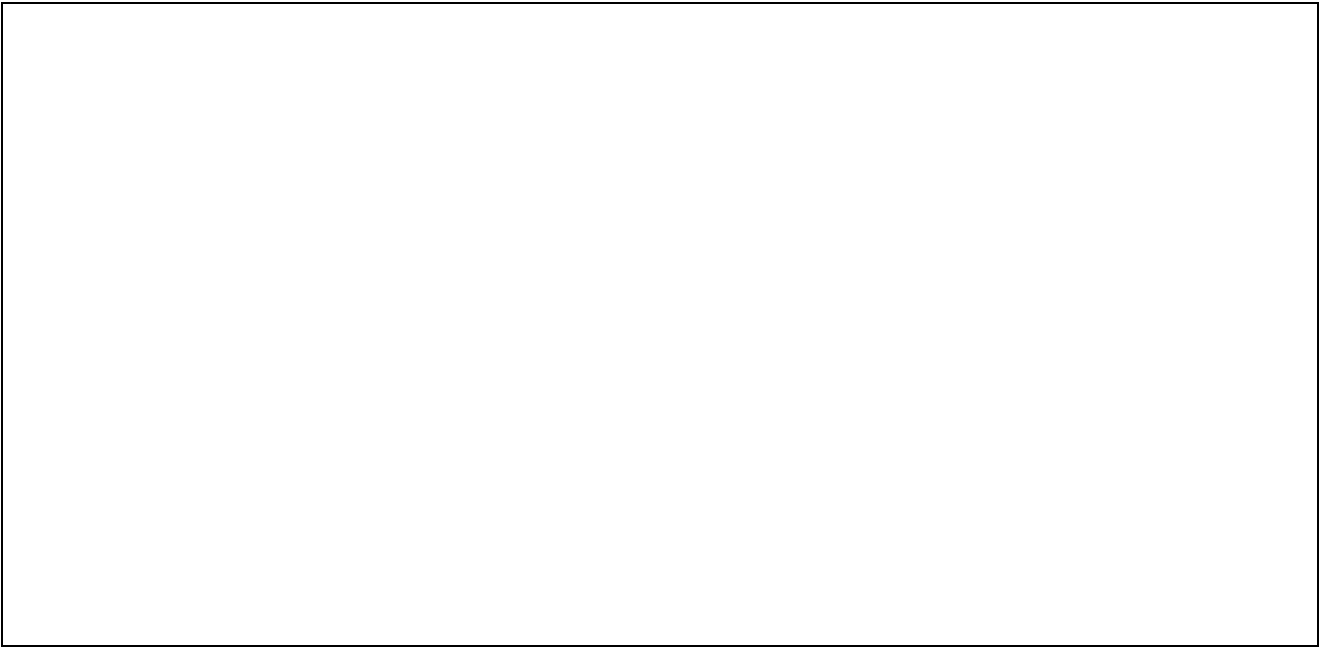
- Introduce a statutory requirement for Tusla to provide national guidance in relation to the use of section 5, including but not limited to, minimum appropriate age for intervention, time limits for use, circumstances in which it may be used etc.
- Change section title to “Support for children temporarily out of home.”

Future position*

The powers in relation to the provision of support for children temporarily out of home are contained in section 5 of the Act. This section places a duty on Tusla, where it appears that a child is homeless, to enquire into the child's circumstances and, if satisfied that there is no accommodation for them to occupy and unless taken into State care, to make accommodation available for the child in question. Usually, such scenarios would see children being picked up by An Garda Síochána, or presenting in the absence of parents, with no viable accommodation options, on foot of some form of family dispute. This is not to be confused with the obligations of local authorities in relation to homelessness. *Tusla publish national guidance in relation to the use of section 5, including minimum appropriate age for intervention, time limits for use, circumstances in which it may be used etc.*

* Note: changes from current position are marked in *italics*.

Please provide your response to the above proposal.

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PART III Protection of Children in Emergencies

Emergency Care Orders

Current position

Emergency care orders are provided for in section 13 of the Act. Under this section, a District Court may make an Emergency Care Order – on the application of Tusla – to take a child into the care of the State on an emergency basis for up to 8 days while Tusla investigates the family circumstances. The court must be satisfied that there is reasonable cause to believe that there is an immediate and serious risk to the health or welfare of the child or there is likely to be such a risk if the child is removed from the place where he or she is for the time being. It might be noted that this section interacts closely with section 12 – which provides An Garda Síochána with the power to remove a child, where in immediate danger or risk, and place in the custody of Tusla. Where section 12 is invoked, Tusla has 3 days to make an application to the court (if deemed appropriate) to keep the child in State care.

Challenges

- Not enough time to make application for Emergency Care Order post the invocation of section 12 by An Garda Síochána.
- Emergency Care Order durations not sufficient to allow for appropriate assessments to take place.
- Child, the subject of an Emergency Care Order, is not present at the address specified on the warrant.

Proposed solutions

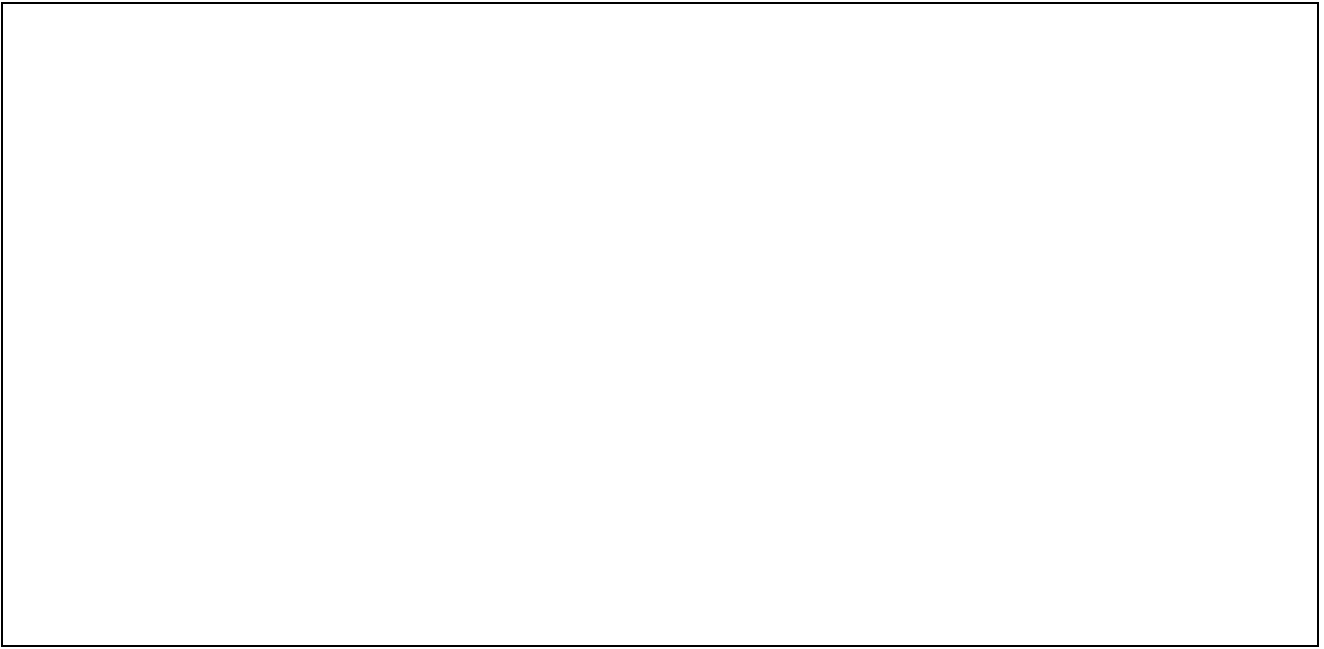
- Amend Section 12 to allow Tusla to apply for an Emergency Care Order within “3 days or 2 working days, whichever is the longer” to account for weekends and bank holidays.
- Allow for an Emergency Care Order to be extended to 14 days (from 8) at the discretion of the court.
- Allow child care related warrants to specify that a child can be removed from any place where they are “reasonably believed to be located.”

Future position*

Emergency care orders are provided for in section 13 of the Act. Under this section, a District Court may make an Emergency Care Order – on the application of Tusla – to take a child into the care of the State on an emergency basis for up to 8 days *or up to 14 days at the discretion of the court* while Tusla investigates the family circumstances. The court must be satisfied that there is reasonable cause to believe that there is an immediate and serious risk to the health or welfare of the child or there is likely to be such a risk if the child is removed from the place where he or she is for the time being. It might be noted that this section interacts closely with section 12 – which provides An Garda Síochána with the power to remove a child, where in immediate danger or risk, and place in the custody of Tusla. Where section 12 is invoked, Tusla has 3 days *or 2 working days, whichever is the longer*, to make an application to the court (if deemed appropriate) to keep the child in State care. *Child care related warrants can specify that a child can be removed from any place where they are “reasonably believed to be located.”*

* Note: changes from current position are marked in *italics*.

Please provide your response to the above proposal.

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PART IV Care proceedings

Interim Care Orders

Current position

Interim care orders are granted under section 17 of the Act. These orders are granted for a period of 29 days (or for longer periods where the parents of the child who is the subject of the order consent). Interim care orders allow for a child to be taken into State care, pending a judgement being made on a care order, in circumstances where there is reasonable cause to believe that the grounds exist for the making of a care order. In addition, the interim care order is deemed necessary for the protection of the child and places the child in care pending the determination of a full care order hearing.

Challenges

- The 29-day duration of the interim care order results in the parties reappearing in court on a regular basis to seek renewals, creating uncertainty for the child and placing significant strain on social work and court resources.
- Child on an interim care order may “drift” within system
- An interim care order is dependent on the lodgement of an application for a care order
- Perception that an interim care order should not be granted before voluntary care agreements and supervision orders are explored
- No parental rights transferred to Tusla under an interim care order
- No Data Protection clarity around information sharing between professional services
- Decisions in relation to the care of a child not made in a suitable time period

Proposed solutions

- Interim care order extensions for a maximum of 3 months, after initial 29 day interim order.
- Annual reporting obligations to be placed on Tusla to include number of children in care on interim care orders; the length of time in interim care; the number who have moved from interim care orders and to where (i.e. care orders or return to family)
- Allow interim care orders where a care order application is under consideration but an application has not or is not about to be made. This ensures active case management of the situation but does not require a care order application to be applied for prematurely if further work on the case shows that it is not in the child’s best interest.
- Interim care orders can be granted without voluntary care or supervision orders being explored if previous work with the family such as child protection plans and care plans show that an interim care order is warranted and proportional given the interventions already tried.
- Allow for day-to-day parental rights to transfer to Tusla under an interim care order (subject to appropriate proportionality) to include school trips, GP appointments etc.
- Allow the sharing of relevant child and parent information between professional services
- As a guiding principle final decisions should be taken as quickly as circumstances allow.

Future position*

Interim care orders are granted under section 17 of the Act. These orders are granted for an *initial* period of 29 days with 3 month extensions (or for longer periods where the parents of the child who is the subject of the order consent) with the *guiding principle that final decisions should be made as quickly as circumstances allow. They can be made without Supervision Orders or Voluntary Care Agreements previously being in place and can be used to allow for a child to be taken into State care, pending a judgement being made on a care order or where a care order application is under consideration, in circumstances where there is reasonable cause to believe that the grounds exist for the making of a care order and the interim care order is deemed necessary for the protection of the child. Tusla publish annual*

* Note: changes from current position are marked in *italics*.

data on the numbers of children in interim care; the duration of the interim care; the numbers that have moved out of interim care and where they have gone (e.g. into care or home). Day-to day parental rights can transfer to Tusla such as permission for school trips and GP appointments. Sharing of relevant information on the child and the parents between Tusla and health and education professionals is allowed.

Please provide your response to the above proposal.

Current position

Care orders are granted under section 18 of the Act where the court is satisfied that a child has been or is being assaulted, ill-treated, neglected or sexually abused or where the child's health development or welfare had been, is being or is likely to be avoidable impaired or neglected and that the child requires care and protection which he or she is unlikely to receive unless placed in the care of Tusla. Under a care order Tusla has like control over the child as if it were the parent and shall do whatever is reasonable to promote the child's welfare. A care order remains in force until the child attains the age of 18 (or for such shorter period as the court may determine) unless it is successfully challenged by the parents or discharged by the court because of changed circumstances.

Challenges

- Tusla can only apply for a care order until the child is 18 and not for a shorter period.
- No written reasons provided when Court grants a shorter care order than applied for.
- Certain actions (e.g. repeat non-attendance of any party) can obstruct holding a care order hearing.
- Applications for section 22 hearings to vary or discharge a care order or supervision order, or any condition or direction attached to the order, can be made without presenting evidence that the circumstances that warranted the order, condition or direction have changed.
- Extended parental rights for foster carers only granted after a minimum of 5 years.
- Perception that a care order should not be granted before voluntary care agreements, supervision orders and interim care orders are explored.
- No Data Protection clarity around information sharing between professional services.
- Decisions in relation to the care of a child not made in a suitable time period.

Proposed solutions

- Allow Tusla to apply for short care orders where proportional to the need.
- Court to provide written reasons when a shorter care order granted than applied for.
- Allow court to hold hearings ex-parte where circumstances warrant it.
- Allow "leave to apply" hearings for any section 22 application to confirm new evidence.
- Allow for foster parents to apply for extended rights under s. 43A of the Act after 6 months in line with the transfer to the foster parent of the children's allowance.
- Care orders can be granted without voluntary care, supervision orders or interim care orders being explored if previous work with the family such as child protection plans and care plans show that a care order is warranted and proportional given the interventions already tried.
- Allow the sharing of relevant child and parent information between professional services.
- As a guiding principle final decisions should be taken as quickly as circumstances allow.

Future position*

Care orders are granted under section 18 of the Act where the court is satisfied that a child has been or is being assaulted, ill-treated, neglected or sexually abused or where the child's health development or welfare had been, is being or is likely to be avoidable impaired or neglected and that the child requires care and protection which he or she is unlikely to receive unless placed in the care of Tusla *with the guiding principle that final decisions should be made as quickly as circumstances allow. They can be made without Supervision Orders, Voluntary Care Agreements or Interim Care Orders previously being in place and can be made ex-parte at the courts discretion.* Under a care order Tusla has like control over the child as if it were the parent and shall do whatever is reasonable to promote the child's welfare. *Parental rights can be applied for by a foster parent after 6 months.* A care order remains in force until the child attains the age of 18 *or a shorter proportional time applied for by Tusla* (or for such shorter period as the court may

* Note: changes from current position are marked in *italics*.

determine *and provide a written judgement for*) unless it is successfully challenged by the parents or discharged by the court because of changed circumstances *identified initially through a Section 22 leave to apply hearing. Sharing of relevant information on the child and the parents between Tusla and health and education professionals is allowed.*

Please provide your response to the above proposal.

Supervision Orders

Current position

Supervision orders are provided for in section 19. The grounds for granting a supervision order are the same as those for an interim care order (but a lower threshold to that of a full care order). A supervision order authorises Tusla to have a child visited at home to ensure that the child is being cared for properly. The court also has the power to direct the parents to bring the child to a day care centre, hospital etc. Supervision orders can remain in force for up to 12 months.

Challenges

- Purpose of supervision orders unclear and may allow child to “drift” within system
- Orders cannot direct parents to comply with child centred actions such as bringing the child to school on time
- Breaches of supervision orders are not addressed
- Limited powers for social workers to assess the home and talk directly with the child
- No Data Protection clarity around information sharing between professional services

Proposed solutions

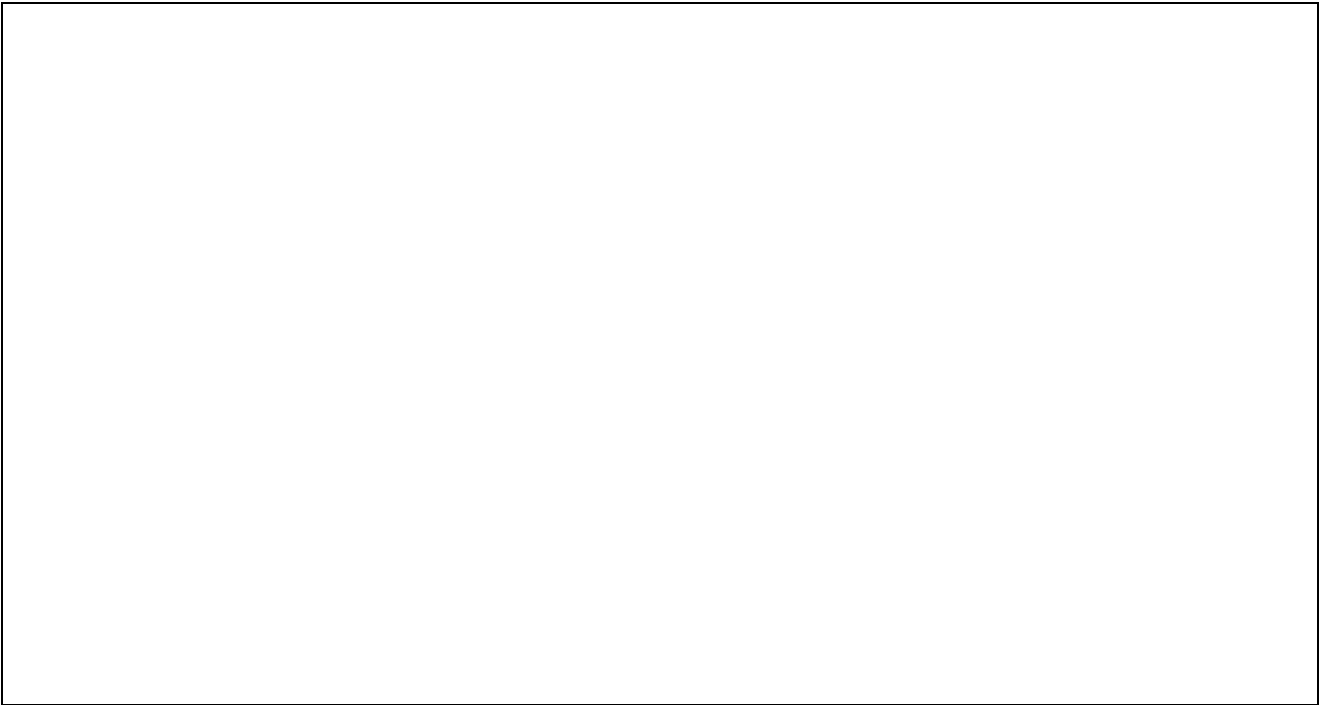
- Written document for the family to provide details of the purpose of the order and the plans and supports available for the child and the family. Supervision Orders to be limited to 12 months with the possibility of a single 3 month extension where independent assessment shows improvement in parenting capacity and the extension serves the child’s best interest
- Order to provide for parental direction in relation to child centred actions – e.g. child is brought to school on time, child is not to be looked after by adult under the influence of alcohol etc.
- Breaches to be reported to court in all instances
- Provide that supervision orders will allow for an inspection of the house the child is living in, the ability to talk to the child on their own, to visit the child outside of the home (e.g. in school) and to consult with the wider family network
- Allow for the explicit sharing of information on the child and the parents of the child, e.g. from wider health services, educational professionals etc.

Future position*

Supervision orders are provided for in section 19. The grounds for granting a supervision order are the same as those for an interim care order (but a lower threshold to that of a full care order). *The order is accompanied by a written document that provides details of the purpose of the order and the plans and supports to be provided to reach the specified goal. It includes provision for the sharing of information on the child and the parents of the child, e.g. from wider health services, educational professionals etc. A supervision order authorises Tusla to have a child visited at home to ensure that the child is being cared for properly and allows for an inspection of the house the child is living in, the ability to talk to the child on their own, to visit the child outside of the home (e.g. in school) and to consult with the wider family network. The court also has the power to direct the parents to bring the child to a day care centre, hospital etc. and additionally to abide by child centred actions e.g. child to be brought to school on time; not to be looked after by an adult under the influence of alcohol etc. Supervision orders can remain in force for only one 12 month period, however, an extension of one 3 month period is allowed if the specified goal has not yet been reached but an independent assessment has shown improvement in parenting capacity and the extension is in the child’s best interest. All breaches of supervision orders are reported by Tusla to the Court.*

* Note: changes from current position are marked in *italics*.

Please provide your response to the above proposal.

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PART IVB Private Foster Care

Private Foster Care

Current position

The provisions in relation to Private Foster Care are contained in Part IVB of the Child Care Act 1991. Not to be confused with the provision of foster care by (mainly private/for profit) independent service providers, this Part of the Act governs any arrangement whereby a child is placed in the full-time care of a person who is not a parent/guardian. This Part details: that Tusla be notified by those parties availing of such arrangements (where appropriate and not exempted), the information to be submitted, the duty to the child in such instances, the inspections that Tusla may carry out in relation to such placements, proceedings initiated by Tusla, restrictions on such placements and offences.

Challenge

- This section predates Children First legislation. It was a mechanism of bringing to Tusla's attention children who may be in need of care and protection. As Children First has introduced mandated reporting the need for Part IVB has been removed.

Proposed solution

- Remove part IVB from the Act.

Please provide your response to the above proposal.

PART V Jurisdiction and Procedure

Jurisdiction – operation of the courts and hearing of proceedings

Current position

Child care cases are currently heard in the general court system: District Courts hold jurisdiction in the first instance, with the exception of special care cases which are heard by the High Court, and appeals which are made to the Circuit Court. An application is made to the District Court where the child resides or where the child is currently staying. The District Court is required to hear and determine these proceedings at a different place or time from ordinary sittings of the Court. Proceedings should be heard otherwise than in public and as informally as possible; specific exceptions exist in relation to specific groups subject to certain safeguards. The Act prohibits publishing or broadcasting matters that are likely to identify a child who is the subject of care proceedings. The Act also enables the court to procure an expert report of its own motion. The details of case management are covered in District Court orders and, in Dublin, by the current Practice Direction by the Dublin Metropolitan District.

Challenges

- Lack of specialisation and judicial variance
- Insufficient case preparation and case management
- Under-resourcing of District Courts and related delays in concluding cases
- Mixing child care cases with other types of hearings
- Lack of flexibility in relation to local jurisdiction
- Adversarial proceedings
- Limited oversight regarding expert reports and appointment of expert witnesses

Proposed solutions

The key recommendation emerging from consultations is the need to establish a specialised Family court. Of relevance, therefore, is the fact, that the Department of Justice has prepared a General Scheme to establish a Family Court Division which will have specialised judges, its own rules of court and the option of issuing Practice Directions and creating a nationwide case management system. In addition, provisions concerning local jurisdiction will also be updated so that any court that the child has connection with can exercise jurisdiction. As a result, when a child is moved to a new location, cases can continue be heard at the same local court if that is deemed in his/her best interests.

In consideration of the need to streamline hearings and enhance the inquisitorial aspect of proceedings, it is proposed to put in place enabling provisions to facilitate active case management and the introduction of alternative dispute resolution mechanisms (ADR) in child care cases where appropriate. Consideration will also be given to placing a statutory requirement on parties to hold pre-court meetings to identify issues at dispute, and providing the respondent with an opportunity to prepare a written reply to the application of an order. While ADR processes may not be suitable for deciding whether harm has reached the required threshold to take a child into care, they could be used for determining “ancillary questions” such as access to services, placement, or access to parents and family members, a mechanism which may also include supporting engagement between parents and Tusla. It is also proposed that the procurement of expert reports should be guided by a list of factors in S27 similar to private family law* and that standards required

* See S32(3) of the Guardianship of Infants Act 1964 as inserted by S63 of the Children and Family Relationship Act 2015 <http://www.irishstatutebook.ie/eli/2015/act/9/enacted/en/print#sec63>

of experts are set out in a Practice Direction while the early appointment of single joint experts is facilitated by the new case management system.

In addition, amending the current in-camera rule to facilitate research and consultation with children has been recommended. (Note that an amendment has already been proposed to the Child Care (Amendment) Bill 2019 to authorise the attendance of officials to assist in monitoring of the implementation of the Act, subject to necessary safeguards.) It is also proposed that social media be included in the definition of “publish” and that proportionate sanctions are outlined under Section 31.

Future position

The establishment of a dedicated Family Court Division will help to address the current difficulties in the court system around specialisation, judicial variance and resources. Child care cases will be heard separately, with specialised judges presiding over cases. The reform will also provide the opportunity to introduce concurrent jurisdiction between District and Circuit level courts so that complex cases can be transferred to the latter in a similar manner to neighbouring jurisdictions. New enabling provisions in combination with a detailed Practice Direction concerning case management (including the time frame) will facilitate effective case preparation and management and the use of ADR processes where appropriate. A nationwide case management system and ancillary services will support the implementation of those measures. The court will have enhanced oversight over the procurement of expert reports, and the appointment of expert witnesses (e.g standards required) will be regulated through a Practice Direction combined with the future development of panels of experts.

Please provide your response to the above proposal

The establishment of a dedicated Family Court Division which is more child and family friendly is welcomed.

The introduction of alternative dispute resolution mechanisms is also welcomed. The use of more appropriate, proportional and consultative forums such as learning from models like Family Welfare Conferences; the Children's Panel, Scotland will help achieve better outcomes for children and families. This strategic approach will also make better use of resources and will create a wider range of child friendly options with the need to use an expensive, legal, adversarial system only as required

The proposed solutions are most welcome, particularly in respect of specialised judges presiding over cases. With a view to the training that members of the judiciary may receive, awareness in respect of disability /comorbidity and complex needs, as well as current structures in place to support same would be essential.

Current situation

The Child Care Act 1991 provides for two explicit methods of ascertaining a child's views in child care proceedings: making the child a party, or appointing a guardian *ad litem* (GAL). In addition, the Act places a general obligation on the Court to give due consideration to the wishes of the child. Children are very rarely made a party to proceedings. It is currently not possible to retain a GAL if a child is made a party but the Child Care Amendment [GAL] Bill 2019 will change that.

Children may also speak to the judge, either in his/her chamber or in the courtroom or they can write to him/her. This is not specified under the Child Care Act but comes under the general provision of S24. Research suggest that this happens more often than party status for children but it is less common than the appointment of GALs. Again, there are great differences among judges as to whether they speak to the child and how much value they place on that option. A child may also give evidence but this is usually considered undesirable in child care proceedings. Instead, evidence given by a child to another person (hearsay) may be considered by the court. This is regulated by the Children Act 1997.

Contributors to the consultation were in favour of introducing training and guidance for judges as well as lawyers regarding how to facilitate children expressing their views and setting out requirements in terms of specialist training. It was also suggested that children should be informed of their options as it is currently not provided that they must be made aware of the different possibilities they have to convey their views and wishes.

Challenges

- Children may not be aware of their options for participation.
- Courtrooms often unsuitable for children
- Children are rarely made a party to proceedings
- Inconsistent practice regarding judicial interviewing of children
- Cumbersome process of assessing the admissibility of hearsay evidence from the child, (e.g. via foster carer).

Proposed solutions

As noted above, the Department is proposing that guiding principles be included in the Act. One of these proposed principles is that the views of the child should always be ascertained in respect of decisions that concern them. Added to that, the Department is considering making it more explicit in the Act that the child should be made aware of the options they have to express their views in care proceedings. Under S25 a child or young person can only be made a party if the judge considers it "necessary in the interests of justice". Consideration is being given to lowering this threshold. This, together with the planned removal of the prohibition on child parties having a GAL, would facilitate making children a party whenever it is deemed appropriate by the court. Lastly, it is proposed that a presumption in favour of the admissibility of hearsay evidence be introduced, with the judge retaining discretion as to the weight attached to it.

Future position

Children will be made aware of their options to give their views in care proceedings. The future Family Court reform will support the creation of child and family friendly venues and increased use of videolink and online technology. Allowing a child to retain their GAL when becoming a party to proceedings will have removed an important barrier to making a child a party (S25). Training of and guidelines in combination with specialist judges and panels of lawyers will facilitate the greater use of S25 and judicial interviews. The potential to separate ancillary issues from threshold issues during proceedings may also lead to an increase

in the number of children being made a party to the proceedings as this may facilitate their increased engagement and participation in respect of issues such as care planning and access. Hearsay evidence will be admitted without having to conduct separate hearings, with the judge determining how much weight he/she attaches to it.

Please provide your response to the above proposal.

Please note that legislation in relation to GALs is being progressed separately under the Child Care Amendment Bill 2019, and we are therefore not inviting comment on GALs at this time.

Voice of the child to be included in all parts of the revised Act – more explicit reference to the rights of the child is needed and their right to be consulted on decisions made about them. Specific mention of Child Advocacy Service should be included in revised Act with provision made for Advocacy Support for children with a disability.

Children with Disabilities need to be heard. There should be an automatic referral system for children with a disability being considered for care. The greater the decisions, the greater the need for this service. Advocacy should be easy to access, well-advertised and have capacity to provide an immediate response when a referral is made. Appropriate qualifications and relevant training for advocates needs also to be addressed.

PART VI Children in the Care of Child and Family Agency

Corporate Parenting

Current position

There is no provision for Corporate Parenting in the Child Care Act 1991

Challenge

- Successful child protection and positive outcomes needs the collaboration and input from all state organisations involved with the child and family.

Proposed solution

- The good collaborative structures and relationships under Better Outcomes Brighter Futures will be used to embed the concept of corporate parenting in Ireland before it is introduced in legislation. In Scotland, the corporate parenting approach to children in care was developed over many years *before* being enshrined in legislation, in 2014. This, it seems, allowed a cultural shift and the development of a collaborative mindset, which paved the way for the copper-fastening of the concept, and the reality of a more cooperative approach to children in care, in legislation. The Scottish example is instructive. It suggests that legislation is most effective when it builds upon shared public values which have been carefully cultivated over time. On this basis, it is not proposed to legislate, at this time, for the introduction of a “corporate parenting” approach in Ireland.
- Interagency collaboration is one of the biggest challenges to securing good outcomes for children in care. It is envisaged that the interagency coordination proposals outlined at pages 7-8 will help to lay the groundwork for any future corporate parenting approach.

Future position*

There is no provision for Corporate Parenting in the Child Care Act 1991 *however, the Better Outcomes Brighter Futures structure will be utilised to introduce the concept in Ireland.*

[See also Interagency coordination proposal]

Please provide your response to the above proposal.

* Note: changes from current position are marked in *italics*.

Further Comments

As mentioned above, this consultation does not cover every issue currently under review. The Department is currently progressing research and stakeholder consultation on a number of separate sections of the Act.

You may have further issues that you wish to address, such as:

- New sections to be added to the Child Care Act
- Suggestions for future proofing the legislation
- Proposals on other sections of the Act that you have not yet had the opportunity to comment on.

If you would like to add any further comment, please do so below.

Section on a 'child with a disability' should be included.

Every child coming into the care system should be afforded at least 6 sessions of psychotherapy or play therapy.

Additional comments:

- A welcome document and grateful for opportunity to input.
- Child and Family Agency policy is that children under the age of 12 should not be placed in residential care - an age restriction should be considered in relation to supporting children in residential settings - this should be a last resort – focusing on supporting children in a family setting as close to their own community as possible where appropriate.
- Child protection thresholds are high, and sometimes, experience would suggest that Tusla may not have relevant knowledge and resources to fully process the complexity of issues that can be involved where there are concerns in relation to children with significant disability and life limiting conditions. Worthwhile to consider social workers with relevant experience and expertise in 'disability' and end of life care being routinely employed on intake and assessment social work teams to help develop a better understanding of the complex issues.
- Education and Training in Social work Schools in the areas of 'disability' and 'end-of-life' care should have a higher profile, particularly those programmes dealing with children's welfare and concerns.
- For young adults with an intellectual disability, aftercare planning should also look at capacity and whether this person will require guardianship and protection into their adult life and who will deliver this and how will the state oversee same (As Tusla have legal responsibility to children up to 18 – this is an issue that Tusla and Disability services needs to work on jointly).