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P4P COUNTRY INFORMATION ON CHILD PROTECTION SYSTEMS

COUNTRY	Ireland
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Overview of the Irish Child Protection and Welfare System

As part of a major reform of child protection, early intervention and family support services in Ireland, Tusla the Irish national Child and Family Agency (hereinafter Tusla), was established in 2014. Tusla is the dedicated State agency responsible for improving wellbeing and outcomes for children in Ireland. It delivers a range of universal and targeted services, including: child protection and welfare services; alternative care; educational welfare services; psychological services; family and locally-based community supports; early years services; and domestic, sexual and gender-based violence services. An Garda Síochána (the Irish Police force) also have statutory responsibilities for the safety and welfare of children.

Prior to Tusla, child protection and welfare services came under the remit of the Irish Health Service Executive (HSE), as legislated for in the Child Care Act 1991 (fully enacted in 1996). Prior to the early 1990s, laws concerning the protection and welfare of children and young people remained unchanged since 1908. Over the past few decades, the child protection and welfare system in Ireland has undergone radical changes. Legislative and policy changes were driven by “unprecedented public revelations of abuse of young children by their families, by the clergy and by other persons in positions of trust” (Buckley *et al.* 1997: 2). As noted in a report compiled for the European Commission “a series of damning reports detailing Ireland’s failure to protect children from experiencing abuse and neglect has had a significant impact on children’s policy and cultural attitudes towards children. A common thread running through these reports was that “children were not listened to and when they spoke up they were not believed” (European Commission, 2015: 45)¹. In 2000, a Commission to Inquire into Child Abuse was established by the current Government to conduct an inquiry into the abuse of children in institutions during the period of the 1940’s or earlier, to the present day. The Commission published its final report (The Ryan Report) on 20th May, 2009. In response to the publication of this report, the Government developed the Ryan Report Implementation Plan and allocated funding of €24 million to demonstrate its commitment to reform the Child Protection and Welfare System.

In addition to the establishment of Tusla, other recent developments of note include: placing the Children First National Child Protection and Welfare Guidance on a statutory footing; enhancing vetting procedures for those working with children and young people; and in 2012 the people of Ireland voted in favour of an amendment to strengthen the rights of children in the Irish Constitution. This amendment explicitly “recognises and affirms the natural and imprescriptible rights of all children”. It authorises the State to intervene in a family where “the safety or welfare of any of their children is likely to be prejudicially affected” and, in child welfare and protection proceedings, including adoption, guardianship or custody of, or access proceedings, it requires the best interests of the child to be a paramount consideration and the child’s views to be taken into account (The Irish Constitution, Article 42A).

¹ See <http://childabusecommission.ie/rpt/pdfs/> (Last Accessed 08/10/2019)



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Child Protection and Welfare Process

Once a referral is made to Tusla, it is received within the organisation by the Duty Intake Team. All referrals made to Tusla are screened on the same day they are received, irrespective of the source (Tusla 2017: 44). There are two steps undertaken once a referral has been received:

- **Screening** – ensures the eligibility criteria for a referral has been met; that the referral made concerns a child or an adult who has experienced abuse as a child.
- **Preliminary Enquiry** – clarifying the details made by the reporter and checking Tusla records and other internal HSE documents.

If it is decided that an intervention is required to ensure the safety of a child and their siblings, an Initial Assessment is undertaken. The purpose of the Initial Assessment is to reach a preliminary conclusion about unmet needs and risk of harm in order to plan and provide an appropriate response. The time scale for an Initial Assessment is 20 days, although this time scale is not always adhered to due to the individual circumstances of each case. Key components of this initial assessment include, establishing with the child (where appropriate) and their parents, whether the concerns outlined exist and contacting other professionals who are known to the child, to gain their insight on the concerns. Furthermore, an analysis of the strengths and potential protective factors available to the family, such as support from extended family members or existing family support services, is also undertaken.

Once the initial assessment process is complete, the report may be closed and/or diverted to a more relevant service or it will proceed via one of four possible pathways. Pathway 1 being a family support and early intervention response, child and family led. Pathway 2 being a Tusla led, Child Welfare Assessment and response. Pathway 3 being a Tusla social work led child protection assessment and response. Pathway 4 involves the court system. See Appendix 2 for a flowchart of these pathways.

Pathway 1: Family Support Early Intervention Response

There are a range of services Tusla offer to families who are experiencing difficulties, which engage professionals such as social workers, family support workers, youth workers, family resource centres, support groups and counselling services, to work with families. Many of these services are provided on behalf of Tusla by organisations, such as Barnardos, Foroige, Extern and the Irish Society for the Prevention of Cruelty to Children. If the conclusion of the initial assessment process confirms that a child has unmet needs but is not at risk of ongoing harm, a Family Support Plan is developed. The Family Support plan is developed and coordinated in collaboration with the child and the family by Tusla professionals or community agencies (HSE, 2011: 47). Tusla recognises that “providing help to children and families early in the stage of a difficulty can prevent situations escalating and becoming more entrenched” (Tusla, 2013: 6-7). Tusla’s local area family support and early intervention responses under pathway one are set out below.



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Family Resource Centres are Ireland's largest family support programme providers. There are currently 109 centres operating and 2 further Outreach Centres. Children and families can self-refer or can be referred by their local social work team. These resource centres play a fundamental role in Tusla's Local Area Pathway model, conveying to families that "there is no wrong door" and further, that all families in their locality "receive easily accessible support, appropriate to meet their identified needs" (Tusla, 2013: 14). A key feature of these resource centres is local people identifying needs and further developing needs-led responses. Family Resource Centres provide an array of services including information, advice, referral, education and training, counselling, community and support groups, childcare services and personal and group development.

Meitheal² is an important element of Tusla's family support and early intervention response pathway. Meitheal is the new outcome focused, national practice model to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to, in a timely way, so that children and families get the help and support needed to improve children's outcomes and to realise their rights (Gillen *et al.*, 2013). A Meitheal primarily relates to interventions that require a multi-agency response, but in certain circumstances, can also include a single-agency response. Meitheal is notably different from other pathways in that it is a voluntary process, "all aspects – from the decision to enter the process, to the nature of information to be shared, the outcomes desired, the support delivered, the agencies to be involved to the end point of the process – are led by the parent/carer and child/young person" (Cassidy *et al.*, 2016: 13). Supporting families within the process is a Lead Practitioner³, who should have a prior relationship with the family. Families cannot be involved with the Child Protection and Welfare process and a Meitheal simultaneously. Should a child protection concern arise during the process, the Meitheal will be closed or suspended (Cassidy *et al.*, 2016: 14).

Pathway 2: Tusla Led Child Welfare Assessment and Response

When an initial assessment concludes that a child has unmet needs requiring a Social Work intervention, which cannot be supported by any of the options available under Pathway 1 and the child is not at ongoing risk of significant harm, a Family Support Plan is agreed with the family. The Family Support Plan may be developed at a formal meeting or by informal contacts with the child, family and social workers (Tusla, 2017: 47). Unlike Pathway 1, Pathways 2 and 3 are Tusla led. There

² Meitheal is an old Irish term that describes how neighbours would come together to assist in the saving of crops or other tasks.

³ The Lead Practitioner cannot be a Social Worker



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are a range of Tusla funded intensive programmes to support families with higher levels of need. Some examples are provided below.

Springboard, which was launched in 1998 started with 15 projects nationwide. Locations for these projects were determined by certain factors such as high rates of unemployment, lower levels of educational attainment and high rates of lone parenthood. Specific attention is given to those families where child protection concerns exist, to families with ongoing health and welfare problems and/or families in once-off crisis situations. The projects target the most disadvantaged and vulnerable families in the area specifically focusing on improving parenting skills and child-parent relationships (cited in Haase et al. 2001: 5).

Another intensive form of family support funded by Tusla is the **Youth Advocacy Programme (YAP)**. Devlin (2014) outlines the variation of programmes offered by YAP:

Intensive Support Programme is provided to young people aged 10-18 years at high risk of placement in care, secure care and custody (Level 3 and 4 on the Hardiker Scale). It provides intensive support of up to 15 hours a week for 6 months for the young person and family.

Family Support Programme is provided to families in need of time limited, focused support (Level 3 and 4 on the Hardiker Scale). The service provides support of 8 hours a week for 4 months focusing on goals set with the family.

Aftercare Support Programme is provided to young people aged between 17 and 19 years who meet HSE criteria for Aftercare support. It provides support of 8 hours a week for 6 months to support the transition from care to independent living.

Access Support Programme facilitates transport and support for children and families who are involved in access arrangements as agreed with the HSE

Crisis Intervention Service aims to provide a rapid response to a young person aged 8-18 years in crisis for a specific time period (Devlin, 2014: 225-226).

Pathway 3: Tusla Social Work Led Child Protection Assessment and Response

In Ireland **"Signs of Safety"** has been adopted as the new national practice approach to child protection and welfare, as part of Tusla's broader Child Protection and Welfare Strategy. Signs of Safety is an innovative, strengths-based, safety-organised approach to child protection casework, grounded in partnership and collaboration with children, families and their wider networks of support. All staff will engage with children and families using one national and consistent approach. Signs of Safety informs child protection and welfare work through its core principles, disciplines and tools (Tusla, 2017: 2).





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If requested as an outcome of the initial assessment, child welfare assessment, further assessment or a children in care process, a child protection conference will be convened. A Child Protection Conference is an interagency and inter-professional meeting. The purpose of this meeting is to:

- Establish whether the child has suffered or is at risk of suffering significant harm;
- Facilitate the sharing and evaluation of information between professionals and parents/carers;
- Formulate a Child Protection Plan;
- Identify tasks to be carried out as part of, or pending, a Child Protection Plan;
- Specify the appropriate service to carry out the tasks;
- Appoint a key worker for the purpose of coordinating the Child Protection Plan' (HSE, 2011: 48).

During the Child Protection Conference, it may be decided to place the child on the Child Protection Network System (CPNS). Each child who is placed on the CPNS, where there are unresolved issues, must also be the subject of a Child Protection Plan. A Child Protection Plan is an interagency plan, formulated and agreed at a Child Protection Conference, where it has been confirmed that there is an ongoing risk of significant harm to the child (HSE 2011: 51).

At any time during the child protection and welfare case, a Strategy meeting may be convened by the Principal Social Worker or Social Work Team Leader. This meeting is not attended by the parent(s)/carer(s) of the child. The purpose of the Strategy Meeting is to discuss any urgent child protection concerns, devise an initial plan and the next steps of the enquiry. The Strategy Meeting also facilitates the sharing of information and evaluation by professionals and develops a plan of action to ensure the protection of the child or children.

Pathway 4: Alternative Care

Children who are the subject of a Child Protection Plan may continue to live at home. However, if it is decided that the steps outlined in the Child Protection Plan are not working and the child is still considered to be at an ongoing risk of significant harm, Tusla may decide to apply to the courts for a Supervision Order or to have the child removed from the home (DCYA, 2017: 46).

Tusla have produced best practice guidelines for social workers who will be seeking the involvement of the courts with regard to a child protection and welfare case. Before applying to the courts for the orders outlined below, as legislated for under The Child Care Act 1991, "a social worker must be satisfied and be able to give evidence to the Court that there is reasonable cause to believe that:

- (a) The child has been or is being assaulted, ill-treated, neglected or sexually abused;
- (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" (Health Service Executive, 2013: 7).



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The range of court orders are as follows.

Supervision Order: A Supervision order allows Tusla to periodically attend the home of the child to ensure the child's needs are being met and is usually the first application to the courts concerning a child protection and welfare case (Health Service Executive, 2013: 7). It can be granted for a period of 12 months and can be renewed after this period. Shannon discusses the duality of a Supervision Order and states that it "allows a proactive approach permitting the Agency to give any necessary parenting advice to the child's custodians or carers" (Shannon, 2014: 80).

Emergency Care Order: An Emergency Care Order allows for the immediate removal of a child and their siblings from their home. It will only be provided for a maximum period of 8 days, after which one of the following orders, outlined below, must be sought. Tusla also have the authority to return the child to their parents without any further applications to the court.

Interim Care Order: An Interim Care Order must not exceed 29 days unless Tusla and the parents or guardian periods agree to a longer period. Tusla can apply to the courts to have this order extended, if there are reasonable grounds for doing so (Health Service Executive, 2013: 7).

Care Order: A Care Order can be granted for any period of time, until the child reaches 18 years of age. Coulter states that a Judge must be "satisfied", this being differentiated from a "belief" sufficient for the other care orders to be granted, that considerable harm is likely to continue for the child unless a Care Order is granted (Coulter, 2015: 7).

Special Care Order: Section 23 of the Children's Act 2001 permits such an order to be made where a child needs special care and protection, where the child's behaviour poses a risk to him/herself and he/she is unlikely to get the special care required unless such an order is made. Coulter notes that, such is the seriousness of (Interim) Special Care Orders, that the application is made to the High Court (2015: 44).



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Groups at Particular Risk

The Childcare Law Reporting Project (CCLR) established in 2007, directed by Dr. Carol Coulter, sought to provide information to the public on the operation of the child protection system and to promote transparency and accountability” (CCLR, 2019: 39). Prior to the initiation of this project, all matters before the courts were prohibited from publication. This project has publicised the structures and procedures of the child protection system, has highlighted an over representativeness of particular risk groups and in some cases, highlighted gaps in current policy and legislation. The key groups found to be at risk are as follows.⁴

Children in particular geographical areas: The data presented in the reports, highlights great disparities pertaining to child protection and welfare applications in the courts being granted or refused, dependent on geographical location. For example, figures from 2015 indicate that a court order is less likely to be granted (struck out, refused or withdrawn) in Castlebar, Co. Mayo, where the number of court orders refused was 41 against 55 that were granted. In comparison, in Trim, Co. Meath, there were only 6 cases struck out, refused or withdrawn, whilst 302 orders were granted.

Coulter advises that although this may be due to the varied practices of judges within these locations, further consideration must also be given to the practices of Tusla. In addition, the resources available to Family Support mechanisms within these localities may also be a factor with regard to the number of applications made (CCLR, 2015).

Children of Lone Parents: Of all the cases that were before the courts, where the parental marital or cohabitation status could be established, 74% of respondents in court applications were parenting alone. Coulter offers a range of variables that increases the susceptibility of child protection and welfare applications for children of lone parents such as social isolation, disabilities or addictions. In some cases before the courts, it was noted that parents can experience one or more of these contributing variables at any one time (2015: 12). A more recent report released by the CCLR examined cases which were deemed complex and lengthy. Of the 9 cases examined, only one of these cases was a lone parent family, all other parents who were contesting the application made by Tusla to the courts, were either co-habiting or married (2018: 3). The Child Protection and Welfare Practice Handbook further highlights the child protection issues which may occur for lone parents that work. It states ‘a mother may leave her child home alone when the childcare provider fails to show

⁴ All data sets outlined within the “Groups at Particular Risk” section have been accumulated from data collected from the child care court hearing of 2013, 2014 and 2015. See https://www.childlawproject.ie/wp-content/uploads/2015/11/CCLR-Full-final-report_FINAL2.pdf (Last Accessed 08/10/2019)





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up. If the mother does not go to work, she can lose her job and will not be able to take care of her child. However, if she leaves the child alone, she may be guilty of neglect' (2011:18).

Minority Groups: Coulter found that minority groups have a higher rate of representation in child protection and welfare cases before the courts than the general population (2015: 13). Irish Travellers, who represent 0.04% of the general population, represented 4.4% of all cases but this figure may be underestimated as ethnicity was not identified where a Traveller family was settled. Statistics, excluding Travellers, show that 26.5% of cases included at least one parent from an ethnic minority group. African families made up 7.6% of cases, Eastern European, namely Poland, Latvia and Lithuania, made up 5%, whilst Roma families made up 1.4% of all cases. Coulter draws on statistics for the year 2011 from the Central Statistics Office and which shows that the African population accounts for less than 1% of the whole population, indicating that African families are about seven times more likely to face child protection proceedings than Irish people (2015:13).

Children Living in Direct Provision: In 19 cases that involved an African parent, many were living in Direct Provision. Coulter reflects on previous cases where children had been born into the Direct Provision system in 2007. In 2015, these children were still living there, with the exception of being taken into foster care, while their mother was admitted to a psychiatric unit (16 and 45). Coulter's concerns for children residing in Direct Provision centres are echoed by Shannon, who states that "the treatment of asylum seeker children was noted by the Committee on the Rights of the Child urging Ireland to ensure to such children the same standards of (and access to) support services as Irish children, in particular in their living arrangements, child protection standards and child allowance" (2017: 35). A report from the Irish Refugee Council further compounds the deficiencies of Direct Provision Centres, which impedes on the protection and welfare of children. The report advises that children residing at these centres are subjected to malnutrition, gastroenteritis and live in cramped and unsafe living conditions. They are further exposed to high stress levels as a direct result from being placed in these centres (Arnold, 2012, 16 and 20).

Children with Special / Additional Needs: Coulter highlights an increased prevalence of children and young people with special needs, where figures coming before the courts show that one in four children had additional needs. The report refers to waiting lists for resources available to children with additional needs such as speech and language therapists, assessments and further advises on the difficulties faced by the agency in allocating a suitable foster home.

"In one case, a five-year-old boy with complex needs had had five placements in three years" (2015: 26).

Children and young people who require therapeutic placements in a residential setting are in some cases placed in centres outside of the jurisdiction, although this was in a minority of cases. As the number of places are constrained within this jurisdiction, places are allocated on an assessment of need. However, awaiting this placement can place the child at further risk:



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“In one case before the District Court where a very troubled boy required a secure bed, the court was told none was available, he needed to be even worse before he could advance up the waiting list. In another case, a child committed a Section 4 assault while waiting for a secure bed” (2015:27).

Where suitable places were allocated for children and young people, no suitable stepdown had been found for them and they were often left languishing (2015:26). One young person had been passed from “pillar to post” after spending three years in a specialist facility in the UK and had even spent time in a holiday home on his return to Ireland.

Homelessness: Coulter notes that homelessness began to crop up with increasing frequency, although it has never been the sole reason that an order has been sought through the courts (2015: 11). Since 2015, Ireland’s homeless crisis has deepened. With demand outstripping supply in the rental market, resulting in spiralling costs, many families are priced out of the market. The former, coupled with the stagnancy of new social housing developments, has led to over 3,000 children and their families being homed in temporary accommodation in bed and breakfasts and hotels. Shannon advises that the Committee on the Rights of the Child is “deeply concerned” by the crisis (2017: 41). A report conducted on behalf of Focus Ireland illuminated not only the imminent stresses placed on children and their families, but the secondary stresses associated with becoming homeless. For example, children included in the study on average had to travel 8.75kms to school via public transport daily, with one child commuting 34.1kms, which means that speculation must arise regarding the impact on education (Connolly, 2016). It may be further suggested that parental stresses are increased through the processes of becoming homeless and perhaps the diminished social support network.



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Analysis of the Child Protection System According to the 10 Principles of Integrated Child Protection Systems.

The 9th European Forum on the Rights on the Child, focused on Integrated Child Protection systems. The “aim of the Forum was to bring together stakeholders working on rights of the child and child protection, to promote more effective coordination and cooperation in integrated child protection systems. The forum highlighted that violence inflicted on children remains high, recognising cultural and social attitudes towards violence acting as barriers to eradication. To date, only 19 EU member states “have prohibited corporal punishment of children in all settings” (European Commission, 2015: 1). The forum assessed the “overarching goal of national child protection systems is to protect children from violence” (2015: 3) and following consultations with international key stakeholders and organisations the following principles were devised as central principles to ensuring that children are safe from harm.

1. Every child is recognised, respected and protected as a rights holder, with non-negotiable rights to protection.
2. No child is discriminated against.
3. Child protection systems include prevention measures.
4. Families are supported in their role as primary caregiver.
5. Societies are aware and supportive of the child's right to freedom from all forms of violence.
6. Child protection systems ensure adequate care
7. Child protection systems have transnational and cross-border mechanisms in place.
8. The child has support and protection
9. Training on identification of risks
10. There are safe, well-publicised, confidential and accessible reporting mechanisms in place

The following sections explore Ireland’s compliance with the Principles of Integrated Child Protection Systems.

Is the existing model rights-based?

The Children’s Rights Alliance in Ireland, releases an Annual Report Card, allocating a grade pertaining to the various rights of children. In the 2018 Report Card⁵ the Government overall scored a “C-“, an

⁵ Explanation of Grades:

A Excellent, making a real difference to children’s lives

B Good effort, positive results for children

C Satisfactory attempt, but children still left wanting



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improvement on 2017's Report Card score of "D+". The highest individual grade in Report Card 2018 is a "B" for "Child Protection". Positive approaches undertaken by the Government which have contributed to this grade include placing the Children First National Guidance on a statutory footing, enhancing vetting procedures for those working with children and young people and progress taken to ensure children are protected from harm online. However, children are still left vulnerable to abuse as the report advises that there is no agreement or process in place to seek information from policing authorities abroad when a vetting applicant has lived outside of Ireland. This gap has been previously highlighted by Shannon in 2014 where recommendations were made that "protocols or administrative arrangements with police authorities in foreign jurisdictions could address this issue" (2017: 80). Further gaps within this vetting system are the lengthy times in the turnaround of vetting applications, further contributing to children and young people being susceptible to harm. A report compiled by the Health Information and Quality Authority (HIQA), who are authorised to inspect foster care services provided by Tusla, found that "there was no record of Garda Síochána (police) vetting for a number of foster carers and a substantial number of household members aged 16 years and over, did not have Garda vetting" (HIQA, 2017).

The Children's Rights Alliance report card further notes an improvement in the Guardian *Ad Litem* (GAL) Service, from a "D" to a "C" grade. The GAL is a court appointed person used to assess the views and opinions of children and young people in court proceedings. It is often the only way in which children and young people can convey their voice to the judge and other professionals. However, not all children who are involved in a child care case are appointed a GAL and this appointment is at the discretion of the judge. Improvements from the 2017 report card include a commitment by the Government to appoint a new Executive Office in the Department of Children and Youth Affairs in addition to holding consultations in collaboration with children and young people to design the GAL service (p.73). The report welcomed the proposed reforms to the GAL service noting it has been an unregulated area "since the commencement of section 26 of the Child Care Act 1991, which provided for a child's views to be heard through a GAL in child care proceedings" (p.74). This legislation will ameliorate disparities on the appointment of a GAL to a child, which varies from judge to judge. This legislation will further enhance the voice of the child in court proceedings through formalising the credentials and role of the GAL⁶. Coulter's findings in the GAL service within the court system are aligned with those of the report card and found that in just over half (53%) of cases inspected GAL's were appointed to a child.

Are children enabled to participate in child welfare and protection proceedings?

Research published found strong evidence of children's participation being embedded across Tusla's structures, procedures and practices (Tierney *et al.*, 2018). This was supported by, but not solely

D Barely acceptable performance, little or no positive impact on children

E Unacceptable, taking steps in the wrong direction, no positive impact on children

F Fail, taking steps that undermine children's wellbeing

N/A Not applicable, due to vague nature of Government commitment

⁶ See <https://www.gov.ie/en/policy-information/04fc0e-reform-of-guardian-ad-litem-arrangements-in-child-care-proceedings/> (Last Accessed 08/10/2019)





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attributable to, the implementation of the Tusla Prevention, Partnership and Family Support (PPFS) Child and Youth Participation Programme of Work. Following the implementation of this Programme of Work, practice is now guided by a National Child and Youth Participation Strategy and a National Children's Charter and National Young People's Charter (See Appendices 3 and 4), developed in consultation with children and young people. Central to the implementation of the PPFS Child and Youth Participation Programme of Work, was the roll-out of nationwide training for staff, to enable staff to further develop their existing practice. A participation tool kit was developed to support the training and practice. At the time of the research, over a quarter of Tusla staff had completed the training. This training was delivered to Tusla staff and management and has demonstrated perceived improvement in skills and competencies for staff to support children and young people's participation. A collective model of participation, the Tusla and EPIC fora, developed to support children and young people in care to feed into policy development and service provision, has also been established and implemented across the country. The research found evidence of these fora supporting children and young people to feed into policy and service provision at the local level. However, a gap identified was that there were minimal national structures or opportunities for children and young people to feed into national policy and service provision decisions.

At the procedural level, the implementation of Meitheal nationally supports children and young people to exercise their right to participate safely in child welfare proceedings. Likewise, Signs of Safety is an approach to child protection proceedings grounded in partnership and collaboration with children, families and their wider networks of support. The Tell Us Complaints and Feedback policy for young people is a child-friendly mechanism developed in consultation with children and young people and circulated for use in services in 2017. It holds the potential to be an important mechanism for children and young people's voices to be heard. The introduction of quality assurance measures in Tusla, such as Investing in Children Membership Award™ and Agenda Days™, promote children's right to participate. The roll out of national annual conferences supported and organised by children and young people, and seed funding initiatives to support participatory practices on the ground, have proven to be successful mechanisms to support participation and promote a child's right to be heard.

Overall, the research found strong evidence of children and young's participation becoming embedded in practice. However, participation practices are not mainstreamed for all children and young people and there are a lack of resources to support children with additional needs to participate. Also, the practice of providing children with feedback and having direct communication channels to influence national policy, service planning and provision requires improvement.

Corbett and Coulter (2019) have highlighted weaknesses in children and young people's participation in court proceedings:

“At present, children in Ireland do not have a right to information about the suite of options available to them for direct participation in proceedings. The child does not have a right to consent or assent to an order. There is little information on the judicial process available in child-friendly and accessible language. Section 25 (making a child party to proceedings) is under-used. There is little





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training or guidance for lawyers on how to represent a child or for judges on holding meetings with a child” (2019: 114).

Analysing the extent to which children’s views may impact court proceedings in child protection and welfare cases, Coulter notes that “the attitude of social workers vary greatly” and further states that “there is no consistency in the reference to the views of the child from social workers and in the weight given to them, which should be related to their age and maturity” (2015: 35). Shannon outlines recommendations to provide an appropriate platform for the views and opinions for children and young people to be heard, such as the provision of training to judges and a choice in how children and young people may wish to express their views. Increased resources is advocated for within the report for children with English as a second language and for children with disabilities (2015: 64 and 65).

To what extent has feedback from children been collated as part of any monitoring systems?

Ireland’s Social Care Inspectorate, the Health and Information Quality Authority (HIQA), has a duty to develop standards, inspect and review health and social care services and support informed decisions on how services are delivered (HIQA, 2017). HIQA have a specific Children’s Team to “promote the safety and quality of some of the children’s social care services in Ireland”. As part of these inspections, the Children’s Team meets with children to hear their views and opinions on the provision of services from Tusla. Tusla has also developed a leaflet, informing children and young people on how to make a complaint as part of Tell Us at Tusla. In line with the principles of the Tusla National Quality Framework, the Tusla Quality Assurance Directorate will produce an annual report in relation to complaints, identifying any trends and sharing the learning that emerges from complaints received (2017: 16). This analysis of the complaints received by children has the potential to inform service planning and review.

To what extent is data on violence against children available and is it disaggregated and are children’s opinions documented?

Tusla maintain a database outlining the reasons for referrals to the social work department. Further included in this data is the total number of children in care, children with a care plan and children in care, who have been assigned a social worker and other data designed to track progress and achievements as those outlined with the Tusla Business Strategy⁷. Ethnic minority status is not noted amongst the data logged by Tusla, as was recently recommended by Furey and Canavan (2019: 30). The CARI Foundation, which provides support to children who have experienced sexual abuse gathers data in relation to sexual violence against children. Due to CARI offering a unique service which provides support from the initial disclosure right through to the court case, they have been able to collate and disseminate data.

Are there gaps and weaknesses in the system?

The Office of the Ombudsman for Children investigates complaints about services provided to children by public organisations. The Annual Report 2016 advises that 25% of all complaints received were in relation to child protection and welfare, with the vast majority being targeted at Tusla. The report

⁷ <https://www.tusla.ie/uploads/content/Tusla-Business-Plan-2019.pdf> (Last Accessed 08/10/2019)



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outlines the nature of the complaints and states “services for children in care, including the availability and suitability of placements, aftercare and education, as well as a lack of inter-agency working and issues in relation to complaints handling, continued to be of particular concern in the complaints we received” (2017: 28).

Children with additional needs who require placements in specialist units are often left without the required supports whilst awaiting an available place. Children who have received the therapeutic supports they require are often left in limbo as there is no step-down facility available to them. The UN Committee on the Rights of the Child remains concerned of this practice and recommends that “the State party ensure that adequate human, technical and financial resources are allocated to alternative care centres and relevant child protection services, in order to facilitate the rehabilitation and social reintegration of children resident there in to the greatest extent possible” (2016: 10).

Since the enactment of the Children First Act in 2017, there have been concerns with regard to the capacity of Tusla to deal with the anticipated increase of reports of Child Protection and Welfare concerns, coupled with the difficulty of recruitment and retention of social workers within the agency. State social workers are noted to have an average of 30 caseloads per social worker, noting the international average was closer to 15. (Forsyth in Power, 2017). Statistics available on the Tusla website, and highlighted in Furey and Canavan, 2019 shows that Tusla received 47,399 reports in 2017 (2019: 37). Recent figures published Tusla state that there were 56,830 referral made to them for year ending 2018. However, referral numbers received by Tusla are one of the lowest when compared with Britain⁸.

Country	Number of Referrals	Number per 10,000 Children
Ireland	47,399	398
Norther Ireland	41,639	968
Scotland	27,340	236
England	646,120	587
Wales	33,536	504

⁸ Data extracted from Furey and Canavan 2019, page 37. Report available at https://www.tusla.ie/uploads/content/COMPWELFINALREPORTMARCH29_-_Final.pdf (Last Accessed 08/10/2019)



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Examples of Good Participation Practice

Implementation of the Lundy Model

In 2019, the authors of this report published a paper in the journal *Practice* to share examples of how practitioners working in Ireland's child protection and welfare services implement the concepts of space, voice, audience and influence in practice, as set out in Lundy's model of participation (Kennan *et al.*, 2019). Drawing on practitioners' personal testimonies and a selection of reports published by Ireland's social care inspectorate, HIQA, it sets out illustrative examples of positive approaches taken by professionals when seeking to create a safe and inclusive space for children and young people to express a view, approaches to supporting them to express that view, and to ensuring it is listened to and acted upon as appropriate.⁹

The National Children's Charter and The National Young People's Charter

The National Children's Charter / National Young People's Charter was launched by Tusla in June 2017 (see Appendices 3 and 4). This was developed in collaborative consultations with 50 children and young people aged between 9 and 17.

The aim of the charter is to:

- Give children, young people and their families greater clarity about the quality of services they can expect from all Tusla staff members, how Tusla staff will interact with them to find solutions, and the principles that underpin this work.
- Provide all staff with a clear guide and reminder of what is important to children and young people with whom they work.

Seed Funding Projects for Children and Young People's Participation (2016 – 2018)

Under Tusla's PPFs Children's Participation Programme of Action, Tusla agreed to assist regions in exploring and developing participatory practice initiatives. Tusla made seed funding available to support new and developing initiatives that required initial or additional funding in order to progress. All seed funding projects engaged with children and young people and listened to their ideas and opinions, and what they want from a project / group, to further improve Tusla's participation culture. Funded projects included: youth leadership programmes, domestic violence peer education programmes, children in care focus groups, support groups for birth children of foster parents and the creation of a child friendly website. A total of 41 projects were funded between 2016 and 2018.¹⁰

⁹ This paper is available at: <https://www.tandfonline.com/doi/full/10.1080/09503153.2018.1483494>.

¹⁰ A full list of projects funded between 2016-2018 can be viewed at <https://www.tusla.ie/services/family-community-support/prevention-partnership-and-family-support-programme/participation/seed-funding-projects-for-children-and-young-peoples-participation-2016-201/>.



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Investing in Children Membership Award™

Investing in Children has been commissioned to introduce and develop a Quality Assurance process across Tusla to ensure that the collective voice of children and young people is embedded in a rights based practice. Projects applying for membership must be able to demonstrate that:

- There is a dialogue within the project with children and young people;
- There has been a tangible change as a result of children and young people voice;
- Children and young people who attend the project will confirm the above two conditions are met

Another element of these membership awards are “Agenda Days”. Children are invited to attend “Agenda Days™” to come together and discuss a particular idea or issue. Some important characteristics of these days include:

- It’s an adult-free environment
- It can be used with any age group
- It works best when seen as a start of a process, not an end (Tusla, 2018: 2).



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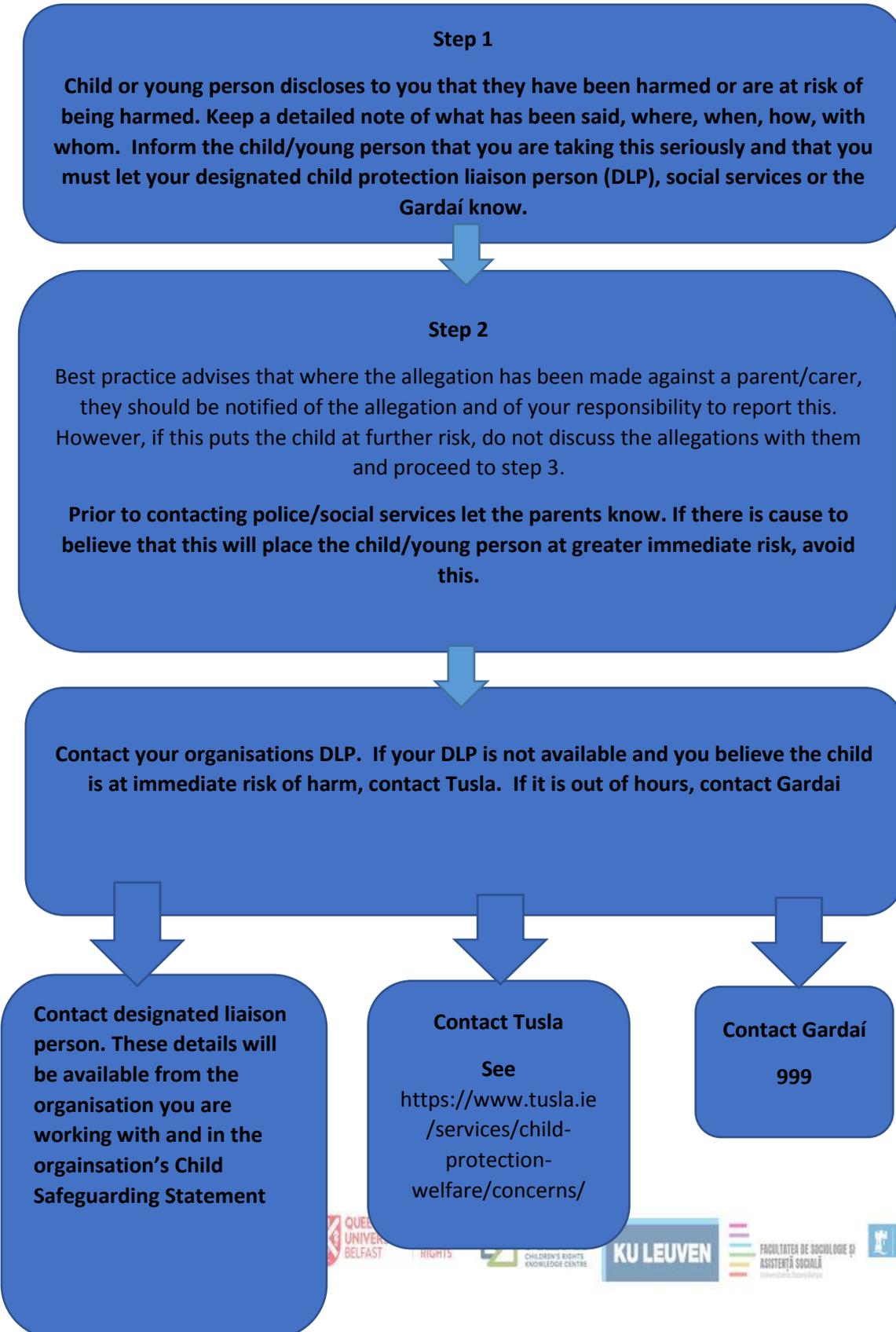


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Appendix 1: The Statutory Reporting Mechanism in Ireland for Children and Young People Experiencing Harm





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Step 4
Keep the child/young person with you until it is clear what the authorities planned response will be.

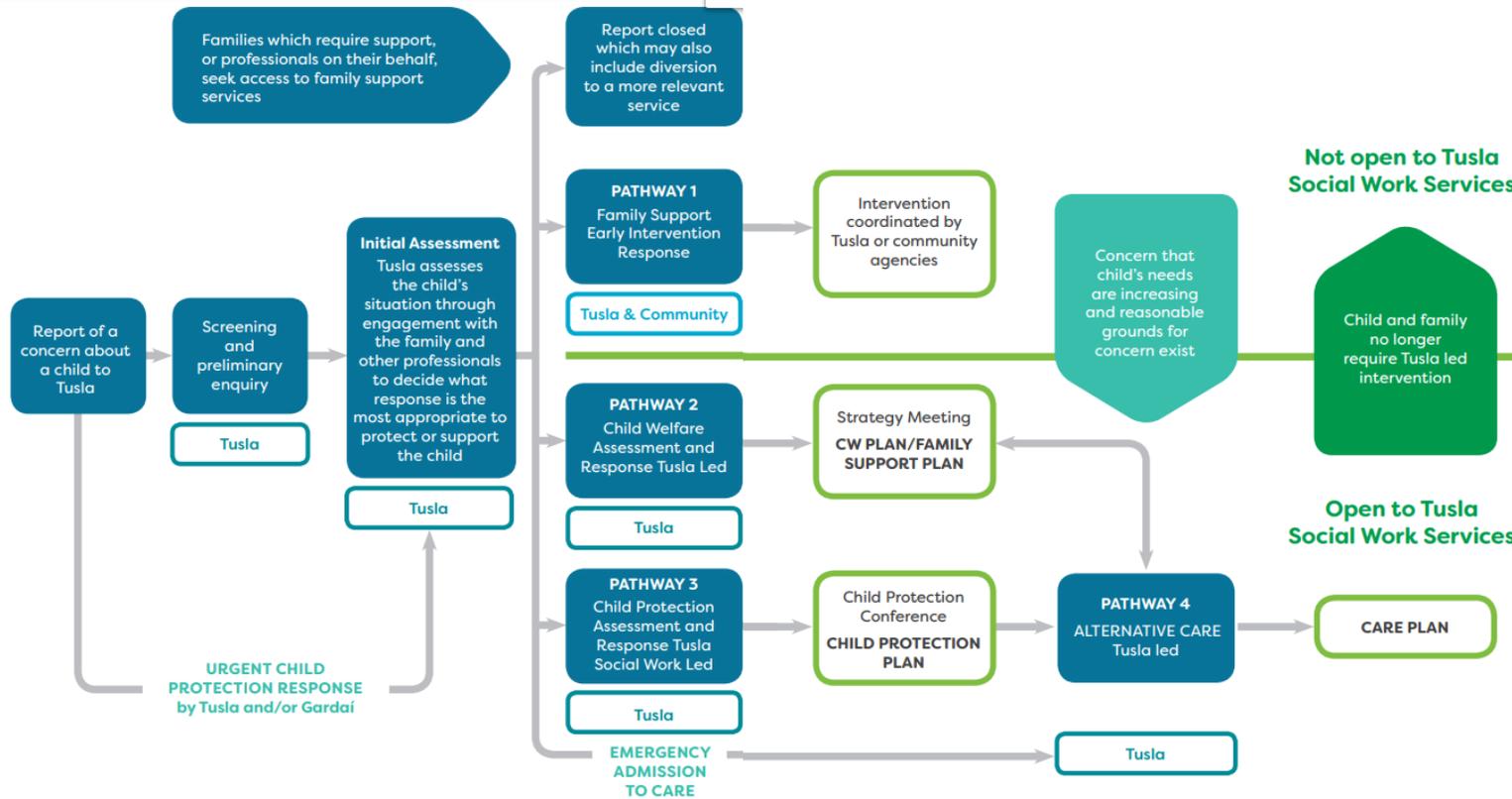


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Appendix 2: Pathway of a Child Welfare or Protection Concern Reported to Tusla (Department of Children and Youth Affairs, 2017: 60-61)





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Appendix 3: National Children's Charter

Ludwig Boltzmann Institute of Human Rights Research Association

include YOUTH



CENTRE FOR CHILDREN'S RIGHTS



KU LEUVEN

FAKULTATEA DE SOCIOLOGIE ŞI ASISTENŢĂ SOCIALĂ





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CHILD AND FAMILY RESEARCH CENTRE

TUSLA

NATIONAL CHILDREN'S CHARTER

This Charter says how all children will be treated by all Tusla staff. These are the key messages from children who took part in writing this Charter.

As CHILDREN we want Tusla workers to:

- Involve us in making plans and decisions.
- Treat us and our family with respect.
- Get us help and information from other services.
- Talk to us in private and where we are comfortable.
- Help keep us safe and away from harm.
- Think about the good and bad things in our life and our future.
- Be positive, friendly, and caring.
- Think about our mental health.
- Do activities we enjoy with us.
- Only share our information with others when they have to.
- Give our family help and advice to care for us.
- Give us information we can understand.
- Listen and talk to us.
- Give us time to trust each other.

Tusla workers will:

- Be suitable for their job.
- Respect children and put their best interests first.
- Listen to and involve children in plans and decisions.
- Give clear information about who they are, what they do, what will happen and when things will happen.
- Understand children and their situation.
- Build positive, caring and trusting relationships with children.
- Meet children where they are comfortable and have privacy.
- Help families to care for children.
- Respect children's privacy and confidentiality as far as possible.
- Get children other services when needed.
- Be realistic and honest about what Tusla can do.



The ATLANTIC Philanthropies



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A11 Gateway to Equality

CHILD AND FAMILY RESEARCH CENTRE

Ludwig Boltzmann Institute of Human Rights Research Association

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CENTRE FOR CHILDREN'S RIGHTS



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Appendix 4: National Young People's Charter

Ludwig Boltzmann Institute of Human Rights Research Association

include YOUTH



CENTRE FOR CHILDREN'S RIGHTS



KU LEUVEN

FACULTATEA DE SOCIOLOGIE ȘI ASISTENȚĂ SOCIALĂ





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CHILD AND FAMILY RESEARCH CENTRE

TUSLA

NATIONAL YOUNG PEOPLE'S CHARTER

This Charter says how all young people will be treated by all Tusla staff. These are the key messages from young people who took part in writing this Charter.

As YOUNG PEOPLE we want Tusla workers to:

- Involve us in making plans and decisions.
- Treat us and our family with respect.
- Think about the good and bad things in our life and our future.
- Talk to us in private and where we are comfortable.
- Help keep us safe and away from harm.
- Do activities we enjoy with us.
- Be positive, friendly, and caring.
- Think about our mental health.
- Give us information we can understand.
- Get us help and information from other services.
- Give us time to trust each other.
- Only share our information with others when they have to.
- Listen and talk to us.
- Give our family help and advice to care for us.

Tusla workers will:

- Be suitable for their job.
- Understand young people and their situation.
- Respect young people's privacy and confidentiality as far as possible.
- Respect young people and put their best interests first.
- Build positive, caring and trusting relationships with young people.
- Get young people other services when needed.
- Listen to and involve young people in plans and decisions.
- Meet young people where they are comfortable and have privacy.
- Be realistic and honest about what Tusla can do.
- Give clear information about who they are, what they do, what will happen and when things will happen.
- Help families to care for young people.



The ATLANTIC Philanthropies



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A11 Gateway to Learning

CHILD AND FAMILY RESEARCH CENTRE

Ludwig Boltzmann Institute of Human Rights Research Association

include YOUTH



CENTRE FOR CHILDREN'S RIGHTS





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Appendix 5: Checklist for Practitioners





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<p>Am I respectful towards the child/young person? <i>For example, have I been on time for appointments? Have I been appropriately dressed? Have I spoken in an appropriate tone of voice? Did I give them sufficient time to think about what I am saying and what may be happening?</i></p>	
<p>Have I considered their best interest first and foremost? <i>For example, have I thought about the child/young person's whole life? Have I thought about a range of solutions? Are they as safe as possible?</i></p>	
<p>Am I listening to the child/young person? <i>For example, did I give the child/young person enough time to speak? Am I clear that I fully understood what they told me? Did I check my understanding with the child/young person? Did I get their views on the plans for them?</i></p>	
<p>Do I give the child/young person clear and sufficient information? <i>For example, do I explain who I am, what my role is and why I am here? Do I clearly explain the next steps? Do I tell them when I will see them again?</i></p>	
<p>Do I fully understand the child/young person's life and views? <i>For example, do I check my understanding with the child/young person? Do I ask about their lives outside the 'problem'? Do I have enough information on the child/young person's whole life?</i></p>	
<p>Am I positive towards the child/young person? <i>For example, is my body language, facial expression and tone of voice positive and open? Have I identified the positives in the child/young person's life? Am I focussed on positive and helpful interventions? Am I positive about the child/young person's future?</i></p>	
<p>Am I building a caring and trusting relationship with the child/young person? <i>For example, have I told or shown the child/young person that I care about them and their situation? Do I give the child/young person enough time to trust me? Do I show a genuine interest in the child/young person's well-being and life? Do I keep to the arrangements I make with the child/young person?</i></p>	
<p>Do I meet the child/young person where they are comfortable and have privacy? <i>For example, do I give the child/young person a say in where we meet? Do I offer them breaks, drinks or snacks in meetings? Do I make sure we are not interrupted or overheard when discussing sensitive matters?</i></p>	
<p>Do I help families to care for their children/young people? <i>For example, am I respectful towards the child/young person's family? Do I consider additional services that might help? Do I give families enough information on supports and options? Am I as accessible as possible to families?</i></p>	
<p>Do I respect children/young people's privacy and confidentiality as far as possible? <i>For example, do I explain when I need to share information and who with? Do I ensure that I only share information when necessary?</i></p>	
<p>Do I think about services children/young people need outside of Tusla? <i>For example, do I consider the physical and mental health needs of children/young people? Do I have and share sufficient information about other services? Do I have links with other services that I can refer children/young people and families to?</i></p>	
<p>Am I realistic and honest with children/young people and families about what Tusla can do? <i>For example, do I clearly explain what Tusla can and cannot do? Can I answer questions in a child friendly way about Tusla's role and responsibilities?</i></p>	