

OPENING STATEMENT

TO

**MEMBERS OF THE
JOINT COMMITTEE OF THE OIREACHTAS
ON CHILDREN AND YOUTH AFFAIRS**

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INTRODUCTION

Chairman, Vice-Chair, members of the Committee, thank you for the opportunity to address the Joint Oireachtas Committee today to discuss current issues arising in foster care services in Ireland. There are a number of important aspects of foster care services which require consideration and my opening statement will address the following areas:

- Introduction and context
- Achievements since the establishment of Tusla – Child and Family Agency
- Signs of Safety – a national model of practice
- Risk-sophisticated Practice
- Foster Care in Ireland
- Private Foster Care
- Out of hours service
- Inter-agency collaboration
- Recruitment and Retention
- Media coverage
- Dr Shannon’s report

INTRODUCTION AND CONTEXT

In 2016 Tusla received 47,399 referrals of which only 43% (20,127) proceeded to initial assessment following a preliminary enquiry. This highlights that a large amount of social work activity is occurring in screening and initially assessing cases that do not require on-going social work intervention. However, these cases may require access to family support services led by other relevant professionals or agencies and supported by Tusla. A key objective for Tusla is to ensure children and families receive the right service at the right time and that we maintain social work input only for those children who require that level of intervention. I will discuss later Tusla’s recently launched Child Protection and Welfare Strategy which will underpin this work and also our plans to introduce risk-sophisticated practice in the way we intervene with people’s lives and influence patterns of referral.

With respect to the provision of foster care services, there were 6,308 children and young people in care at the end of Q1 2017 of which 92% (5,819) were in foster care – with both general and relative carers. This means that each of those 5,819 children and young persons, who for one reason or another cannot live at home, is being cared for in a family setting, oftentimes by their own extended family and within their own community setting with all of

the associated benefits of educational continuity, access to friends and their regular sports and social activities. Ireland's performance in this area compares favourably with other jurisdictions i.e. England 75% and Northern Ireland 80%.

ACHIEVEMENTS SINCE ESTABLISHMENT

Tusla – Child and Family Agency was established in 2014 following a recommendation made by the Task Force on the Child and Family Support Agency in 2012. Its establishment was in the context of the tragic circumstances set out in 29 inquiries and reviews and 551 recommendations.

We always endeavour to be open and transparent if mistakes are made. While a number of cases have recently been the subject of media attention, and I will refer to media coverage later in this statement, there is evidence that children are safer now, in 2017, as a result of the establishment of Tusla and I set out below some of the evidence upon which I rely to make such a statement:-

- The Child Protection Notification System is now available on a 24 hour basis. This means that An Garda Síochána, hospital staff and GPs who have concerns about clients presenting for services have access to information on vulnerable children and families.
- Since establishment the number of unallocated cases has reduced by 29% and those in the category of high priority have reduced by 70%. So all of those children and young persons who have had their cases managed and who have now been allocated a Social Worker or referred on to appropriate services are safer. These reductions are in the context of a significant increase in the number of referrals received an increase of 34.9%.
- The introduction of the Special Care processes in August 2016 has ensured enhanced governance of the Special Care delivery including an on going reduction in the number of children approved and awaiting Special Care intervention. This ensures a timely and proportionate response to this cohort of young people requiring short-term stabilising and safe care in a secure therapeutic environment.
- The provision of national coverage of an emergency out of hours service enhances the safety of those children and young persons presenting outside core social work hours.
- 2016 saw an increase in the number of Early years Services inspected by Tusla by 51% from 1,326 in 2014 to 2,008 in 2016. These services were inspected by Tusla to ensure

compliance with Early Years Services Regulations 2016 under the Child Care Act 1991 and to enhance safety of children who attend these services.

- The 3,751 children who accessed and were supported by our Educational Welfare Service are assured better outcomes because of our intervention.
- 24,214 children and 16,806 families received a family support services in 2016 and this work, as part of Tusla's prevention, partnership and family support stream, prevents children entering the care system and provides the supports required to maintain them safely in their own homes and communities.

SIGNS OF SAFETY – A NATIONAL APPROACH TO PRACTICE

Since establishment in 2014, Tusla has led the most comprehensive reform of child protection, early intervention and family support services ever undertaken in Ireland and last month reached another key milestone in the programme of reform with the launch of Ireland's first Child Protection and Welfare Strategy. There are six elements to the strategy, all of which are interconnected and will work together to transform how we protect children as follows:-

- A national approach to practice
- Clear responsive pathways
- Positive learning environment
- Proactive relationships with partners
- Empowering our people
- Defined measureable outcomes

Tusla has selected the *Signs of Safety* as our national approach to practice and it is intended that this will be in place by October 2017. This 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. The heart of the *Signs of Safety* process is a risk assessment and case planning framework that professionals as well as the children and parents participate in. This represents a fundamental shift from a more paternalistic approach where the voice of the professional can drown out the perspectives of the child, parents and other family members. The *Signs of Safety* integrates professional knowledge with local family and cultural knowledge and helps keep the safety and well-being of the child at the centre of the work.

It is a risk assessment, risk management and case planning framework which balances a rigorous exploration of past harm and future danger alongside indicators of strengths and safety. The format encourages the practitioner to elicit, in common language, the professionals', the child's and family members' views regarding concerns or dangers, existing strengths, safety, goals, and day-to-day plans. The balance of looking at the dangers and the safety factors deepens the assessment; the emphasis on doing the assessment with the family allows for an open working relationship with the family and their network. These two factors differentiate this approach from usual problem-saturated risk assessments.

Qualitative and quantitative evaluation and research, and administrative data from jurisdictions around the world which have implemented *Signs of Safety*, consistently indicate the following outcomes:

- Families feel more empowered and are more able to understand and address the concerns and requirements of child protection authorities.
- The number of children removed from families reduces relative to the number of families with whom authorities work more intensively to build safety around the children.
- Practitioners report greater job satisfaction due to the clarity of the approach, the usefulness of the tools and the impact for the children and families.

RISK SOPHISTICATED PRACTICE

Tusla operates in an environment of uncertainty i.e. uncertainty about what has happened to the child and the impact this has had and what will happen when we intervene to protect them. We also operate in an environment of risk and when things go wrong, even where those events are unforeseen or could not have been prevented, this provokes an emotional response of anger and distress.

As part of our reform programme we hope to work with our key stakeholders to develop risk-sophisticated practice and define the Agency's risk appetite. Through this work we hope our Minister and departmental colleagues, our politicians, our partner agencies, our regulators and our commentators will engage with us to ensure a collective understanding of, and intelligent response to, risk management.

In this way, while remaining accountable at all times, Tusla can move away from the any notion that risk management means risk eradication – there will always be children at risk. We can also move away from the impossible societal expectation that all children will be safe – low probability incidents can and will happen. We can move from a blame culture with its associated defensive practice and recruitment and retention difficulties. Our staff accept accountability, but should be judged by reasonable standards and not blamed because of the distorting effect of hindsight makes it seem obvious now that the child was in danger then.

Furthermore, if we can collaborate in this risk-sophistication with those who make referrals to our service, maybe we can start to address the more than 27,000 referrals received each year which are screened out of our service.

FOSTERCARE IN IRELAND

As set out above, 92% of children in care are within a family setting and this compares favourably with other jurisdictions. At the outset I wish to acknowledge my respect and admiration to those foster carers who open their homes and dedicate their time to children who cannot live with their family as they are the backbone of our child protection system.

In the provision of foster care, as part of a continuum of services provided to children and young persons, Tusla strives to adhere to the National Standards for Foster Care developed in 2003. The standards set out what is expected for the child and young person in foster care, the foster carer and the activities of Tusla and cover every aspect of the service. The Health Information and Quality Authority (HIQA) inspects Tusla to measure our compliance with the National Foster Care Standards. Where such reports make recommendations Tusla prepares an action plan which is tracked and monitored to ensure that improvements are implemented.

There are particular challenges within foster care relating to allegations against carers and the assessment of relative carers and these have been highlighted by HIQA also. In response to the former, Tusla has implemented an Interim National Policy for the Management of allegations of abuse in foster care thereby ensuring consistency of response and intervention across all functional areas. In respect of the assessment of relative foster carers, Tusla is in the process of completing a new Relative Assessment Framework which is anticipated to be fully operational by August 2017. It is important to note here that all placements with

relative carers have been screened by a Social Worker and deemed to be in the best interests of the child at that time. In this context it is the more detailed foster care assessment that HIQA have highlighted as an issue to be addressed. However, we do not believe relatives necessarily require the same level of assessment as non-relative foster carers.

One of the standards in respect of the children in care relates to valuing diversity which requires Tusla to ensure that children and young people are provided with foster care services that take account of their age, stage of development, individual assessed needs, illness or disability, gender, family background, culture and ethnicity (including membership of the Traveller community), religion and sexual identity. This can often present as a conflict with other standards and a Social Worker may have to balance a decision as to whether it is in the best interests of the child to remain within the community where they are or to be placed with a relative but which may mean moving to another area in the country with the associated change of school etc. However, such decision is always made with in the best interests of the child and consideration will also be given to the capacity of the placement to support sibling groups and the long-term stability of the placement. Where a placement outside of the child's community occurs care plans are put in place which ensures that the child or young person maintains strong contacts with their families and communities.

It is important to note that not every change of placement is indicative of a placement breakdown and many placement changes are to ensure that children are placed in a long-term stable environment.

PRIVATE FOSTER CARE

Foster care can be provided by Tusla, or by non-Statutory, voluntary or private fostering agencies. Placements in non-Statutory agencies are governed by:

- The Child Care Act 1991;
- Child Care (placement of children in foster care) Regulations 1995;
- Children Act 2001;
- National Standards for Foster Care (2003);
- Guidelines: Non –Statutory Foster Care Agencies (2004).

Of the 5,819 children in foster care, 384 (6%) are placed with private providers and there are a range of factors giving rise to private placements, only one of which is the availability of

foster carers. In placing a child or young person in a private placement consideration is given to the level of support required by the child as it is often the case that in complex cases additional levels of therapeutic support are required and these are not always available from the state.

Further, private providers often have the capacity to provide 24 hour support, respite services, additional therapeutic services and dedicated link workers with protected case loads. The nature of the service provided in complex cases is reflected in the associated costing structure and Tusla has proactively engaged with providers to agree these costs and monitors this spend closely, see additional information provided herewith.

It is of note that 39 (10%) of the 384 placements in private care are in respect of separated children seeking asylum and a significant number of the remainder relate to young persons aged 18+ or children with a disability requiring specialist intervention.

However, coupled with the environment described above, it is also acknowledged that there is a general shortage of foster care placements in some areas and the increased demand for specialist services which cannot be met within existing resources.

OUT OF HOURS SERVICE

Tusla developed an Emergency Out of Hours Service (EOHS) which has been operational since November 2015. The purpose of the EOHS is to co-operate with and support An Garda Síochána in the execution of their duties and responsibilities under section 12(3) of the Child Care Act, 1991 and referrals made under Sect 8.5 of the Refugee Act, 1996.

Currently there are dedicated teams for Dublin/Kildare/Wicklow and separately for Cork who provide a round the clock service as well as back up emergency residential care for children and young persons who require placements.

For the rest of the country an on-call service is available to An Garda Síochána to provide specialist guidance, advice and information should they request it in the context of their obligations under Section 12 of the Child Care Act.

INTER-AGENCY COLLABORATION

The reports which gave rise to the establishment of Tusla thoroughly document that in spite of efforts of staff from varied agencies, the fragmentation and silos that existed in services at that time was the systemic cause of the failure to meet children's needs and since establishment we have worked to establish effective inter-agency work with other bodies involved in child protection. This inter-agency work is the very cornerstone of child protection and includes collaboration with doctors, teachers, Public Health Nurses, An Garda Síochána, mental health services, disability services, hospitals, schools, etc. and this is always done in the best interests of children. I would like members of the Oireachtas to note that I am personally on record calling for a "*duty to co-operate clause*" in the review of the 1991 act to legislate for inter-agency co-operation.

With respect to An Garda Síochána specifically, at a local level there is regular liaison between Tusla Staff and An Garda Síochána to discuss individual cases and ensure joint working arrangements.

At a national level there are quarterly liaison meetings between senior Tusla officials and An Garda Síochána and as a result of this work a robust joint working protocol has been finalised in line with the new Children First guidance and Children First Act by Tusla and An Garda Síochána specifically in relation to Section 12. This protocol will build on the existing positive relationship, and will provide extensive guidance on a range of issues including:

- When to invoke Section 12
- Children at risk during office hours
- Delivering a child to the custody of Tusla during office hours
- Delivering a child to the custody of Tusla out of hours.

Tusla is also planning for joint Tusla/Garda child protection teams which are evidenced as being effective in other jurisdictions and we are seconding a senior manager to work with An Garda Síochána National Child Protection Unit to develop proposals in this regard.

Another initiative in which Tusla is to the fore is working in partnership with other state agencies and our partners in the voluntary sector to provide community-based creative, flexible, wrap-around intensive support to the most troubled youngsters as an alternative to

the more invasive models of service provided which do not have the same positive outcomes for children and young persons.

RECRUITMENT AND RETENTION

In 2016, Tusla established its own recruitment service *Tusla Recruit*, which in its first year of existence recruited a total of 584 WTEs, 365 of which were Social Work posts. Whilst this was offset by 309 exits comprising leavers and retirees, so far this year we are already on track to recruit at a faster rate than our rate of leavers and therefore the net increase is significantly improving. This is evidenced in the recent recruitment activity of 133 actual posts recruited in Q1 of 2017 against a target of 84 equating to a variance of +58% and I am confident that this trend will continue as the year progresses and am advised that a further 115 posts have been accepted by candidates and start dates confirmed.

It is important to note, however, that there is a finite number of graduates each year and we are in competition with the Health Service Executive, private sector, hospitals and probation services for those graduates. Furthermore child protection is considered one of the most challenging roles and we are examining creative ways to recruit graduates from our own universities as well as targeting graduates from other jurisdictions. In this regard we are in discussions with DCYA to scope creative ways of both recruiting and retaining social workers including terms and conditions and the rolling out of senior practitioner status across all teams in order to maintain experienced social workers in front line practice. We have also established protected caseloads for new graduates and enhanced supervision for new graduates to improve retention rates.

MEDIA COVERAGE

Media coverage is challenging for us for a number of reasons, one of which is that because of reasons of confidentiality, we cannot comment on individual cases. This gives rise to stories in the media which not only lack context, but at times entirely mis-represent the facts of a case. We are given little or no opportunity to present information on how social work decisions are based on professional judgement and on the balance of evidence and information available which is sometimes conflicting, ambiguous and partial. However, we always endeavour to intervene in a way that is appropriate, proportionate and timely. Members of the Oireachtas will be aware that Tusla has been equally criticised in the media for removing a child from a placement and for leaving children in a placement. These

criticisms leave without any opportunity to respond to the factors giving rise to these decisions and again, reverting back to my earlier point, it is extremely important to realise that there are no risk-free decisions. Removing a child from home or a foster placement can inevitably cause significant trauma and loss, therefore the need to protect children needs to be carefully balanced with the loss they may experience by removal. And sometimes consideration needs to be given to whether the risks presenting can be addressed by other safety measures in order maintain the placement in the best interests of the child. These are extremely complex and difficult judgement calls.

In respect of recent media coverage of specific cases, I have worked closely with the Chief Operations Officer to review each of these cases, at least one of which is subject to court processes which will provide a robust scrutiny in respect of our decision making.

There has been some commentary in respect of children returning home following their removal under Section 12 of the Child Care Act and it is important to understand that there are a range of factors which contribute to a decision about whether or not a child can be safely returned home. This is further nuanced by decisions as to whether or not children and young persons can be safely placed in foster care or residential care and occasionally this would not be a safe option for the young person because of their presenting behaviours which may need to be managed in a different environment. This can be contextualised by the cohort of young persons who are referred by An Garda Síochána through Section 12, a significant proportion of whom are in the 15-18 years age bracket and who present with complex behaviours including addiction, criminal behaviours or mental health issues.

However, returning a child or young person home, once the crisis has been managed, is an extremely positive outcome. Tusla manage these crises and where it is safe to do so we return the young person home with a robust care plan and supports in place if required and in most cases this is also the wish of the young person.

As an interim exercise, the Chief Operations Officer has conducted an audit of Section 12 cases in one county between January and May 2017. We can report that there were 14 occasions where An Garda Síochána invoked Section 12. Four children were placed in the care of Tusla, including a new born baby, and the remaining 10 families continue to have on

going social work support within their homes and communities. One of these cases is due for closure shortly.

SHANNON REPORT

In respect of the Shannon Report I can confirm that this was commissioned by An Garda Síochána for An Garda Síochána and no member of staff was interviewed as part of the methodology for conducting the review or writing the report. I can also confirm that the findings of the report when complete were discussed with Tusla.

Tusla has requested An Garda Síochána to provide identifying details in respect of the cases referred to in Dr Shannon's report in order that we can review each to ensure it adhered to the highest standards of practice.

CONCLUSION

Finally, I would like to thank you for inviting myself and my colleagues to appear in front of the Committee today to provide clarity and context to the work that we do, specifically around foster care.