

# DÁIL ÉIREANN

---

## AN COMHCHOISTE UM LEANAÍ AGUS GNÓTHAÍ ÓIGE

## JOINT COMMITTEE ON CHILDREN AND YOUTH AFFAIRS

---

*Dé Céadaoin, 28 Meitheamh 2017*

*Wednesday, 28 June 2017*

---

Tháinig an Comhchoiste le chéile ag 9 a.m.

---

The Joint Committee met at 9 a.m.

Comhaltaí a bhí i láthair / Members present:

Teachtaí Dála / Deputies	Seanadóirí / Senators
Kathleen Funchion,	Máire Devine.
Tom Neville,	
Jan O'Sullivan,	
Donnchadh Ó Laoghaire,	
Anne Rabbitte.	

Seanadóir / Senator Joan Freeman sa Chathaoir / in the Chair.

## **Business of Joint Committee**

**Vice Chairman:** As we have a quorum, I call the meeting to order. Apologies have been received from Deputy Lisa Chambers. I welcome all those present to this meeting of the Joint Committee on Children and Youth Affairs. During session A, members will hear from me. I ask them to go easy on me. We will also hear from Mr. Peter Hughes, general secretary of the Psychiatric Nurses Association, and Mr. Gareth Noble, children's law specialist, on the Seanad Public Consultation Committee's work on children's mental health services. During session B, the committee will hear from Dr. Geoffrey Shannon, special rapporteur on child protection, regarding issues arising from the audit of the exercise by An Garda Síochána of section 12 of the Child Care Act. My contribution will only serve to inform members because the work by the Seanad Public Consultation Committee will start tomorrow. Members can ask questions if they wish but I will only really be informing them about what will happen tomorrow. I propose that the committee goes into private session to deal with housekeeping matters. Is that agreed? Agreed.

*The joint committee went into private session at 9.05 a.m. and resumed in public session at 9.20 a.m.*

*Senator Máire Devine took the Chair.*

## **Children's Mental Health Services: Seanad Public Consultation Committee**

**Acting Chairman (Senator Máire Devine):** I welcome Senator Freeman, whom we all know well; Mr. Peter Hughes, general secretary of the Psychiatric Nurses Association, in respect of which I must declare an interest as I am a member of the Psychiatric Nurses Association so I know Mr. Hughes quite well; and Mr. Gareth Noble, a children's law specialist. Céad míle fáilte - they are very welcome. They are here to present to us the Seanad Public Consultation Committee's work on children's mental health. I thank them for appearing before the committee.

I must deal with some housekeeping. Before we commence, in accordance with procedure, I am required to draw the witnesses' attention to the fact that by virtue of section 17(2)(1) of the Defamation Act 2009, they are protected by absolute privilege in respect of their evidence to this committee. However, if they are directed by the committee to cease giving evidence on a particular matter and continue to do so, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person or entity by name or in such a way as to make him, her or it identifiable.

Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the Houses or an official either by name or in such a way as to make him or her identifiable. I remind members and witnesses to turn off their mobile phones or switch them to flight mode. Mobile phones interfere with the sound system, make it difficult for parliamentary reporters to report the meeting and adversely affect television coverage and web streaming. I also advise the witnesses that any submissions or opening statements they make to the committee will be published on the

committee website after this meeting.

I understand the witnesses will make short presentations and I now invite them to do so. We commence with Senator Freeman.

**Senator Joan Freeman:** I reiterate that this presentation aims to inform the committee of what will happen tomorrow on Ireland's very first public consultation day on mental health. I thank Mr. Gareth Noble and Mr. Peter Hughes for coming to help me with today's meeting.

The public consultation day on children's mental health in Ireland is a unique opportunity for our nation to address the provision of mental health services for children and adolescents in Ireland. I hope the publication of the report will bring to the attention of the Government the challenges that face this country in providing even a somewhat adequate mental health service for our children, whose disposition to mental health issues is increasing. The mental and emotional struggles of our young people have expanded dramatically in the past decade alone. New phenomena exist such as cyberbullying and self-image pressure from social media which put increased pressure on an already vulnerable category of youth identity. Children between the ages of 15 and 17 have the fifth highest rate of suicide in Europe, and in recent months there has been a dramatic increase in suicide among young teenage girls. In a country which purports to put the interests of such children first, we need to identify whether we are delivering on this commitment.

The purpose of the Seanad Public Consultation Committee is to hear the testimony of service users and service providers who work in the child and adolescent mental health services, CAMHS. On this point - I know this is not in my written submission - this is not about the hard-working men and women on the front line of our CAMHS and other services; it is about us looking at the system that surrounds our mental health services for children. Under no circumstances do I want to give the impression that we are criticising the people who work on the front line. Over the past month or more, the Seanad Public Consultation Committee members and I have received in excess of 100 submissions from service users, including mothers, fathers and adolescents, and service providers - consultants, nurses, social workers and lobby groups - across the country.

Eleven years have passed since the policy document governing the delivery of these services, A Vision for Change, was published in 2006. As with many of these documents, there is a lot of vision but very little change. I wish to direct members' minds momentarily to the static nature in which our services have remained since the publication of A Vision for Change. The reality is that successive Governments have fallen significantly short in implementing the recommendations captured by the report in terms of provision of services, inpatient beds, consultant child psychiatrists and support staff, out-of-hours services and accountability on spending.

The declining amount of budget funding as a proportion of the overall health budget has further prompted a reduction in staff and inpatient facilities. We have been told that the mental health budget has increased and that it is approximately €850 million, but the mental health budget for children is only 6% of that overall budget. This is never highlighted. The reality is that 6% of the overall mental health budget is allocated to 23% of the people who make up our population, that is, the young people who need this funding and these services, yet demand increases. Referrals to CAMHS have doubled from 8,663 in 2011 to 13,062 in 2013. Increased levels of staffing do not meet this demand. Recruitment and retention of staff and availability of services are in stark contrast to the demands of a child population which has increased by an estimated 17.8% since 2006. There are 55 child psychiatric consultants to a population of 1.2

million children. Even trying to figure this out is challenging.

As the committee may be aware, I have introduced legislation in the Seanad seeking to ban the admission of children to adult psychiatric units. This has prompted a very important discussion on how these children end up in such units for short stays. By their nature, these admissions are a last resort and the reasons for the admissions generally arise of administrative expediency in a dysfunctional health system.

The submissions to the Public Consultation Committee make clear that the admissions are a consequence of structural shortcomings or cracks in the system, shortcomings that need to be exposed, such as the lack of services for 16 to 18 year olds, poor retention of personnel and a lack of collaboration between catchment areas. Often a child might be admitted to an adult unit as a result of an absence of beds or because of the non-availability of a child psychiatrist to perform the admission. In some cases, it might be because there is no closely located in-patient unit. These are not adequate justifications for a practice that is deemed to contravene the United Nations Convention on the Rights of the Child.

I have invited Mr. Gareth Noble who is a specialist child lawyer and who has more experience of the reality of these services. He, like many of the specialists in child law and those engaged in the provision of child and mental health services, is able to give a truer picture of the shortcoming of those services. Since being nominated, I have found the testimony of front-line workers to reflect the most valuable contribution to my learning in this area.

I am therefore inviting the members of this committee to support the public consultation day, to highlight the issues involved, to attend and to ask questions of those contributing if the member is a Senator, to be part of the implementation process when the recommendations are published and to create a space for the discussion of the findings as part of this joint committee in the next term. I thank the members for their time today.

**Acting Chairman (Senator Máire Devine):** Does the Senator anticipate questions or observations at this point?

**Senator Joan Freeman:** Questions to me or to the three of us? To be honest, it should not really be necessary at this point, but if anybody has a burning question I am happy to answer it. My statement was really just to tell the committee about what will be happening tomorrow. Perhaps when we come back in the autumn we could have the opportunity for people to make comments if they so wish. The findings will come out tomorrow and we will have a report by the autumn which I would like to present to the committee.

**Acting Chairman (Senator Máire Devine):** Perhaps the members could wait until the end for questions, comments, expressions of thank you or any revelations that anybody might have. We will move on to the next witness, who is Mr. Gareth Noble. He is very welcome.

**Mr. Gareth Noble:** I thank the Chairman, Vice Chairman and the members of this committee for inviting me here this morning to address some of the issues concerning the rights and challenges facing children and young people in accessing appropriate mental health services. At the outset, I would also pay tribute to the committee in supporting the consultation day tomorrow to highlight these issues with a view to taking forward substantive proposals to Government, the HSE and others to ensure that our mental health services are fit for purpose.

Ireland has a poor record in protecting and vindicating the welfare needs of children and a number of significant reports have highlighted, and indeed continue to highlight, these issues

across a range of areas. This is an important opportunity to remedy the continuing breaches of the rights of children, which have in recent times taken on even greater focus as a result of the referendum in 2012 to afford children greater constitutional protections and status in their own right.

I address the committee this morning as someone who acts for children and young people and their families in a range of welfare cases. Through my work I have witnessed at first hand the challenges families face in accessing mental health services at times of trauma and crisis. I have spoken to and advocated for many children directly who struggle with their mental health and well-being. I have collaborated closely with front-line staff employed by the HSE, Tusla and other public bodies who recognise and share many of the frustrations families and young people express and who feel powerless to effect meaningful change. Such change, they feel, can only come about when there is clearer direction and meaningful policy change from management and from Government.

The seminal document in reforming Ireland's mental health strategy was published in 2006, the year I qualified as a solicitor. It was entitled A Vision for Change. That strategy aimed to modernise our system and ensure better co-ordination and better practices. A vision that would deliver a nationwide service to ensure that community-based responses through CAMHS teams targeted resources in an effective way thereby intervening early to ensure a young person had a clear and speedy pathway to recovery. I regret to say that this vision has not been progressed and in many respects children are in a much worse position than they were prior to Vision for Change. The recent removal of 11 beds from Linn Dara in West Dublin for inpatient care for children; the fact that some 2,419 children and their families, in the most recent figures, are waiting in excess of twelve months for an appointment from CAMHS, 218 of whom have been waiting more than a year, 762 for more than six months; the fact that 15 counties in Ireland remain without an out of hours and weekend crisis service; and the fact that up to 67 children were admitted to inappropriate adult wards in 2016, all represent an unacceptable series of ongoing breaches of children's rights and constitute a serious dereliction in our duty of care towards them.

I wish to offer the committee some observations on a number of these issues. The first of these is the issue of children being admitted to adult psychiatric wards. I strongly welcome and support the publication of a Bill by the Vice Chairman of this committee in December 2016 to ensure that no child under the age of 18 is placed in an adult psychiatric unit. As far back as November 2006, the Mental Health Commission issued a code of practice relating to such admissions pending the ending of such a practice by 2011. This has never been done. It is my view that such a continuing practice is a potential breach of many legal rights instruments including Article 24 of the UN Convention of the Rights of the Child and indeed our own Constitution in respect of the personal rights guaranteed by Article 40.3, Article 43 and most recently by Article 42 A. At a European level the practice could well constitute a breach of Article 3 of the European Convention of Human Rights which, *inter alia*, prohibits degrading treatment. Article 8 of the same Convention promotes and provides a right to respect of one's private and family life. There are serious legal issues arising from this continuing practice.

Adult psychiatric facilities are not the American celebrity clinics we see on television with a gym and samba lessons. They are challenging and difficult environments populated by very vulnerable individuals who often present with a range of mental health concerns. Some exhibit huge levels of distress and can on occasion be physically threatening. Such situations are difficult to manage and deal with for all concerned and yet we are asking the most vulnerable of

teenagers who are exposed to such situations to cope with them on top of their own challenges. My experience is that they cannot and nor should they have to. I have seen examples of young people returning home having been exposed to such environments and being lost forever as a result of such traumas.

Effective recovery can only happen within the confines of a dedicated, safe and appropriate facility. I have spoken and acted for many young people and families who talk about the sense of loneliness, rejection, fear and isolation in adult psychiatric facilities, often far from home. In contrast I have visited adolescent facilities where I have seen at first hand how young people supporting one another do so within a context where their care is managed by appropriate specialists in adolescent care and where that sense of fear and isolation can be massively mitigated. We have a moral, political and legal duty to children and this Bill is a crucial first step in achieving better outcomes for children in situations of crisis and for their families.

With reference to the CAMHS teams, I have seen a number of instances where admissions to adult units are sanctioned most reluctantly by treating professionals who accept the undesirability and problems inherent in such admissions. It is also clear that professionals are most anxious that children do not remain in hospital any more than is required. It is important, however, that such discharges are in the context of an appropriate step-down plan into the community and which involve services such as those provided within the multidisciplinary framework of CAMHS. I have spoken to many parents who leave hospital facilities with their children without an appropriate onward community-based plan to ensure that continuum of care. Some leave without having been re-engaged in community services or who have to go on waiting lists once again to access such services.

Reintegration plans with an appropriate suite of supports are essential if children and young people are to move on with their lives. We have all seen reports from the coroners' courts of the particularly fragile position of many young people discharged from in-patient care without the necessary supports and the truly awful consequences that such a lack of care may ultimately lead to. Similarly, long awaited protocols must be fast tracked to ensure that every young person nearing the end of their childhood and who may require ongoing care beyond the age of 18, has a transition plan in place and be consulted about it. It is to be noted in this regard that some conditions such as ADHD, diagnosed in childhood, is not a condition that adult mental health services provide for.

I referred earlier to the scandalously long waiting times for appointments with CAMHS. This is not the only observation, gravely serious though that issue is. It is of some concern and note that CAMHS have not issued an operating report since 2014, notwithstanding the fact that annual reports were envisaged by A Vision for Change. If children and their parents were to report to members of this committee and to the wider public, what would they say? Would they point to the fact that staffing levels required in regard to an increase in demand for such services have never been provided? Would they point out that many child and adolescence mental health services, CAMHS, teams are excluding many young people from their services because they do not fit within the increasingly strict confines of their criteria and the lack of flexibility regarding same? Children with a dual diagnosis who experience mental health concerns but who are also on the autism spectrum and children with mental health challenges who have also substance misuse issues are often falling between the cracks in accessing services. "It is someone else's responsibility", "A different service is required", "Join the end of that queue" and the game of pass the parcel getting into full swing is an all too familiar experience for so many. The lack of meaningful engagement and support by service providers is leading to infinitely more

pressure on children and families and a sharp deterioration in the quality of life for such people, with all the added costs which ensue as a result of such an approach.

Children between the ages of 16 and 18 are often referred to as the Cinderella age in accessing mental health services. They are too old to avail of adolescent care and too young to access many other services. While children at the age of 16 can often provide consent for general health services and procedures, it remains a grey area in respect of psychiatric care and interventions. This has been acknowledged by the Mental Health Commission and further clarity in law is urgently required. Paediatric emergency departments are often accessible to children under 16 and therefore the emergency presentation of children between 16 and 18 occurs at adult hospitals, most if not all of which have woefully inadequate child psychiatry cover. We have seen instances in the past where young people aged 16 or over present at an accident and emergency department and require urgent assessment. Disputes have arisen between adult and child services as to which team should assess the young person.

Officially, CAMHS refers to services being provided for young people up until they reach adulthood. On the ground, however, there is massive inconsistency in this approach with a lack of referrals being accepted for children beyond their 16th birthday. Given that in 2010, 16 and 17 year olds constituted 68% of inpatient hospital admissions, the provision of care for this age group remains woefully inadequate. A full review of CAMHS and services and supports for this particularly vulnerable age group is required as a matter of priority. This is all the more important given the lack of clarity over the level of provision envisaged within the new National Children's Hospital for this age group and also noting the fact that new capacity legislation does not apply to minors.

In regard to children in the criminal justice system, it is reported by the Irish Penal Reform Trust and others that many prisoners in our system have undiagnosed and often untreated mental health conditions. Within the adult penal system, however, prisoners who meet the criteria for various mental health conditions can be treated at designated centres such as the Central Mental Hospital in Dundrum.

In the juvenile detention centre at Oberstown, young people with complex needs including mental health concerns are assisted by teams referred to as assessment and consultancy therapeutic service, ACTS. However, in contrast to the position for adults, such treatment can only be done within the confines of the Oberstown facility. There does not exist a designated centre within the child detention system as exists in the adult prisons through the Central Mental Hospital. For children with such acute difficulties, the ability and availability of professionals to treat such cases is avoidably compromised.

In regard to listening to the voices of young people and their families, this consultation day provided by members of this committee and the invitation of submissions is an important first step in identifying the strengths and challenges within our adolescent mental health services. Young people and their parents often fear the consequences of raising complaints and concerns, however valid. It is a reality that many parents who struggle to access vital services and who express concerns about their ability to cope with the challenges of a mental health crisis are often characterised in a manner which seeks to shift blame onto their ability and capacity to parent. I have acted for a number of parents who, in articulating their concerns about their ability to safeguard their children without appropriate supports, find themselves on the receiving end of a referral to Tusla. This has a chilling effect on parents and their ability to speak out. It is also a massive abuse of power to utilise Tusla in such a manner and a distraction from providing a pathway for much needed stabilisation and therapeutic recovery for the young person.

When a child is detained by the District Court on an involuntary basis upon application by the Health Service Executive, HSE, under the Mental Health Act 2001, certain provisions of the Child Care Act 1991 may also apply, including the giving of court directions concerning the welfare of the child and the appointment of a legal representative or a guardian *ad litem* to act as a voice for the child in those proceedings. We have seen in recent times through the child law reporting project further examples of just how important it is to ensure that the views and wishes of such children are fully represented. It is vital, therefore, that any reforms of the guardian *ad litem* system must ensure that the ability of the child to participate through their guardian is meaningful. This must continue to be provided for on an equal basis to other participants in court proceedings and must not, as appears to be proposed, dilute the voice of the child to witness status. That is against the interests of children and is in any case constitutionally dubious.

This committee has demonstrated, in its support for the public consultation day tomorrow, a proactive approach to leading a conversation on the specific requirements of a modern mental health service from the perspective of a child. Statutory obligations in regard to children refer to the rights and needs of the child being of paramount consideration. Using this as our guiding principle, we need to develop policies and services that truly do put children first. Senator Freeman's Bill is certainly consistent with that approach and I and many others at the front line urge the speedy progression and implementation of that Bill. I thank the Acting Chairman and the committee members for giving these issues their attention. I look forward to further engagement on these important issues.

**Acting Chairman (Senator Marie Devine):** I thank Mr. Noble for a fantastic presentation which opened our eyes in terms of these issues, especially the Tusla threat that hangs over parents when they seek help for their children. That was quite significant. I invite Mr. Peter Hughes, general secretary of the Psychiatric Nurses Association, to make a presentation.

**Mr. Peter Hughes:** I thank the members for the invitation to address the Joint Committee on Children and Youth Affairs. As general secretary of the Psychiatric Nurses Association, PNA, I want to highlight my concerns in regard to the CAMHS. The inadequacies and underinvestment in the current provision of CAMHS is something my union has consistently drawn attention to and I hope that the committee's interest in this area will help in addressing the many gaps in CAMHS that exist throughout the country.

In 2006, the Government policy on mental health, A Vision for Change, was published outlining a ten year plan for the provision of mental health services. Chapter 10 of that widely welcomed strategy outlined the recommendations for child and adolescent mental health services. Some of the key recommendations included two multi-disciplinary teams per 100,000 population; one liaison multi-disciplinary team per 300,000 population; one day hospital per 300,000 population; and that urgent attention should be given to the completion of the planned four 20-bed units in Cork, Limerick, Galway and Dublin and multi-disciplinary teams should be provided for those teams. That will result in 100 beds for CAMHS nationally.

Most important, A Vision for Change included in it a provision for an evaluation after five years to assess the progress in the delivery of CAMHS and whether it is meeting the needs of the population. Eleven years on, we must question the commitment to the recommendations in A Vision for Change.

The PNA, in partnership with the Royal College of Surgeons Ireland, RCSI, published research last year on the implementation of A Vision for Change in adult mental health services ten years on. The results were stark and disappointing. Among the findings were that 60% of



beds were closed yet only 30% of the recommended community services were put in place; there were no 24-hour crisis intervention services as recommended; we are currently conducting research, phase 2, in partnership with the RCSI, into the specialist elements of A Vision for Change, inclusive of CAMHS. Early indications suggest that 37% of the recommended multi-disciplinary teams as outlined in A Vision for Change are operational; 53% of the liaison services are in operation; and 52 beds are operational out of the 100 recommended beds. That figure has reduced in recent weeks to 48. This research will be concluded by quarter 4 of this year.

The population of children nationally is expected to increase by 8,530 between 2016 and 2017, which is consistent with the percentage growth annually in the past decade. That projection, coupled with the expansion of the free GP scheme, will create an additional demand on child and adolescent mental health services.

I also wish to make reference to the appalling situation of young homeless children currently living in hotels, guest houses and short-term accommodation. Not only does that increase the level of mental distress on those involved, that transient situation complicates the follow-up of the children as they are transferred from one CAMHS to another as their accommodation moves.

According to the mental health division operational plan for 2017 there are 74 multidisciplinary teams. A Vision for Change recommended two teams per 100,000 population, which equates to 94 teams, so we have a shortfall of 20 teams. According to recent research we conducted, only 50% of the recommended teams are in operation in the greater Dublin area and most of them are not fully functional as they are missing many disciplines. There are four day hospitals nationally. A Vision for Change recommended one for every 300,000 population, which equates to 15 hospitals. This means we have a shortfall of 11 day hospitals. There are 74 CAMHS beds nationally. A Vision for Change recommended 100. However, only 48 of these are operational nationally due to staff shortages and, in particular, nursing shortages. There are 20 beds in Cork, but until recently the unit only had the capacity for a maximum admission of 15 children. This has now been reduced to 11 due to nursing staff shortages. St. Joseph's unit in Fairview has 12 beds, but only six are operational due to nursing and medical staff shortages. The Limerick unit never materialised and the 20-bed unit in Galway is fully operational. Linn Dara in Dublin, a new purpose built 22-bed unit, which only opened 18 months ago, has in the past three weeks closed 11 beds due to nursing shortages. The unit has only 50% of the nursing resource required. These 11 beds have been closed despite a list of 20 children awaiting admission.

We know all too well that the net result of these bed closures and under-provision in CAMHS is to further increase the unacceptable admission of children to adult mental health units. We witnessed a stark example of this just last month, with the admission of a 16-year-old to the adult mental health unit in Waterford. To add to the trauma experienced by this child, we know that child had to spend the night sitting on a chair. To say, 11 years after the publication of the A Vision for Change strategy, that this is totally unacceptable is, if anything, an understatement. Child and adolescent mental health services are in crisis and, as outlined, the provision of services is deteriorating rather than improving. The children and parents of our country are being let down by the non-implementation of policy and the lack of commitment or urgency in addressing the crisis. And yet we know, and have known for ten years, what needs to be done to address the crisis.

As a matter of urgency, the 100 beds as recommended need to be provided and staffed in

order to provide quality therapeutic care and prevent further admissions of children to adult mental health units. The number of community mental health teams needs to be increased, as recommended. They need to be fully staffed and expanded to provide out-of-hours home-based services. The criteria for clinical nurse specialists are too stringent and need to be adapted in the short term to facilitate an increase in applicants. There are approximately 20 unfilled clinical nurse specialist posts nationally, mostly due to insufficient applicants as the criteria are too strict.

The 15 day hospitals as recommended need to be provided. Of course, the full implementation of these measures will only come if there is a substantial increase in the budget for mental health services, which currently stands at 6.4% of the health budget. Bizarrely, and probably only in Ireland, we have witnessed a situation where despite the growth in demand for mental health services across the board there has been a steady reduction in the mental health budget as a percentage of the overall health budget. In 1984 the budget was 13% of the health budget, in 1994 it was 10% of the health budget and in 2004 it was 7.1% of the health budget. As can be seen, the commitment to mental health services is diminishing each decade, yet the demand has never been greater. It is little wonder the previous Taoiseach, Deputy Enda Kenny, admitted in the Dail on 23 May that mental health services have been neglected for over 30 years, and were, as he put it “the Cinderella of many Health Service Executive Votes and Department of Health Votes”.

Sadly, when we look at the mental health budget it is hard not to conclude that A Vision for Change was used as a cost-saving measure on the backs of those with mental health issues. Too often we have seen the closure of beds with paltry investment in community services. We are struggling to provide vital services while trying to manage a severe shortage of psychiatric nurses, largely due to the fact that our highly skilled and committed nurses are being forced to leave the Irish health system for better pay and terms and conditions in the private sector, the UK, Australia and Canada, to name but a few of the market competitors. Who can blame them, when there is a consistent failure to address realistically the issues of pay and conditions for nurses? At the end of the day, this is the only realistic solution that will stop the haemorrhaging of our nurses abroad and encourage those abroad to return.

I thank the committee for the opportunity to briefly outline the extent of the ongoing crisis in child and adolescent mental health services, which we know is impacting severely on the children and parents of this country. I assure the committee that the Psychiatric Nurses Association is determined to see the issues in CAMHS addressed before they deteriorate even further, and we would welcome the committee’s support in achieving the provision of properly resourced and staffed CAMHS that meets the needs of children, families and communities throughout the country.

**Acting Chairman (Senator Máire Devine):** I thank Mr. Hughes. I am cognisant of the time and Dr. Geoffrey Shannon has been waiting for a while. Does anybody have very short questions?

**Deputy Tom Neville:** I thank the witnesses for their presentations and for what they have outlined. If we were to prioritise quick wins in how to fill the gaps, how would the witnesses prioritise these wins? What is the first area we need to attack? Is it the nursing crisis or the number of beds? How would they tier, from a priority point of view, where we would attack?

**Mr. Peter Hughes:** There is a nursing crisis but there is also a consultant crisis in CAMHS. The consultant from the Wexford service is on leave and there has been no replacement so that

is another gap. A number of areas need to be-----

**Deputy Tom Neville:** I do not mean to put Mr. Hughes on the spot, but often when dealing with services we have to prioritise the first and second issues we need to hit.

**Mr. Peter Hughes:** If we take the example of the Linn Dara service, 11 beds have been closed, directly because of nursing shortages.

**Deputy Tom Neville:** So Mr. Hughes reckons the nursing shortage is the issue.

**Mr. Peter Hughes:** Yes.

**Senator Joan Freeman:** To follow on from that, it would solve many problems if the recruitment and retention of staff was addressed. It needs to be addressed.

**Deputy Tom Neville:** Where I am coming from-----

**Acting Chairman (Senator Máire Devine):** I apologise to Deputy Neville, but I am really under pressure.

**Deputy Tom Neville:** The recruitment process for nurses works in other areas so we need to find out why it is not working in the psychiatric service. In Limerick a number of nurses were hired recently for the accident and emergency department.

**Deputy Kathleen Funchion:** I commend the three speakers, particularly Senator Freeman and Mr. Noble, because many of my constituents deal directly with him and have fantastic things to say about him, so it is good to put a face to the name. I have a very quick question about preventative measures. We are very bad at preventative measures in the general area of mental health and particularly in the area of child mental health. Do the witnesses have an opinion on the introduction of play therapy as part of primary school or access to a play therapist? Many schools who are in the school completion programme have it but most other schools do not. Many people do not even know what play therapy is. I am big advocate of it and I wonder what is the opinion of the witnesses, given that it will not always work but in some cases it might be a preventative measure.

**Deputy Donnchadh Ó Laoghaire:** I can see elements of this, but I would like a comment on the role of CAMHS in the context of people presenting at accident and emergency departments. A situation arose in Cork recently whereby if a child had presented to either accident or emergency department in the city at, CUH or Mercy University Hospital, there would have been no CAMHS available to them, which is an issue of significant concern in Cork. I am sure it is an issue that probably arises generally. Are there significant shortfalls?

Recently, I had an interesting conversation with somebody working in the Bessborough Centre. He felt the area of infant mental health was quite underdeveloped. It is not something I am particularly familiar with. Is it dealt with in A Vision for Change? Is it an area that requires further development?

**Acting Chairman (Senator Máire Devine):** I will take the final question.

**Deputy Donnchadh Ó Laoghaire:** Will Mr. Noble clarify it because I did not understand?

**Acting Chairman (Senator Máire Devine):** What was the word Deputy Ó Laoghaire used?

**Deputy Donnchadh Ó Laoghaire:** I asked about infant mental health.

**Deputy Jan O’Sullivan:** I want to clarify the role of the committee. Senator Freeman said we will come back to this in the autumn and I support that. We will set time aside. The Joint Committee on Children and Youth Affairs cannot implement much of what we have heard. It is the responsibility of the health committee or the Department of Health.

Deputy Funchion raised the issue of play therapy and the well-being course is coming into the school system. We should look at a cross-departmental response to all of this because, as the children’s committee, we do not have the power to deal with much of this. We need to engage with the education and health committees to identify what specifically can and must be done to address the issues that have been raised. I thank the witnesses for their presentation.

**Deputy Anne Rabbitte:** I am sorry; I had to step out of the room. I thank the witnesses for their presentations. Most importantly, I thank Mr. Gareth Noble for his presentation. It is the one that should be liked and shared across multimedia because it echoed what I have experienced in my constituency clinic, as have many others. My personal assistants and everyone else are hearing about it on a daily basis. The Cinderella age in this regard is 16 and 17. Their parents are feeling it. They do not know where to go and they fall between the stools completely. I asked an awful lot of questions previously about where we are with regard to A Vision for Change and 82 positions remain unfilled. The building of the multidisciplinary teams and the number of beds required are also issues. It is only the start of a conversation but it is a conversation that has been going on for 11 years. People are highly frustrated. I am newly elected. I compliment the witnesses on what they have done this morning. Their contribution was absolutely fantastic. I thank Senator Freeman for the opportunity to discuss the issue.

**Mr. Gareth Noble:** I will address a number of the issues. On the play therapy issue, in child care proceedings where children are taken into the care of the State, we are seeing much more emphasis on child therapy and all the feedback is highly positive in terms of allowing children the space to deal with traumatic situations.

Deputy Ó Laoghaire referred to the role of CAMHS and presentations at accident and emergency wards. One of the biggest difficulties that parents and children face is the fact there are no CAMHS out-of-hours services or weekend cover and, quite often, some of the really traumatic experiences that children and young people face manifest out of hours and at weekends. The issue of infant mental health is a new development and is something with which everyone is trying to grapple. It is also related to attachment issues. We are seeing the need for a lot more specialisation in terms of infant mental health and attachment issues.

I thank Deputy O’Sullivan for referring to the need for cross-party and cross-departmental collaboration. One of the greatest frustrations I have as a child lawyer, with which I could paper the office, is that when I highlight an issue to a particular Department or a particular public authority, nine out of ten times I get a letter back saying I should be referring to somebody else. In one example, I referred something to a particular Department that referred me to a different Department. When I wrote to the second Department, it referred me back to the original Department and all the while, children are getting lost in that system. We need to develop mechanisms whereby these things are dealt with properly. One difficulty with taking Tusla out of the HSE and developing it as a stand-alone agency is that many of the child protection issues, which include mental health, continue to remain the responsibility of the HSE. That has been a big difficulty in terms of fully realising the ability of Tusla to do its job in protecting children.

**Acting Chairman (Senator Máire Devine):** I will have to cut this short. Have everyone’s questions been answered adequately?

**Senator Joan Freeman:** Tomorrow is the perfect day to listen to the stories from parents in the morning or the stories from service providers in the afternoon. Fortunately Senators will be able to ask questions during the day. If members of the committee have questions they want Senators to ask, they should feel free to ask them.

**Acting Chairman (Senator Máire Devine):** I thank the witnesses for their presentations. Making the criteria for clinical nurse specialists and advance nurse practitioners less stringent will absolutely improve the services. I thank Mr. Peter Hughes for mentioning homelessness. Almost 3,000 children are homeless tonight in our city. Go raibh míle maith agaibh. Let us progress and mind our children.

I will suspend the meeting while the next witnesses take their seats.

*Sitting suspended at 10.06 a.m. and resumed at 10.09 a.m.*

*Senator Joan Freeman resumed the Chair.*

**Vice Chairman:** I welcome Dr. Geoffrey Shannon, special rapporteur on child protection, to discuss issues arising from the audit of the exercise by An Garda Síochána of section 12 of the Child Care Act 1991. I thank Dr. Shannon for appearing today. Before we commence, in accordance with procedure I am required to draw the witness's attention to the fact that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to this committee. However, if they are directed by the committee to cease giving evidence relating to a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise nor make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable.

Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the Houses or an official, either by name or in such a way as to make him, her or it identifiable.

I remind members and witnesses to turn off their mobile phones or switch them to flight mode. Mobile phones interfere with the sound system and make it difficult for the parliamentary reporters to report the meeting. Also, television coverage and web streaming will be adversely affected.

I advise witnesses that any submission or opening statement that have been made to the committee will be published on the committee website after the meeting.

The witness will make a short presentation that will be followed by questions from the members of the committee. I invite Dr. Shannon to make his opening statement.

**Dr. Geoffrey Shannon:** I thank the committee for the opportunity to present the findings of my audit into the exercise by members of An Garda Síochána of section 12 of the Child Care Act 1991.

I will commence by expressing my public support for Senator Freeman's Bill. It is hugely important and significant legislation. Many of the themes that emerged from my audit touch on many of the themes addressed in the last session. After listening to the evidence given by the

previous speakers, I felt compelled to associate my name with the significant development that has taken place. I look forward to participating in the consultation process.

One can measure any democracy by the manner in which the needs of the most vulnerable are considered and met. Nowhere is this more evident than with the most vulnerable of children who are subject to emergency intervention by the State over weekends and after 5 p.m. in the evening. I welcome this morning the publication by the Minister for Children and Youth Affairs, Deputy Zappone, of an implementation plan for the audit. It is my view that reports such as the one I have undertaken are meaningless unless there is implementation. I urge the committee, if I might be so bold to suggest, to invite me back before it a year from today's date to give an account as to what has happened during the intervening period. As somebody experienced in writing and producing reports, I sometimes become frustrated at the fact that the pace of implementation is far slower than I would like. It is my view that childhood does not stand still. Sometimes the approach adopted does not reflect the limited nature of childhood.

The audit was commissioned by An Garda Síochána. It was a response to the Ombudsman for Children's investigation in respect of two discrete cases. It is unique in its comprehensiveness as a systemic review, in that it paints the national picture. I would like to state publicly that I had commendable levels of co-operation from members of An Garda Síochána in conducting the audit. In terms of the scale of the audit, I understand that this is the largest worldwide audit of the exercise by a police force of its emergency child protection powers. The audit provides us with insight.

In terms of ensuring the integrity of the information that I produced, I sought international validation of my recommendations. For the record, it is important to mention that I sought the assistance of Oxford University. Professor Laura Hoyano in Oxford has said that my report will break new ground in terms of empirical techniques in the field. I had asked her to review my document in its entirety. In her analysis of the report she stated in terms of the overall audit, it seemed to her to employ sound empirical methodology, which was then carried out with admirable thoroughness and was very well written. She considered that the findings were all borne out by the data he reported. It is important to state that in the context of the integrity of the data and the findings I made as a result of the data. A further review stated the report was an outstanding piece of work that was extremely well-written and careful. This was the international assessment of the work that I have undertaken. The committee should be in no doubt that this is a large-scale audit. I have spent two years and perhaps thousands of hours of work and have spent virtually every weekend over that period travelling to Garda stations. This was an active piece of work and it is the one of which I am proudest as both a researcher and a professional. I hope that after the outrage there will be action.

I shall outline the extent of the work undertaken as part of the audit. I travelled right around the world. I had very impressive co-operation from the police authorities in the UK. I met the Metropolitan Police. I looked at the child protection services and the interaction between child protection services and police forces, not only in the UK but in New York in respect of the New York Police Department, NYPD. I had very impressive co-operation from the NYPD and viewed state-of-the-art facilities in the Bronx. As a result of those visits, I have compiled a series of recommendations. My recommendations are not just based on a paper-based exercise. They are based on my experience of travelling the length and breadth of this country to review how children experience the section 12 process. In addition, I talked to individual gardaí and travelled around the work to look at other models in order that we can come up with a model that meets the cultural needs of Irish children.

I hope the legacy of my report and what I think of today are the children who are subject to section 12. Many people, in the aftermath of the audit, talked about the fact that they found the accounts in the audit profoundly disturbing, distressing and upsetting because many of the case narratives documented children's shattered lives. I appreciate that child protection is complex and challenging. The impact of early trauma can have significant consequences. The cumulative adverse experience of early years can have considerable consequences even where intervention by social services follows. I am of the view that when a child is taken into the care of the State, the State is saying it can do a better job. If the State fails a child a second time, this can have devastating consequences for the child. My audit provides us with a unique insight as to what happens when parents fail children, when the State fails children and children are allowed to drift rudderless within the system. No child should suffer to protect an institution. We have heard many accounts of children being subjected to institutional abuse. I would also say that no child should suffer at the hands of parents and no child should be made to live a life of unspeakable abuse to protect his or her abusive parent or parents. Many of the case narratives in the audit shine a light on some uncomfortable truths. Child protection is often invisible to families and their communities. My report shines a light on an unpalatable truth for Irish society about how life is lived for some of its citizens. This audit also indicates that the prevalence of domestic abuse, and that does not necessarily mean physical violence, has sadly not abated.

One of the biggest challenges facing Irish society is the adverse consequences for many children posed by parental alcohol abuse. Drug and alcohol abuse by parents can be very damaging on their ability to consistently parent their child. The failure on the part of society and Government to properly address the alcohol problem as a fundamental threat to the proper functioning of individuals and communities leaves the child protection system dealing with insurmountable consequences. I am conscious of the fact that a Public Health (Alcohol) Bill is currently being discussed. We do not have time to address this issue but it is a national crisis. If there is anything to emerge from my report, it is our ambivalence towards alcohol and those who promote alcohol and yet the consequences are devastating.

Another key theme to emerge from the audit is in the area of inter-agency co-operation. It is essential that those who operate under the umbrella of child protection services can share information on vulnerable individuals and their families. Throughout the audit, over a lengthy period of time, agencies kept saying to me that there were confidentiality problems and data protection issues. My view is that confidentiality is sometimes a bogus issue. What I found was poor inter-agency communication and co-operation. I am conscious of the fact that, since the audit, there has been an attempt to say that there are very good lines of communication within the upper echelons of organisations, but I found this bore no reality to the perception gleaned from talking to individual members of, for example, An Garda Síochána. What I found is that inter-agency co-operation was overwhelmingly inadequate.

I would like to address the currency of this audit, its breadth and whether it is relevant to the present. This audit looked at more than 500,000 fields of PULSE data. It was a thorough and comprehensive review of PULSE. I understand that I am one of the first people to have had access to these data, over the period of 2014 to 2015 in particular, but also from 2008 until the end of 2015. I also conducted questionnaires on all gardaí who exercised their powers for the 2014 to 2015 period. There were 560 cases, with a full response rate by members of An Garda Síochána, which is commendable and of enormous assistance for drawing conclusions. I conducted a random audit in September 2015. I attended the national headquarters of the child protection unit in Harcourt Street and randomly selected cases to obtain a temporary picture as to how the system was operating. I then interviewed those gardaí subject to the random audit

to get an understanding of how they felt. Those interviews were lengthy. I heard reference to the fact that Tusla introduced a national out-of-hours service in 2015. I want to make it very clear for the record that I conducted focus groups in late December 2015 in the aftermath of the introduction of the national out-of-hours service. Those focus groups were conducted with both senior and rank-and-file members of An Garda Síochána in order that I could get an understanding of the position. I continued to liaise with members of An Garda Síochána, up until the earlier part of this year. Perhaps I was a source of incredible frustration for those within An Garda Síochána, because I continually updated the report, and tried to present as accurate a picture as I possibly could. I think it is important to emphasise that point.

To return to the issue of inter-agency co-operation, it is essential that children do not slip through the net, and we heard that in the previous presentations. It is a question of pulling children back from the brink. We need greater links between agencies. There is reluctance in this country to look at much broader structural reform. This is a real problem and this committee has a central role in solving this problem. Looking at the international models, the solution to this problem is co-location. Every professional that has a role in child protection needs to feel equal. No-one has an exclusive reserve on child protection. A very good example is the state-of-the-art facility opened in the Bronx, where the equivalent of Tusla, the New York Police Department, NYPD, a forensic paediatrician and the prosecution service sit around a table making decisions about children. That is relevant to the out-of-hours service. If a garda and social worker are co-located, then the out-of-hours service does not become such a big problem. Be in no doubt that I do not believe that the national out-of-hours service is currently fit for purpose. Look at the evidence given before this committee last week, which I have read with great care, the fact that there are service providers for four locations, and the suggestion that we look at demand for services in other jurisdictions. I would point to my own report, which comprehensively documents demand. On page 50 of the report, I provide an analysis, county by county, of the number of section 12 incidents between 2008 and 2015. What more information do we need to determine what is necessary for an out-of-hours service? My view is to ask why a child in a county that is less populated should receive an inferior service because the child lives in that jurisdiction rather than a heavily-populated area? We need equality across the entire country. That is something that we deserve. We passed a children's rights referendum. It has to mean something for all children, not just some children. We did not pass a referendum just qualifying that. It is important to emphasise that point.

To get things right, we need to take a rights-based approach. There are a number of core rights, including non-discrimination, the best interests of the child, the right of the child to life survival and development, and also the voice of the child. All children should have the right to survive, grow and develop in the context of social, physical and emotional well-being. Every child should have the opportunity to reach his or her full potential. Coming back to the mental health issues, in my opinion the system fails children with psychological or mental health difficulties. The failure to recognise mental health issues at an early stage can have profound implications for the family. Warning signs need to be treated with sufficient seriousness. Referrals need to be timely and appropriate.

I will go through five of the key findings of the audit. The first was the overwhelmingly positive findings that exist in respect of certain actions of An Garda Síochána. The gardaí commit great effort to treating children sensitively and compassionately when a child has been removed under section 12. What I found as part of the audit is that some members worked well beyond the rostered hours to ensure that children removed under section 12 obtained the appropriate care. One of the principal objectives of the audit was to examine the appropriateness,



proportionality and legality of section 12 removals. The audit team and I found that members of An Garda Síochána exercise their powers following a period of careful consideration of the circumstances and available evidence. All cases examined involved an appropriately restrained use of section 12 powers. The audit also found that there was no evidence of racial profiling when exercising section 12 powers.

That said, that finding must be tempered by the fact that certain ethno-cultural demographic information was not routinely documented on PULSE. The audit found difficulties with the PULSE system. It found that the PULSE system was not perfect. It also found that there was no routine gathering of ethnic data. That needs to change. If there is a legislative block, that needs to be removed. From a child protection perspective, the audit found evidence of the removal of children under section 12 from the same family circumstances - in other words, repeated removals. The audit also found little evidence of discrete child protection training in An Garda Síochána. On-the-job training seemed to be preferred over formal core training.

The critical thing to emerge again and again was that notification is not communication. If one fills in a form and pushes that on to another office, that is not communication. Communication is shared decision-making. I think that critical theme of notification not being communication emerged at every stage of the audit. The presence or absence of out-of-hours services was subject to considerable criticism. Children had to be criminalised or pathologised in order to gain access to the necessary welfare and support services.

The audit found very positive evidence of the operation of specialist child protection units in An Garda Síochána. That is why I am such a strong advocate of co-location. Nothing predicts like the past. Those who are not aware of history are bound to repeat it. There appears to have been a failure to learn from past mistakes. We need to learn from the shattered lives of those children whose personal stories are reflected in the audit. When a child is the victim of abuse or neglect, it is the responsibility of statutory services or agencies to provide a timely and proportionate response. It is my view that, to protect children, we need to promote co-location. Co-location has several advantages. In my opinion, there is less system inflicted trauma, better decisions, more appropriate interventions and, in fact, more efficient use of resources rather than this silo mentality where we all are doing something separate. It is no different to passing the correspondence from one Department to the next Department.

Working upstream also has huge benefits. The importance of schools at an early point tackling problems should not be understated because education is the gateway out of disadvantage. Certain behaviours are clear and strong indicators that the child may be at risk. Among these are substance, alcohol and solvent abuse. Escalating patterns of at risk behaviour and poor impulse control should raise flags for all professionals involved and should designate the child as being in need of urgent attention. It is my view that the system is unable to cope with children with emotional behavioural problems. I was deeply distressed by a number of examples where children who had emotional behavioural problems did not receive an out of hours service because the providers would not accept them. Those children inevitably ended up in hospitals or Garda stations. That is a matter of profound concern. Intervention, when it comes, must not be too late to vindicate the right of the child to have his or her welfare protected.

Many challenges remain to be resolved before we can say that we are a country where our children's rights are fully vindicated. It is always a work in progress. It demands new perspectives, renewed efforts and real energy. A system designed to protect children must protect children. The system must be accountable. It must be consistent. It must always seek to minimise the risk to the welfare of the child. It is salutary that one quarter of our population are children.

When we talk about the political response to this, we should not lose sight of that fact. They are our greatest national resource. The right service at the right time is crucial, and we must get it right for every family and every child. We need to imagine a Republic where all children are treated equally. Any such republic must necessarily include a robust, 24 hour, 365 day a year service - I am passionately of that view - alongside a properly co-located service. The manner in which society treats its vulnerable citizens reflects not only its qualities but also its sense of justice, its commitment to the future and its ambition to enhance the human condition for the next generation.

**Vice Chairman:** Sometimes I do not know what to say when I hear Dr. Shannon because his report is absolutely incredible. It gives a clear picture of what life is like. He said that he hopes after the outrage comes the action. Me too. He also described how life is lived for some of our vulnerable children. Those were poignant, strong and profound statements. We will now take questions from the committee. I will call Deputy Jan O'Sullivan first, as she has to leave. If he does not mind, Dr. Shannon might take two or three questions at a time in case of repetition. When everyone is finished, he might allow me to ask a couple of questions as well. I call Deputy Jan O'Sullivan.

**Deputy Jan O'Sullivan:** I reiterate what the Vice Chairman has just said. The extraordinary passion that Dr. Shannon brings to the welfare of children is hugely significant. I thank him for his report. I immediately propose what he suggested at the start about inviting him back. I do not know if he has a monitoring role in terms of implementation. If he does not, he should. Implementation is absolutely crucial, as he and the Vice Chairman have stated.

The main issue for me concerns co-location and inter-agency communication. Representatives of Tusla have attended the committee and we have already had some discussion around Dr. Shannon's report. As Dr. Shannon said, notification is not communication and we need a working relationship that puts the children at its centre. In his written submission to the committee, Dr. Shannon said that the audit sought to evaluate the nature of inter-agency communication between Tusla and An Garda Síochána and that it sought to examine the processes and cultures, if any, in which Tusla social workers provide feedback on cases to Garda members following their removal of children under section 12. Section 12 is relied on where there is a serious and urgent child protection risk. It is an extraordinary responsibility for the Garda and, from what Dr. Shannon said in the report, it is highly sensitive to it. The real concern, however, is the fact that there does not seem to be the interaction and real mutual respect for professionals that Dr. Shannon spoke about as well.

The Minister has stated that she will publish an implementation plan and speaks about having an assigned social worker to the recently established Garda Síochána national child protection unit. What I want to tease out is what is required at the local level for each individual child in terms of communication between the Garda and Tusla and the requirement on Tusla to have that real proper communication, feedback and engagement with other services and not just the Garda. This may be with teachers or whoever else might identify issues for children. That is the main area I wanted to ask Dr. Shannon about.

I fully support Dr. Shannon in terms of the need for a full 24-hour, out-of-hours service for all children in the country. The ISPCC, which operates a listening service, has pointed out to us as well that it is absolutely essential. Does Dr. Shannon know if there is some kind of resistance from Tusla to that? I do not know if there is but I would be interested to know if there is. As a committee, we have to say that it is essential.

There is a new system called Signs of Safety being introduced by Tusla. I was pursuing this last week. It sounds good in so far as it concerns involving and training people such as gardaí, teachers and community people. I do not know enough about it. It will be implemented. Tusla staff are already being trained in it. My specific question relates to risk assessment in that situation and ensuring that, when spreading responsibility for child safety, we are not in a way leaving nobody responsible where there is a significant risk level. I apologise for all the questions.

**Vice Chairman:** I call Deputy Ó Laoghaire.

**Deputy Donnchadh Ó Laoghaire:** There was a lot there.

**Dr. Geoffrey Shannon:** It would be helpful if I could answer Deputy O’Sullivan’s discrete questions. I will start off with the Signs of Safety framework. I welcome the development but it needs to be monitored. It is the primary responsibility of the State to ensure that children are properly protected. That cannot be delegated to any third party. We need a conversation around the benefits of Signs of Safety, and there are undoubted benefits, but also the downsides of this approach. It is a core part of the Tusla vision and therefore needs to be comprehensively examined. It is beyond this discussion but the issue is a particularly important one because it will have a profound impact on how children are protected within this jurisdiction. It needs a much broader discussion.

In respect of inter-agency co-operation, I support the ISPCC approach. Sometimes I think that there is a misunderstanding on the issue of inter-agency co-operation. I have read the transcript from last week’s meeting. If I may, I will reference a number of the issues raised. They include a national call centre where social workers consult with and provide advice to An Garda Síochána. I do not see that as a robust, national, out-of-hours service. It is a stop gap and I acknowledge the fact that in November 2015 it was a significant step forward and that there were the beginnings of an out-of-hours service. However, and I must say this publicly, if we are referencing Dublin, Kildare, Wicklow and Cork city as areas where there is a “full social work service”, I come back to the point I raised earlier about those children who happen to have a need. I refer the committee again for further consideration to page 50 of my report. If we look at the areas outside of those discrete towns and cities, we will see that there is a need. I would argue that even if only a small number of children require a service, why should those children not receive a service? I would also argue that the children most in need of a service are the children who seek to access State services after 5 o’clock in the evening or over a weekend. Sometimes those are the children with challenging emotional behavioural problems and, arguably, they need an enhanced social work service because of the difficulties presented.

To come back to the audit, it unambiguously found poor inter-agency co-operation. Even if that was the perception among rank-and-file members of An Garda Síochána, it is problematic. If one agency believes there is a mystification and a lack of understanding of the way Tusla operates, it is a real challenge for the child protection system in terms of members of An Garda Síochána exercising their powers but not understanding what is happening next.

If I could share with the committee what I wanted to do, I had provided Tusla with a robust proposal to delve deeper into the Tusla involvement. What is needed, and I see a reference to it in the Minister’s statement this morning, is to look at what happens next. Deputy Ó Laoghaire referenced some public comments around this broader audit of the system. We need to get a 360 degree picture as to how the system operates.

I share Deputy O’Sullivan’s views on all the issues she raised. I am conscious of her long

track record in this area, but the key issue for me is around implementation in a meaningful manner, not a document. It is how those actions are implemented and that there will be a time-line in respect of the implementation of those actions. That is what I will be suggesting. I hope that answers Deputy O'Sullivan's questions.

**Deputy Jan O'Sullivan:** That is fine.

**Deputy Donnchadh Ó Laoghaire:** I thank Dr. Shannon once again. I said it at the time and I will say it again. The audit was a remarkable piece of public service. The report underlines that there were examples but some of the examples given in the approximately 91 cases were shocking. Anyone would find them harrowing. They show the adverse and difficult circumstances in which many young people in Ireland grow up. It was well worth shining a light on that and the way it is being dealt with.

One aspect that was clear in the audit was that there were difficulties between the two agencies specifically involved, namely, the Garda Síochána and Tusla. It is worth stating that the audit clearly shows that there is a high level of commitment on the part of the individuals involved, and I acknowledge that the work is very difficult. There are great difficulties facing social workers and gardaí and they show a great deal of commitment but in regard to Tusla in particular, and we discussed it last week, there seems to be both structural and cultural issues which raise very serious concerns. We discussed individual cases, but the concern was not simply about the individual cases. It was the structural and cultural weaknesses that existed. As far as I recall, the culture referred to by a number of gardaí was one of people leaving it until the last minute on a Friday to get in contact with the gardaí. I ask Mr. Shannon to comment on that and on his experience of cultural issues because that seems to be a significant concern.

The issue of inter-agency co-operation has been largely dealt with, but I might return to it later. On the area of out-sourcing which we discussed in considerable detail last week also, I expressed my concern about that. The level of reliance on agencies, particularly the Five Rivers agency, in the past 15 to 20 years has become very significant. A huge proportion of the out of hours cases are referred to it. In particular, I expressed my concern that that agency has the ability, and exercises it, to refuse to accept children who it perceives as displaying problematic behaviours and who could then end up in Garda stations or other unsuitable places. That is a very unsatisfactory, dangerous and problematic situation. I would like to hear Dr. Shannon's response to that and what he believes should be done about that reliance.

I was interested to hear Dr. Shannon's comment on the issue of an audit because as he noted, it was an issue I raised last week and on a number of other occasions. The question of whether our child protection services are fit for purpose needs to be asked. If they are not, how do we get to the bottom of that? Does it require a full audit of our child protection services and, if so, what would that involve? Are we looking specifically at section 13 or is a much broader audit of child protection services required? Dr. Shannon might give us a roadmap on how to get to a child protection service that is adequate and fit for purpose in an Ireland that passed the children's referendum.

We had a brief discussion on Tusla's response to the audit on the day and subsequently. A press release was issued. It was withdrawn. Last week's statement from Tusla stated that no member of staff was involved as part of the methodology for conducting the review or writing the report. I would be interested in Dr. Shannon's response in terms of the nature of his communication with Tusla, his subsequent communication with Tusla and, harking back to the previous question, his engagement with Tusla on a further audit.

**Vice Chairman:** Does Dr. Shannon want to answer specifically Deputy Ó Laoghaire's questions?

**Dr. Geoffrey Shannon:** Yes, it would be very helpful. If I can start with the last question, I made extensive efforts to consult with Tusla prior to the audit commencing. That dates back to when Gordon Jeyes was the national director. I sent what was then the proposal to Gordon Jeyes. Once Fred McBride was appointed chief executive officer I sent a copy of the framework to him at that stage. As this was an audit of the exercise by members of the Garda Síochána of their child protection powers, it was looking at it with that lens.

In response to Deputy Ó Laoghaire's question, I had suggested that we needed that complete picture. There has been much discussion around the 91 cases and whether there should be a further review. If I can I will use take this opportunity to say that I have written to members of An Garda Síochána who have asked for my view on this and what I say is that it is nowhere suggested in the report that those cases are either all examples of problematic cases, since they are not, or that they are exclusive examples. I say that the cross-section of these instances was used to reflect the themes arising in the course of the audit and, for example, to illustrate the grounds pursuant to which section 12 was invoked. I say also that a further examination of these particular examples set out in the audit would not be helpful or appropriate in the context of all other cases which arose, and that there are data protection issues as well. The data provided from the PULSE review is only one of several bases of research set out in the audit to include interviews with members of An Garda Síochána, reviews of questionnaires and other documentation on focus groups. I say that I believe there is little or no purpose to further examining these historical cases, which have already had the benefit of a thorough examination, and that I would respectfully submit that the interests of children the subject of section 12 orders would be best served by enabling the previously proposed contemporary review of section 13 cases to proceed as speedily as possible.

What I wanted to do was look at the system as it operates currently. It is all very well to say that these were historic concerns. We need to look at whether there were contemporary concerns. I had prepared a detailed proposal, which I had sent to Tusla. Issues emerged regarding the *in camera* rule and to sample. There were a number of females with Tusla in August of last year, but suffice it to say that conducting this further stage of the audit was a lengthy process. What I wanted in regard to section 13, if it were possible, is that it would mirror the same size and the scale of the Garda audit in order that we could have a broad systemic review of the system as it operated but difficulties were identified. I am not going to get into the nature of the correspondence but suffice it to say a number of emails were exchanged and some time was spent developing a proposal. I made every effort to consult with Tusla on this project in so far as it was relevant because we were looking at what happens when a child is removed under section 12. The sad reality is that in some of these cases Tusla has a very minor involvement because the children, in some cases, were brought by members of An Garda Síochána to a private provider, the Five Rivers organisation. I want to state publicly that I found no fault with the Five Rivers organisation. I will address later the point Deputy Ó Laoghaire mentioned, and I share his view on the State outsourcing its child protection responsibilities to anything other than a State agency. I have said publicly, not only in this but in other forums, that I have a big difficulty with this. We know what happened in the past when the State outsourced its services. If there is anything we have learned from the past it is that the State must take responsibility. It is very similar to the question Deputy Jan O'Sullivan raised regarding the fact that the State has to assume responsibility in this regard.

I received a letter from Mr. Gordon Jeyes's successor, Mr. Fred McBride, and I will read extracts from it. It stated that Tusla has welcomed the strong collaborative approach I took to our shared agendas. It also noted that as stated previously and publicly, the report has provided very important insights into the child protection system in Ireland and provided Tusla with a greater impetus to address the challenges. It further states the media statements made by Tusla were simply an attempt to clarify that the audit was solely focused on a review of section 12, as undertaken by the Garda Síochána and that my findings were based on information obtained through what it calls my detailed and comprehensive review of information obtained from the Garda. It references stage 5, which is what I had hoped to do in regard to section 13, which would have been a further stage of the audit. It states that other than the basic information provided to me on the emergency out-of-hours service, the audit did not review any file material. The audit could not review it because the intent of the review was to look at section 12. I wanted to look at section 13, and I am not going to go into the detail of the correspondence, but I wanted to do it at the same scale and with integrity. The reality is that there were difficulties on who would fund that process.

I am an independent person in that if I prepare a report, I would regard it as not being subject to review by any third party. I produced the report as it appears. That would be a key feature in my becoming involved in any such process. Mr. McBride's letter stated that this was in no way an attempt to undermine what he called the rigorous research I undertook. It is important to note he also stated he was equally aware that I had met the interim director of policy and strategy and the head of legal services in November last year, when I read sections of the draft report to them and outlined some of the key legal issues from the audit, including the need to review the contract with Five Rivers. I had identified at that stage that there was no reference in the contract with Five Rivers to the foster care regulations, a key part of best practice in the area, and my understanding is that Tusla may have changed the contract in the intervening period. We also discussed the need to expand the emergency out-of-hours provision and the need to address the challenges of suitable placement for children with complex emotional behavioural difficulties. The members can see from that the engagement I have had was appropriate and I made every effort, in so far as it was appropriate, to consult with Tusla on this project. I acknowledge the programme of reform being undertaken by Tusla. Everybody wants Tusla to succeed but what we need to do is to have an honest conversation. This report shines a light on an area that, to date, has not received much attention.

As for children with emotional behavioural problems, I was deeply troubled by the finding that children who presented to the private provider did not receive a service because there was a suspicion that the young person had consumed alcohol or drugs. In those circumstances, arguably, I would submit that it is more important that they would receive a proper service. I read the Minister's statement this morning that there would be a review of the legislation as to whether there are legislative issues to be dealt with in the context of this issue. It is deeply concerning that children would end up in Garda stations or in hospital beds because there is not a proper service available to them, not least because this has an impact on the criminal justice system and the health system because a young person would be taking up a hospital bed or depleting Garda resources sometimes in areas where those resources are challenged.

My view on outsourcing is very clear. We should have a seamless social work service and we need a comprehensive social work service. We should be in no doubt that co-location involves investment. It involves a Government commitment and such a commitment needs to be given. If we want to have a comprehensive child protection system, it will involve a cost. If our greatest national resource is our children, surely it is worth spending that money because it will

reap rewards in terms of better outcomes for children upstream rather than having to deal with problems downstream. I hope I have answered Deputy Ó Laoghaire's questions.

**Deputy Donnchadh Ó Laoghaire:** I also asked about the nature of any subsequent audit and whether it would focus specifically on section 13 or whether it should be broader.

**Dr. Geoffrey Shannon:** I suggest the focus on section 13 would then provide the basis and the question on the broader audit might well emerge from that. What I have - hopefully successfully - undertaken is a highlighting of how the section 12 process operates. I am confident the conclusions I have arrived at demonstrated two high-level points, in that An Garda Síochána exercised its powers proportionately. There is no evidence of racial profiling. What it demonstrates is poor interagency co-operation between the agencies. We now need to examine what happens next in the aftermath of the section 13 review and having looked at the court files. I had seen this in three phases, first, looking at the section 12 phase, next looking at section 13, in other words, what happened when the case ended up in Tusla's office and then what happened ultimately when the case was disposed of by the court. That would give us a comprehensive picture as to how a large part of our child protection system operates. If that produces issues that need further explanation, I would suggest at that stage that we would consider a broader audit. I hope that answers the Deputy's question and is of assistance.

**Senator Máire Devine:** I was looking forward to hearing Dr. Shannon's presentation. I am delighted he is on the side of children. He has swept away the politics and engaged in straight talking in claiming the independence of his office. He has been very strong on that and about not being influenced.

We have been comprehensively dealing with a Public Health (Alcohol) Bill in the Seanad. I regret that the former Minister of State is no longer in her former position. She was very purposeful in brushing aside any vested interest that lobbied and was seen to try to dilute that Bill and its potency for children and their parents. Alcohol is a leading cause of dysfunction and mental ill-health in our country and that affects our children from pre-birth and infancy and upwards.

We discussed mental health earlier and Senator Freeman made a presentation on it. Our lack of mental health services is a child protection issue. We are woeful in what we are doing in that area. We are trying to kick-start the process and get something done immediately to protect our children because it is a child protection issue.

Representatives of Tusla appeared before the committee last week. The culture in that agency is one of defensiveness but we need to get beyond that. There are reasons for it being defensive but that agency is the foundation of in terms of where our children are at in this State and looking after them, making sure we can embrace that and can nurture them. Tusla is not doing that. I put it to one of its representatives that the agency is not fit for purpose. We need to promote it, encourage it, and bring it up to the level where our children are adequately embraced and looked after. Childhood is limited and we need to recognise that every slow step of politics and legislation condemns more children to an adulthood or young adulthood of broken promises that we have not kept. We need to be more immediate and be seen to be more immediate.

Dr. Shannon alluded to the reference to equality in the Proclamation of 101 years ago. I always allude to the pursuit of happiness of every child. Some of the children Dr. Shannon has dealt with and some who I have dealt with professionally have never known the concept of

happiness. That is an emotional feeling. What is happiness? Children should own happiness every day. Yet, every day some of the children we deal with do not know that concept or what it means.

Will Dr. Shannon talk about co-location in a practical sense? How does he envisage it in the Garda station or wherever the co-location happens? Where does Dr. Shannon envisage it? Who does he envisage being involved? Is it going to be overly bureaucratic? Are we going to try to simplify it in the interests of expediency, ticking the boxes and ensuring that we do the right thing? We will always take risks in making decisions. We are adults but we do not know every answer to every question. A duty of care to the mental and physical well-being of children will guide us in everything we do. I thank Dr. Shannon and I am delighted that he is on the side of our children.

**Vice Chairman:** It seems more appropriate for you to answer the questions as they arise, Dr. Shannon. If you wish, please go ahead and answer Senator Devine's questions.

**Dr. Geoffrey Shannon:** I will start with the last question. It seems to be a trend. The question of how this can be realised is particularly important. An Garda Síochána confirmed to me on Friday last week that it will be implementing without delay all of the recommendations in the report, and a key part of these is co-location. The way that will operate at a practical level involves specialist child protection units being established. There will be a social worker with a member of An Garda Síochána. We will have joint decision making.

That is why I was trying to make that link and reduce the reliance on the national out-of-hours service. We will be building up expertise where it is needed, that is to say, in the local Garda station. The vision is that 28 social workers would be assigned to the various units.

Senator Devine asked what I would like to see in terms of practical recommendations. I would like to see from members of An Garda Síochána and Tusla a joint plan, perhaps presented to this committee, on how it is envisaged that this proposal will be rolled out along with the timeline. What I have seen in respect of the four specialist child protection units has been impressive in terms of far greater cohesion between An Garda Síochána and Tusla. We build up a relationship of trust when we work with people on a daily basis - no one needs a high-level degree to understand that. Sometimes the simple solutions are the most effective solutions.

The one key recommendation in this report is the recommendation around the need for co-location and the need for it to happen as soon as possible. Senator Devine is absolutely right: we need to make it real. We need a roadmap for how and when this is going to happen. Otherwise, we could be back here next year. That is why I hope it was not inappropriate for me to suggest that we review this a year from now. I have considerable experience of reports and I have been central to the drafting of many reports where many of the recommendations remain un-implemented. I hope this report will be one of the first reports in respect of which there will be a speedy implementation plan. My key recommendation at the end of the report was that, one year from the date of publication, An Garda Síochána would publically demonstrate the efforts undertaken to implement the recommendations.

I share the view of Senator Devine on mental health issues. In my view the State has a mandatory obligation to protect children and ensure children who are in need of services receive those services. A key part of that is the mental health issue. There is a natural alignment between the presentation this morning and my presentation, because many of the issues to emerge in the audit revolve around children with mental health issues and how, if those issues



go undiagnosed, they can have far-reaching consequences.

The final issue raised related to alcohol. That is a key issue. In fact, it is the stand-out issue from this report. Everywhere we turn in this report alcohol features. This is a national crisis. Committee members should be in no doubt that it needs urgent Government response. However, it is not only a question of an urgent Government response; there are far broader societal issues.

There are several key recommendations. I met officials from the Department of Children and Youth Affairs and I warmly welcome the commitment of the Minister for Children and Youth Affairs, Deputy Zappone. Undoubtedly, she is a committed Minister. There is an implementation plan in this report and the fact that she has come out so quickly with an implementation plan is impressive. I notice that as part of the implementation plan the report is to be sent to the Minister for Health. This is a key part of it. I am conscious of the fine work done by Deputy Marcella Corcoran Kennedy in the area and I wish to acknowledge it. However, we cannot afford any further delay.

I have asked for an additional feature when Tusla undertakes a risk assessment. If a parent is persistently abusing alcohol, that should be a risk indicator. Some of the examples in chapter 3 will horrify committee members. I still have memories of tracking these cases on the PULSE system. It beggars belief how some of these children are treated. This demands not only a Government response but a societal response.

**Deputy Anne Rabbitte:** I thank Dr. Shannon for an outstanding report. This is the third time we have had conversations since the report was launched. Hindsight and 20/20 vision are great things. If we had known some of the answers this morning we might have approached Tusla somewhat differently last week.

In her statement this morning the Minister said that there is a new inter-agency protocol reflecting the children first legislation and that it is awaiting sign-off by An Garda Síochána. I would welcome some commentary around that and what exactly needs to be done there.

In response to Senator Devine, Dr. Shannon mentioned 23 social care workers. Does this correspond to 23 divisions of An Garda Síochána where we are looking at doing the co-location? How will that come with the data protection and some of the problems that Dr. Shannon has encountered along the way? Do we have the systems in place and the communication between both organisations such that they can interact and use the same computer database? Even though we might not have an out-of-hours service, we have built up trust and knowledge. How do we access the information around the families? I believe that is a major part of it.

I was concerned to hear about the repeated removal of children from families. Once was acceptable but twice is unforgivable. What was the link with Tusla at that stage? When it becomes repeated, then all of a sudden a pattern is developing. Were people removed more than once? Were there instances where this was repeated? That is an interesting part of it because to me it shows that the system failed completely.

I thank Dr. Shannon for his openness and honesty in respect of the fact that he engaged with Tusla. While I know the report was commissioned by An Garda Síochána I was of the opinion that Tusla did not have a role to play because this was a report of An Garda Síochána and the force requested the audit to be carried out. Dr. Shannon has told us how, after the audit, he engaged with Tusla in November and December 2016. Tusla was aware of this before it came

out. Has Tusla asked Dr. Shannon or invited Dr. Shannon to continue with the next section of it? Has that door been opened?

The report is outstanding. It is live and in-the-moment and we have 91 cases. Have we looked at any preventative measures other than those identified by Dr. Shannon? Has Tusla asked Dr. Shannon about aspects that it would like guidance with, for example, the structure of frameworks to be put in place? There are aspects here on which we would like guidance, with structures and frameworks put in place. Can he continue with this work? It would be hugely important for me to understand that there is continuation, that this is the start of a scope of work where we have done the audit. However, it will be no good unless we have implementation and an action plan for that implementation.

While I welcome what the Minister highlighted this morning, I am worried about time-frames. In terms of what the Minister outlined this morning, Tusla is to have actioned something. What is Dr. Shannon's comment on manageable timeline expectations?

There is a national crisis around alcohol and drugs. Alcohol abuse was a key issue running through Dr. Shannon's report. What can this committee do about this? Does Dr. Shannon recommend we invite in the Minister for Health to discuss that central element? Are there other issues he feels we should highlight with the Minister? I thank Dr. Shannon again for his report. It was mind-blowing.

**Dr. Geoffrey Shannon:** I thank the Deputy. On the question about the follow-through of section 13, I can say publicly that I have framed a proposal on this. I am not sure what the Minister's intentions are on this and this committee will have to ask about that. I have about as much information as the members do. The press release states that "the Minister has asked Tusla to commission independent research immediately into Tusla's current practice where children come into care following an emergency intervention by An Garda Síochána". I presume that is a reference to section 13. I am not asking that I be asked to undertake this piece of work but there is real value in me continuing, having spent some time on it until now. I do not know if this is an attempt to say that somebody other than myself will be asked to undertake this research. All I can say publicly is that I have given a lot of thought to how this could be undertaken. I am not suggesting that it should be me but I am saying that from a State perspective there are benefits to having spent two years and thousands of hours on framing the first part of this proposal. The committee may know that I have made some professional sacrifices to continue this work. I am passionately committed to it. I share Deputy Rabbitte's view that this needs to be done as soon as possible. I am anxious to be honest with this committee.

When it came to the repeated removals, I was able to track them on the PULSE system and track whether or not the same child was subject to a section 12 within a relatively short period of time. Question marks will, of course, arise. It comes back to the Deputy's question, however, which was quite an important observation. When attempting to look at this one is faced with a difficulty around the *in camera* rule. If the child has been subject to care proceedings, one could run into this kind of difficulty in the next stage of the audit. Ministerial direction would give the Minister much greater power. Even if this required a legislative amendment, I think that this is a hugely important piece of work and one worth pursuing. We need to have the full picture.

Hand on heart, I cannot give the committee an honest answer to the question of repeated removals. What I can say, however, is that there was more than one episode of repeated removals under section 12 from the same family circumstances. I cannot give an answer as to whether or

not that was appropriate. That answer lies in the comprehensive examination of a large number of cases to see how many were subject to repeated removals and whether or not they were justified. That is important.

The Deputy is also right about the data protection issues. This day next week I will appear before the Joint Committee on Justice and Equality to discuss the general data protection regulation. I am happy to share my presentation for that meeting with this committee if it is of assistance. There are important data protection issues. I have long argued that both the *in camera* rule and data protection are there to protect citizens, not the system. If they are used as a defence mechanism, then the Legislature needs to address this. Data protection emerged as a central problem again and again through the course of the audit. I have indicated in meetings with the Department of Children and Youth Affairs that if there is a legislative difficulty and a perception of a legislative difficulty from the perspective of either the Department of Children and Youth Affairs or the Department of Justice and Equality in the context of An Garda Síochána, then there is an obligation on the Legislature to legislate. In no other jurisdiction that I have reviewed were data protection issues perceived as a barrier to child protection. It would be a real tragedy if we were to use data protection as a barrier to protecting our children. That would be lamentable.

I warmly welcome Deputy Rabbitte's comments about alcohol. What she suggests would be very helpful. The issue raised this morning about cross-departmental response and a whole-of-government approach is hugely important. Alcohol is such a fundamental issue and I think the Deputy's suggestion is a very good one.

**Deputy Tom Neville:** I thank Dr. Shannon for his extremely enlightening report. There is a lot of information there for me to get my head around. I recently had a communication from the office of the Minister for Justice and Equality about this report. It stated that the then Tánaiste and Minister for Justice and Equality and the Minister for Children and Youth Affairs, Deputy Zappone, agreed that a protocol would be signed between An Garda Síochána and Tusla on the operation of section 12 and that personnel from Tusla would be co-located at the national child protection unit at the Garda National Protective Services Bureau.

I also received an update from An Garda Síochána on both of these issues, the first being the signing of a protocol between An Garda Síochána and Tusla on the operation of section 12. It stated that following the development of a proposed agreed protocol between An Garda Síochána and Tusla on the operation of section 12, the Garda National Protective Services Bureau, GNPSB, had forwarded the document to policy development, implementation and monitoring, PDIM, for the section's consideration and that a response was expected from the PDIM in the near future after which such arrangements would be made for it to be signed.

On the second issue of the proposed co-location of Tusla personnel at the national child protection unit at the GNPSB, it stated that An Garda Síochána welcomed the intention of Tusla to co-locate Tusla personnel at the national child protection Unit at the GNPSB and awaited the receipt of a communication from Tusla in that regard and that upon receipt of confirmation from Tusla of its intention to co-locate Tusla personnel at the national child protection unit, An Garda Síochána will immediately commence discussion with the agency with a view to making of necessary arrangements regarding such issues as role profiles, duties, roster periods, line management, etc. It stated also that the NCPU had only recently been established and was currently working to advance the readiness of An Garda Síochána for commencement for the Children First Act 2015 and that it was envisaged that the proposed secondment of Tusla personnel would take place post-commencement of the Act but that An Garda Síochána would

discuss earlier secondment of relevant personnel if proposed by Tusla. That is just an update I received for the purposes of this committee.

Dr. Shannon has done work on the drug and alcohol area and I found his findings extremely interesting. What we have to do here is to educate people about the issue of alcohol and its knock-on effects. Many people are unaware of these, and I have also spoken to Senator Black about this. Many people are unaware of the knock-on effects that even moderate or chronic moderate alcohol intake can have. In anything we do on alcohol, we need to prioritise where it is that we need to specifically target. Sometimes we get blanket approaches that are so spread out that they lose their effectiveness. Behaviour towards and consumption of alcohol has changed over the last ten to 15 years. Binge drinking was not the phenomenon 20 or 25 years ago that it is today. We also have drugs and alcohol, uppers and downers, being used together, in particular by young people and unfortunately also by children of 14, 15 or 16 years of age. We have a huge binge drinking culture. My view is that what we need to do is prioritise and target a specific area. The binge drinking culture is affecting the situation, notwithstanding the findings of Dr. Shannon across the board. Perhaps it is not a question Dr. Shannon can answer, but from my own research the consumption of alcohol in Ireland has dropped by 25% in the past 15 years but the question is whether the abuse of alcohol has increased.

**Dr. Geoffrey Shannon:** I think I can answer that question with a little insight because I co-chaired with the current chair of the Child and Family Agency the review of the just under 200 children who died in State care over a period of ten years. Alcohol was a central feature of that report. If we roll on to 2015 I returned to look at the issue and found it is as prominent as it was in 2010. While the pattern of drinking may change, I would argue that the abuse of alcohol has not changed. I am being very honest with this committee. The issue is our ambivalence towards alcohol and whether we perceive alcohol as a risk indicator.

All I can do is respond in so far as it impacts on child protection. In terms of the implementation plan prepared by the Department of Children and Youth Affairs, which I welcome on this issue in particular, Tusla needs to confirm that persistent alcohol abuse is seen as a risk indicator and that is something we need to tackle. I have had the benefit of looking at the approach of other jurisdictions and relative to other jurisdictions Ireland is particularly ambivalent because there seems to be a culture within this jurisdiction of a certain level of alcohol abuse being acceptable, yet the evidence points to the fact that it has a profound impact on child protection and welfare. It impacts also in a very significant way at a financial level because it places an insufferable burden on the child protection system. I think that this needs a whole-of-society approach as well as a Government-led approach. I acknowledge the fact that there has been an implementation plan and that the Taoiseach, Tánaiste and the Minister for Children and Youth Affairs met on the Thursday following the publication of the report. The point I am making this morning is that not only do we need an implementation plan but we need a timeline. An implementation plan is only a piece of paper unless the recommendations are actioned, and there needs to be a regular review as to what is happening.

**Deputy Tom Neville:** From Dr. Shannon's experience, does he find drug use is starting to increase as well, in particular prescription drugs?

**Dr. Geoffrey Shannon:** Yes, I can respond to that by referring to the cases I was reviewing. I have had the benefit of looking at a large amount of PULSE data which gives one an insight into the changing face of substance abuse. It is not just alcohol, there certainly is an increasing tendency towards drug abuse and I think there is a message therein for legislators in terms of much tougher legislation being introduced on drug use in terms of its impact on children and

vulnerable people. The landscape has changed. My view is that there is an increasing instance of drug and solvent abuse.

**Deputy Kathleen Funchion:** I also thank Dr. Shannon for his presentation. It is refreshing to have someone speak so genuinely and passionately about children's rights because as I have said previously we continuously fail children in this State, both in the past and present.

Deputy Rabbitte touched on some of the questions I wanted to ask about section 12. Where there is repeated removal of a child, what recourse is there for a garda who comes across such situations on a regular basis? Is there anything he or she can do? Lack of accountability is an issue. Social workers can say the Garda is dealing with an issue because it was out of hours and then the Garda can say it thought the case had been handed over to a social worker. The inter-agency approach outlined by Dr. Shannon would address such situations because there must be accountability. Where does the buck stop in the case of repeated removals? Is it with Tusla? Can we say Tusla is failing children in such situations? If a child is constantly being removed it is the role of Tusla to oversee that.

Tusla was before the committee last week. I said that personally I did not have any confidence in it and the role it plays and that it has failed far too many children. A case was referenced about two foster children in the same home where there were repeated complaints by the birth mother of one of the children. The response, that one would not necessarily remove a child as it could be detrimental and one would have to review the situation and monitor it and put different systems in place, was very vague. Does Dr. Shannon have any comments on a case such as the one I outlined where there are two foster children and there are repeated difficulties of a serious nature? What is best practice in that regard?

**Dr. Geoffrey Shannon:** I thank Deputy Funchion very much for her questions. The broader issue was raised by Deputy O'Sullivan on the terms of Signs of Safety. We need an honest discussion on the issue. In fairness, while I cannot comment on the individual case what we need to do is take a positive approach to child protection. All I can tell the Deputy is what the State's obligations are. Article 19 of the Convention on the Rights of the Child provide that children are entitled to be protected from harm and ill treatment. It is a mandatory obligation to protect children from harm and abuse. That is the standard. That is reflected in our domestic legislation. The Constitution also provides for that. In implementing Signs of Safety, Tusla must have regard to that. It is not just a passive approach. There is a legal obligation on the State to be proactive in protecting children. That is why I think we need to look at the policy which is Signs of Safety, alongside the legal obligations that exist. Deputy Funchion has raised a really interesting question which deserves an entire discussion because if the future of child protection is going to revolve around Signs of Safety, surely that demands a national discussion around this issue? It is a very important issue.

The second issue the Deputy raised concerned repeated removals. The difference between this research and other pieces of research is that it was a very active piece of research. I travelled around the country with a small number of colleagues, Cian O'Connor, Hilary Coveney Nash and Dr. Imelda Ryan, who is a child psychiatrist. We met with individual gardaí. We are not cub researchers. We are very experienced professionals looking at this issue and what we were getting from members of An Garda Síochána is mystification as to what happened next. I share Deputy Funchion's response. It is all down to inter-agency communication and co-operation. That ties in with what Deputy Rabbitte said. I asked why the information cannot be shared. The perception of the Garda is that there is a data protection issue. I cannot see how there would be a data protection issue in having a case conference at the end of the year,

going through a number of cases that occurred during the year and examining what happened next. That is why I passionately believe that the next phase, looking at section 13, is important, so we get the complete picture. As I outlined this morning, I believe that co-location will provide a very real and meaningful impetus for change. That is why this needs to happen within a specified timeline. I am talking about the big picture issue, namely, broad structural change. We need to reimagine our child protection system where all agencies work together to protect children. There is a saying that it takes a village to rear a child but it takes all agencies working together to protect a child.

**Vice Chairman:** Members wish to ask more questions, but before we go into round two I will ask a question. Dr. Shannon repeated a couple of phrases a few times, one of which is “a timeline”. I am sure Dr. Shannon was not being cynical, but how confident is he that the Garda and Tusla will ensure his recommendations are implemented? Is he confident that the Garda and Tusla will follow through on the recommendations? I fully agree with Dr. Shannon that someone should oversee whether the recommendations are implemented. Dr. Shannon spoke about coming back in a year’s time. What if nothing has happened in a year? There are 12,000 reports on children. Where are they? I am not sure whether I am out of order, and I hope I am not, but is there anything we can do to recommend that Dr. Shannon is the person to oversee implementation of his report?

**Dr. Geoffrey Shannon:** I would of course be delighted to be the person to oversee it. I guarantee the committee that, as those around the table know, I will give an honest account. Sometimes the truth is uncomfortable. Nonetheless, I would not be doing the State any service by sugar coating any of the messages. I have been around long enough to know that reports gather dust in a large number of situations. We cannot afford for this to happen on this occasion. The issues raised in the audit are hugely significant and strike at the heart of our child protection system. As the Vice Chairman said, we need timely and meaningful implementation of the recommendations. It cannot just be a box-ticking exercise. When I looked at interagency co-operation I did so with a very neutral eye. When I started to unpick it, what I found again and again is it was tokenistic. It was about filling in a form and passing it on and the box has been ticked. This is just not good enough for children. Certainly from my review of section 12, and I have not done a section 13 review, we need agencies to move out of their silos and work together. The report shines a light on the fact this is not happening. It is not just Tusla or An Garda Síochána. It is also about mental health services.

The points raised this morning are equally valid. Children need a cohesive service. They cannot be pushed from agency to agency. The advantage of co-location is all of the services that children need would be located in one place. This commends itself to a good sense. It requires a complete rethink as to how we deal with child protection. It would be an exciting project for the committee to undertake. At present, discrete issues are dealt with as they arise. I am calling for fundamental reform of our child protection system, which would bring about the cultural change required. If that does not happen we will be back here in four or five years’ time with quite a similar report and we will all be outraged. As I said, and it was picked up on, after the outrage must come meaningful action.

**Vice Chairman:** What Dr. Shannon is saying is he does not have any confidence.

**Dr. Geoffrey Shannon:** I am not saying I do not have any confidence. I am an optimist by nature. I welcome the Minister’s statement this morning. The Minister has a strong record in the area of human rights and I hope we can deliver on this. Confidence requires a timeline for implementation. It would be unfair and disingenuous of me to state that I have confidence until

such time as I see the timeline and the staggered implementation of the recommendations. I can say I am conscious of the fact and reassured that the Minister has moved very quickly to deal with this but I welcome it as first step. The first step is we have the implementation plan. I will state I have absolute confidence when the recommendations are implemented or there is significant progress in the implementation. As I have also said, members of An Garda Síochána have indicated they will implement them as soon as possible, but actions speak louder than words and this is something of which we should not lose sight.

**Deputy Anne Rabbitte:** As I was listening to the questions I came up with a little brain-wave. The Garda requested the audit be carried out. I sit on the joint policing committee in Galway. It would be very welcome if An Garda Síochána dedicated a section of its bimonthly report to children. Various offences are documented in the report. Could there be one specifically looking at where the Garda had to invoke a section 12 with regard to children, with a breakdown on whether there was domestic alcohol or drugs? The spotlight would be shone at a local level every two months, which would feed into the national idea. It would strengthen the hand of awareness and continuous media coverage, and it would keep it on the agenda. Unfortunately if we do nothing we will not speak for a year and much might have passed. Timelines are essential for implementation. This is something to which An Garda Síochána has access because it is on the PULSE system. What does Dr. Shannon think of this idea?

**Dr. Geoffrey Shannon:** Information is power. The proposal would enrich our understanding. As part of the PULSE chapter I attempted to provide very detailed data. We now have data, which is why I was slightly at a loss to understand why there was a recommendation on having to gather data on the demand for a national out of hours service. I have an entire chapter detailing forensically the circumstances in which section 12 was invoked from 2008 to 2015. This could be updated to look at 2016. It is unlikely there will be a significant change over that longer period relative to the shorter period of time. I support having this type of information in the public domain and that it is regularly available.

Deputy Rabbitte has prompted me to make a further observation. It would be helpful if the implementation plan from the perspective of an Garda Síochána would be shared with this committee. This is the committee for issues relating to children. I commend Detective Superintendent Declan Daly and Detective Inspector Michael Lynch, who are the two key lead people. I found them very receptive to suggestions. Continuing to feed the information gives us an accurate picture.

To come back to Deputy Funchion's question, it is not mystification. Something that has remained with me since the audit is that rank and file members of An Garda Síochána are unsure as to what happened the case. They are deeply invested. The nation should be particularly proud of some of the junior rank and file members of An Garda Síochána. I was hugely struck by the sheer commitment of young gardaí. I remember one case where a member of An Garda Síochána exercised section 12 powers on a Friday. She said she thought of nothing else over the weekend only whether she had taken the right decision. While I have criticised Garda training and the PULSE system, the State is well served by front-line social workers and front-line gardaí. What we need to do now is create the proper framework for our child protection system to operate.

**Deputy Donnchadh Ó Laoghaire:** To pick up on what Deputy Funchion said, and I know it is illustrative, we have the case of a child placed with another foster child, there were allegations of abuse and the birth mother felt the child should be removed from the situation but this action was not taken. There was another example of a child being returned to the person who

was alleged to have abused that child. I accept I am a layperson and these cases are illustrative. Dr. Shannon spoke about mystification in terms of the Garda and I am mystified by a number of these cases.

Briefly, I wanted to ask about the 24-hour service. In his audit, Dr. Shannon found that, in the context of the 24-hour service, gardaí did not necessarily have access to the requisite files on the children who were the subject of section 12 orders. I will ask a very simple question because Dr. Shannon has talked in terms of his confidence in progress and implementation. Does Dr. Shannon believe Tusla is fit for purpose? Does he believe our child protection service is fit for purpose?

**Dr. Geoffrey Shannon:** It is a difficult and political question and I have always tried to stay out of the political domain. Where we get confidence in our child protection system is in audits of this nature and people willing to accept where there are gaps. We all make mistakes and we all can improve and we need to create a culture where we are receptive to change.

I am not avoiding the question. I support Tusla's programme of reform. It is hugely important that we have a child protection system that is fit for purpose. That is unquestionable. What Tusla now needs to do is build up public confidence in our child protection system. That involves taking an open approach to all reports and being receptive to different approaches. It comes back to Deputy Jan O'Sullivan's signs of safety. Let us have a debate. These decisions should be discussed at this committee. This committee has a key role. The members represent the citizens of this country. It is important that the members have a say in how our child protection system operates. Ultimately, these decisions will be taken by Tusla but having that conversation is important.

Coming to the discrete question, as I said, I am reluctant to comment on an individual case. What I will say is that I accept the point that the public needs to have confidence in how individual cases are dealt with. If, in fact, the factual matrix the Deputy presented is that the public needs to understand why it is acceptable that a child would remain in a high-risk environment, it is not sufficient to state that it is complex or challenging. We need to be able to explain in layman's terms why, in situations such as the example the Deputy demonstrated, it may be acceptable from a child protection perspective for the child to remain in the family. The case is one of many cases. As I say, I have not seen the file and it would be unfair of me to comment on the individual case. Nonetheless, there is an issue of public confidence. Of course, the public, looking in at an example like that, should feel confident that the right decision was taken. If the public does not, it undermines public confidence.

**Vice Chairman:** I am conscious Dr. Shannon has been in the spotlight for nearly two hours. We have one more question from Deputy Neville. Is there any other question?

**Deputy Tom Neville:** Mine is more an observation regarding Dr. Shannon's report, namely, that I welcome the information he has given on rank-and-file gardaí with whom he has been working closely. Given the challenges the Garda has had to go through over the past six to 12 months, it is imperative that we, as a committee, highlight that. We see from Dr. Shannon's report and his audit that rank-and-file gardaí are doing the job to the best of their ability and with the best of intentions. We should highlight that rank-and-file gardaí are out there and that the majority are doing the job for the right reasons. That needs to be highlighted. I welcome that from the report. It is one aspect that struck me straight away.

**Dr. Geoffrey Shannon:** I would add, if I could, that I felt that there is an openness within



the child protection unit in Harcourt Street. I may have been an irritant at times as I continued to pursue, for example, the PULSE data. I was forensic in terms of seeking answers to anomalies in the PULSE data. I am concerned that we have a database where the only element of accountability is inserting details on the PULSE system, particularly if that system is not perfect. One must remember that section 12 is exercised without a court warrant and the accountability that Deputies Ó Laoghaire and Funchion referred to is in ensuring that there is an accurate recording. I found that there was a receptiveness within that unit. I cannot speak for An Garda Síochána but I am giving an honest account. While there are fundamental problems with how PULSE operates, An Garda Síochána, by and large, does a good job when it comes to dealing with emergency child protection.

**Vice Chairman:** I would add to that as well that it was wonderful to see the compassion of gardaí outlined in Dr. Shannon's report. Knowing that makes the terrible issues a tiny bit softer.

I thank Dr. Shannon. He really has been incredible this morning. I thank him for the way he answered all the questions. It was certainly a rapid-fire approach and we are very grateful. If there is anything we can do, as I said, to promote or encourage that Dr. Shannon is part of the next stage, I am sure that the committee would agree to do something in that vein.

I was somewhat remiss earlier so I take this opportunity to congratulate the Minister of State, Deputy Jim Daly, on his new appointment. That is why I am here today. I am only taking his place temporarily. It is terrific that he has been made Minister of State at the Department of Health with special responsibility for mental health and older people. We wish the Minister of State the greatest success.

I would like to introduce Ms Emer Croke, who has replaced Ms Dervila Flynn as clerk to the committee. I probably was not supposed to do this publicly but I am saying, "Hello and welcome", to her.

Before I adjourn proceedings until our next meeting on Wednesday, 12 July, I wish to point out that the latter is supposed to start at 10 a.m. However, in order to help Deputy Funchion with her report, would it be acceptable to meet here at 9 a.m.?

**Deputy Kathleen Funchion:** Great. If the report is circulated today, I ask that members, if they have amendments or changes, would get them back before then.

**Vice Chairman:** If we can get them back to Deputy Funchion before 7 July-----

**Deputy Kathleen Funchion:** That would be brilliant.

**Vice Chairman:** -----is that all right?

**Deputy Kathleen Funchion:** By 7 July is fine.

The joint committee adjourned at 11.47 a.m. until 9 a.m. on Wednesday, 12 July 2017.