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 Nation 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.

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[*] 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 ISPCC fully supports the introduction of guiding principles into the revised Child Care Act. The UN Convention on the Rights of the Child is an excellent framework upon which these principles can be based.

The ISPCC suggests that consideration is also given to the following when drafting these guiding principles, to help broaden the conditions to meet the child's best interests:

(i) That any organisation – statutory and/or non-statutory – working with children and families and subject to the provisions of this Act should work within a framework of child-centred practice where the best interests of the child is paramount.

(ii) That every child shall have appropriate and regular updates on their care proceedings. A mechanism should be developed to check for the child's understanding of these updates and points of clarity should be accommodated for in a timely defined manner. It is the experience of the ISPCC that on occasion children are the last to know about their care meetings and are often not informed about the outcomes of these meetings, and/or when/if their child care arrangements are changing.

(iii) Children involved in the care process can already feel like their lives are out of control and we should strive for principles that do not compound this feeling. Listening to the child's voice and giving due weight to their opinions can help establish what is in their best interests and in turn help a child get back some sense of control.

(iv) The importance of practitioners taking a trauma-informed approach within a resilience-led practice framework with children in care should be prescribed for in the guiding principles. Children enter care for a spectrum of reasons. It is the experience of the ISPCC that often presenting behaviours that challenge and/or cause concern can be traced back to some type of

trauma experienced by the child. While the child's past experiences including any experiences of trauma and/or Adverse Childhood Experiences (ACEs) are explored and acknowledged throughout, there is an emphasis on the future and working towards achieving agreed outcomes to strengthen the child's resilience.

(v) In the case of care proceedings where siblings are involved, and separate issues exist, and in determining the best interests of each child, provision to allow for additional time to work through complex needs should be afforded. Consideration should be given to the potential additional resources this may require, too.

(vi) It is important that the guiding principles reflect the importance of providing adequate and ongoing support for – and communication with – foster carers and those who will be providing care in loco parentis. When those in the caring role feel supported, they are in the strongest position to support the children in their care which should lead to positive outcomes.

(vii) In respect of providing for 'timely decision-making' it is imperative it be stated clearly what time term constitutes 'timely'.

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 ISPCC currently participates, to varying degrees, in the structures outlined. The ISPCC's Chief Executive sits on the Better Outcomes, Brighter Futures National Advisory Council, which allows for non-statutory stakeholder engagement.

ISPCC Childline Therapeutic Support services teams are involved in the Child and Family Support Networks across the country, where possible, along with participating in several Children and Young People's Services Committees (CYPSC) and their associated sub-groups. While membership of some CYPSCs at the start was only open to statutory services which was unfortunate, it is welcome that the membership of others extends to both statutory and non-statutory services.

Publishing annual review of services' reports is positive and should inform future policy responses. In the case of non-statutory services which are funded by the state, consideration should be given to how readily they will share their opinions of state services not working well. They may fear losing out on such funding in future. In this sense, there may be a perceived power imbalance.

What's working well

(i) ISPCC's experience of the CYPSC structure is largely positive. It works well at bringing a cross-section of professionals and support services together to share information and contacts and overall is a welcome opportunity to network, to build new relationships and to strengthen others. Membership should be open to all services with an evidence-informed track record in supporting children and families to meet their needs. Placing a statutory duty on services to come together in the best interests of children can only be positive. Health, education and mental health services – along with their counterparts in adult services (in respect of where parents need support to change) – will be important to have around the table, too. Recognition needs to be given to additional costs that participating groups may incur and provision should be made to allow for same.

(ii) The CYPSC develops a three-year plan based on identified key priorities in their local area. This allows for strategic focus to address the needs of the children in their area. However, the CYPSCs seem to have limited powers and influence in their current guise. In order to guarantee their intended effectiveness, it would be important they have a certain level of autonomy and are agile in their ability to address issues alongside both statutory and non-statutory entities with a common goal of meeting children's best interests. This may involve local divisions linking in with national divisions to highlight and progress issues. Divisions at both levels should strive to work to the guiding principles as proposed.

(iii) The CYPSC sub-group system seems to work well –there is a good cross-section of organisations and a lot of good work can get done via this structure.

(iv) Child and Family Support Networks should be established in every community and funded accordingly in order for them to work effectively and efficiently. A key strength of the CFSNs is the link they can have with schools.

What could work better

(i) A specific CYPSYC sub-group focused on children in care would be welcome. Its focus could be threefold in terms of: preventing children entering into care; supporting those in care; and empowering those leaving care/transitioning.

(ii) In order for CYPSCs to create sustained change in their area, they must be resourced adequately. Funding for their projects should be ring-fenced in annual budgets for the Child and Family Agency with a stipulation that the monies allocated to an area are spent in that area on an annual basis, or for an agreed roll-over time period. Funding at present is very limited and it is our experience that, in order for anything to be done with the funding available, one of the organisations (usually in the voluntary sector) has to administer the funds.

(iii) As the CYPSC structures are area-based, consideration should be given to national services, such as Childline and similar services which can play a vital role – and which can be a lifeline – in children's lives. Often these types of services are available when other 'local' services are not – including in the evenings and at weekends. Promotion of 'always-on' and accessible digital services should be considered.

The provision of a national oversight body will play a crucial role in ensuring that these structures are meeting the needs of the children they were designed to serve – both universal and targeted in nature. It would be important that there be a broad membership of this group from both statutory and non-statutory services.

In respect of interagency collaborations (statutory and non-statutory) consideration should be given to provide for clear delineation of responsibilities in order that actions and outcomes are monitored, allowing for timely and meaningful updates on progress/impacts.

An operational review of the CYPSC structure could be worthwhile to mitigate against the points mentioned in this response to this proposal before agreeing that the structure in its current guise is the way forward.

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.

Prevention, Partnership and Family Support Programme and the Meitheal Model

(i) The ISPCC welcomes proposals to provide for the promotion of the well-being of children with a focus on early intervention. The Meitheal model seems to work when it is managed well, widely advertised and when there is a high level of engagement from the services in the area/where there are a number of services in the area.

(ii) Coordination is key and there can be a significant variance from area to area as to whether it gets up and running. Placing such a structure on a statutory footing is welcome but it is imperative that all relevant agencies – statutory and non-statutory – are encouraged to be part of the process, where applicable. The Prevention, Partnership and Family Support (PPFS) structure would need to be resourced adequately if it is to meet the current demand in some areas.

(iii) The ISPCC participates in the Prevention, Partnership and Family Support (PPFS) programme's Meitheal model of support and it takes part in child protection conferences. The PPFS programme allows for greater cooperation between professionals which affords a level of accountability. The Meitheal model works well with key important aspects: formal invitation, specific action points, and a level of accountability, too. It can allow for the child to be involved and to have their voice heard. One child participant commented how '… more happened in that [Meitheal] meeting than happened in years!'

(iv) In respect of these structures and accessing support there is a need to underpin the child and family's rights to these services in the revised Act, and in particular where the child is at risk of going into care in the absence of such support. Not including such a provision would be going against the very model of change this Act is intending to introduce, i.e. to work in the child's best interests and to promote their wellbeing. Including such a provision is keeping within the spirit of the UN Convention on the Rights of the Child and in particular Article 3.2:

'States Parties undertake to ensure the child such protection and care as is necessary for his or her

well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.'[1]

Child Protection Conferences

(i) The selection of Chairperson for child protection conferences is seen as a key indicator to the successful outcome of same. Having a clearly defined operating structure placed on a statutory footing for child protection conferences would be useful, along with regular, meaningful engagement with the child and family outside of the formal conference structure could also be beneficial to the overall success of the proceedings. Especially, as it can be too much for some children and their families to attend the conference in person.

(ii) While there is a protocol in place for child protection conferences that the voice of the child must be represented, this is not always done in an efficient and effective manner. Adequate time and resources must be allowed for the voice of the child to be properly embodied into these proceedings.

(iii) There can be an issue in respect of parental involvement at child protection conferences. Parents can find attending these conferences stressful which can cause them to avoid attending for them; then how this is perceived can be an issue. It is welcome to read that there will be a focus on parental participation in the Act. Parental participation should be safe and measured. Consideration could be given to parents attending virtually via video-link or utilising other technologies as this may be a 'safer' way for them to participate. This medium may give parents a sense of control – they can leave or 'drop out' easily should they find the proceedings overly emotional and it could ensure better attendance/participation rates.

(iv) The relationship the child and family has with their social worker can be crucial. A consideration should be given to formalise having a non-statutory agency support social work in making these big life changing decisions for families. Sometimes non-statutory agencies, due to their role and level of intimate involvement with the child and family, may be positioned differently to give a more holistic and informed opinion on how care provision could proceed.

(v) We support the recommendation of Dr Geoffrey Shannon in his 'Audit' report that '*Where particular needs are identified by Tusla in dealing with a family, it must be ensured that supports*

[1] https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

or interventions that are put in place respond to those needs and are not merely generic or standardised response programmes.'[2]

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*

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2 https://www.lenus.ie/bitstream/handle/10147/621405/Audit%20of%20Section%2012%20Child%20Care%20Act%201991.pdf?sequence=1&isAllowed=y Pg. 259

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

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[*] 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.

(i) Voluntary care orders can work well where the child is placed in the care of another family member in the locality – allowing minimal disruption to the child's external environment. However, strict boundaries can be difficult to put in place and complications can arise where birth parents are not respecting them. The carer has no rights over the child in their care and this can be problematic. At times formal care orders in some circumstances can be better because there is no blurring of lines.

(ii) In times of crises where an older relative, e.g. a grandparent agrees to care for the child voluntarily, 'parenting' a teenager at their age and coping with relevant issues can be difficult for both the grandparent and the child. This can sometimes lead to this relationship breaking down which can be detrimental for the child. The grandparent may have assumed they would be providing care for a week or two but the child is 'left' in their care with little support and communication on planning for the situation to be resolved. Voluntary care may be viewed as a less complicated option, but unfortunately when it is not managed properly it is not beneficial to the child's best interests.

(iii) While it is proposed that voluntary care agreements be limited to 12 months – when Tusla then assess the situation and either return the child, apply for a care order or enter into a new agreement – there is no provision proposing a maximum upper limit of the duration of time a child can spend in voluntary care. Rolling 'new agreements' will not serve the child's best interests. Children deserve to have the chance to be part of a loving, stable and secure family and ongoing voluntary care is not conducive to this, in particular where there is no prospect of future healthy family reunification.

(iv) In respect of the written information Tusla is to supply to parents as they place their child into voluntary care, there must also be a communication mechanism developed for those who will be caring for the child. This could include the reality of taking a child relative into care; the potential complications that can arise; the need to set boundaries, expectations around attendance at court hearings and review meetings and, importantly, an agreed proposed timeline of the voluntary

care provision.

(v) The ISPCC supports the proposal for voluntary care orders to be worked through more quickly, in line with due diligence. However, prior to the cessation of a voluntary care order, a commitment to provide services for the family must be made. There is little use in a child coming out of voluntary care and going back into an 'unchanged' family/family life. As mentioned earlier, aligning relevant adult services with the proposed interagency collaboration structures would ensure parents/families get the support they need to change.

(vi) There is a perception that sometimes there is minimal oversight when a child is placed in voluntary care and this can leave an already vulnerable child even more vulnerable. Parity of oversight requirements with court-ordered care should exist for voluntary care agreements, too.

(vii) Attaining parental consent for day-to-day needs can be impractical and, at times, impossible. For example where consent is needed for a school trip, a last minute holiday, a visit to the GP. Only the child loses out. Data-sharing mechanisms should be subject to data-sharing agreements and any associated agreements as per data protection legislation. Types of data to be shared should be discussed with the parents and child, where practicable, outlining the reasons for the sharing of the data and with whom.

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.

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

Please provide your response to the above proposal.

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.

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.

(i) Invoking emergency care orders can be traumatic for all involved, especially the child and family subject to it. This trauma should not be under-estimated. Due diligence must be taken in respect of all involved.

(ii) Accommodation provisions for children subject to an emergency care order must be re-imagined; removing a child to a hospital or Garda station is not appropriate.

(iii) The ISPCC would like to draw attention to Dr Geoffrey Shannon's recommendation[3] in relation to this section as outlined in his 'Audit' report:

From a child welfare perspective, any child who is the subject of section 12 of the Child Care Act 1991 should have a developmentally informed, culturally sensitive, comprehensive assessment that addresses his or her basic needs, his or her safety, barriers to effective parenting, the appropriate fit between the type of care needed and between caregiver and child. This assessment should also address the child's medical, educational, emotional and behavioural needs.

The assessment should of necessity be sensitive to any emotional trauma the child may have experienced as a result of being removed under the section and address the effects of separation from his or her family and the effects of disrupted attachments. In particular if a child, as a result of the section being invoked, has been placed in a different geographical location away from community, school and peer supports, the assessment should address as a matter of priority, how to return the child to his or her natural environment as soon as is possible and practicable.

An awareness of the likely traumatic impact of the predisposing factors that exist in the child's life prior to the section being invoked, together with a sensitivity of the likely impact on children who are removed under section 12, should permeate all aspects of organisational functioning within AGS and Tusla.

PART IV Care proceedings

3 https://www.lenus.ie/bitstream/handle/10147/621405/Audit%20of%20Section%2012%20Child%20Care%20Act%201991.pdf?sequence=1&isAllowed=y pg. 275

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 a*n 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.

Care Orders

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 shorted 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.

(i) The voice of the child is not always heard in relation to children subject to full-time care orders. Often the opinions of professionals and foster carers can be ascertained more readily than listening to the child for their views and opinions – for example in relation to access with their parents. Children may or may not want to have access. If a child does not want to have access it is important to understand their reasons behind this.

(ii) Sometimes children do not understand why they're in care and it is like a taboo subject that is not spoken about. Professionals need to support children around this transition – for example by creating a social story with the child/young person. If, as mentioned above about section 22, it needs to be articulated to parents that they have the option to challenge in court, and that if things have changed for them and their circumstances are more positive, then the opportunity is available to them to demonstrate this.

In the case of one parent whose two children were in full-time care, the parent was given mixed messages such as 'if you improve on this, then there could be a possibility of going to court to have your children home'. Communication is poor and this can have a negative impact on the parent's mental health.

(iii) The ISPCC agrees with the proposal of 'A care order remains in force until the child attains the age of 18 *or a shorter proportional time applied for by Tusla.'* Parents can change, circumstances can change and parents can access support for themselves. This would be a welcome change, along with a guidance as to what 'a shorter proportional time' could mean.

(iv) It is well documented that children who are supported by a number of different social workers can experience additional stress and strain. Children tend to perceive this negatively and can feel like a number rather than a human. Children in care in our experience do not get to see their social worker enough – this is not necessarily the social worker's fault, but merely as a result of their work load. Children need time to build a relationship with their social worker and be able to trust them, 'as if' they were the parent.

(v) Foster carers receiving children's allowance payments after six months should to towards supporting the child's development and wellbeing.

(vi) Consideration should be given to utilising technology to ascertain how children in care are doing providing for real-time feedback. This could be used to inform practice and policy responses as appropriate.

(vii) Every child in care should be guaranteed access to a social worker and provision for same should be made. There is a recognition and an appreciation this is an ongoing struggle but we must strive to employ the necessary remedies to actualise this.

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 be 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.

In one case, two children were allowed to see their father under a supervision order with a third party. At one visit, the third party noticed one of the children seemed anxious and panicked around her father. They recorded same and referred the child for an assessment before the child saw her father again.

In our experience, once access arrangements are made, it can be difficult to get them changed. Children's rights in this situation and a parent's right to access must be reconciled. The child's best interests must supersede all other rights.

The behaviour of some parents on access visits under supervision orders can be an issue and requires a strong third party who can speak out and champion the best interests of the child. Ad-hoc and/or inconsistent access visits are accommodated for at times without due consideration for the child and the trauma this can potentially cause. These case examples show parents' rights superseding children's rights, failures to consider children's wellbeing and failures to meet children's needs.

It must also be recognised there can be situations where access has been granted and this can cause trauma to a child.

(i) The ISPCC supports any mechanism provided for that allows better communication between statutory services and children and families subject to any care orders. A written document, as outlined in this proposal, would offer huge benefit to the child and family. It may be beneficial to involve the child and family in the drafting of the document, where practicable and appropriate to encourage ownership of the plan and buy-in. in respect of data sharing, it is important that it is recorded when, what and with whom their data has been shared.

(ii) There can be a perception with some families subject to a supervision order that the power is with Tusla to 'walk in' anytime on families, but this is not our experience. This would be counter-productive to what Tusla is trying to achieve – to build trust and rapport with a family – and so pre-arranged visits are largely the norm.

(iii) Where the court has the power to direct the parents to abide by child-centred actions, we would perhaps reframe this provision/measure in respect of children's rights as provided for in the UN Convention on the Rights of the Child – for example, a child's right to education and how the

parents can provide for this right; a child's right to be protected; etc.

(iv) The ISPCC supports where the proposal suggests an extension to a 12 month supervision order can take place in instances where there is an improvement in parenting capacity and the extension is in the child's best interests. It is imperative that there be demonstrable evidence of change in behaviour and/or knowledge if this is to be considered.

(v) In respect of providing for all breaches of supervision orders to be reported by Tusla to the Court: this provision should be supported with clear communication as to what would constitute a breach and the capacity of the parent to understand what this means. A balance is needed and potential opportunities to exploit breaches where they can be misconstrued and/or used in a vindictive manner by a person against the parent should be recognised.

(vi) Tusla and/or another identified appropriate professional should act as the third party providing oversight at visits where supervision orders are in place. It is not appropriate for another family member to be in this role. Provision should be made for this third party – they should be independent, adequately-trained and act in the best interests of the child.

(vii) The ISPCC recognises that, in the current climate of COVID-19, the availability of appropriate access rooms has become an issue. At times, parents are meeting their children in places not conducive to re-building their relationship. This in itself can place an additional layer of stress on all parties. There should be an onus on the state to provide appropriate spaces for children and parents trying to re-establish some sense of being a family again.

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 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

Voice of the child

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.

(i) The ISPCC supports a limited number of children subject to care orders who are actively going through the courts system. Children shared how they experienced anxiety, fear and worry and sometimes were left weeks and months not knowing what was happening with their case. They spoke of times when legalistic language was used and they struggled to understand what it all meant.

(ii) In one particular case, the children's Guardian ad Litem (GAL) requested the Judge to speak to the children. The Judge spoke with them in a separate room of the court and then read the letter the children wrote. The children said how they felt listened to as the Judge reflected the content of their letter in the final judgement. It is widely recognised that hearing the voice of the child and giving it due weight is largely dependent on the presiding Judge, while access to a GAL can be sporadic.

(iii) It is imperative that any proposed provisions allowing for the voice of the child to be heard must be within a child-centred, child rights framework. It must state explicitly that the child has a right to have their voice heard in matters that affect them and due weight to be given to their opinion as provided for in the UN Convention on the Rights of the Child.

(iv) It is welcome that children will be more informed of the various ways in which they can give their views in hearings. Individual advocacy services supporting children in care should be highlighted to them along with the various mechanisms available to them (letters, video-links, other technologies, etc.).

(v) Provisions in respect of ascertaining the voice of the child – as a means to determining the child's best interests – should be strengthened and positioned within a child rights framework, reflecting the intention of the UN Convention on the Rights of the Child as laid out in Article 12 and the subject of the Committee on the Rights of the Child General Comment No. 12 (2009) on the right of the child to be heard:

Article 12 of the Convention on the Rights of the Child provides:

"1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law."

The General Comment states that:

'This obligation requires that States parties, with respect to their particular judicial system, either directly guarantee this right, or adopt or revise laws so that this right can be fully enjoyed by the child.'

And that,

'The child, however, has the right not to exercise this right. Expressing views is a choice for the child, not an obligation. States parties have to ensure that the child receives all necessary information and advice to make a decision in favour of her or his best interests.'

The Committee encourages States parties to also recognise '… non-verbal forms of communication including play, body language, facial expressions, and drawing and painting' when implementing Article 12.

In their literal examination of Article 12 the Committee states that; 'The child has the right "to express those views freely". "Freely" means that the child can express her or his views without pressure and can choose whether or not she or he wants to exercise her or his right to be heard. "Freely" also means that the child must not be manipulated or subjected to undue influence or pressure. "Freely" is further intrinsically related to the child's "own" perspective: the child has the right to express her or his own views and not the views of others.'

Child in Care Review Meetings

(i) Children's views and family circumstances may change over time. Therefore, there should be a mechanism in place to allow for this, particularly in cases where family reunification is desired by all parties, and the conditions to allow for same.

(ii) Taking time to hear the voice of the child regularly can help to identify what is working well and what could be better – and whether there may be a need for additional supports and services.

(iii) The structure for child in care review meetings should be formalised: they should be planned, structured and focused on delivering positive outcomes for the child.

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.