



Child Care Law Reporting Project

Ripe for Reform: An Analytical Review of Three Years of Court Reporting on Child Care Proceedings

Executive Summary

**A Report Commissioned by the Department of Children, Equality,
Disability, Integration and Youth**

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Executive Summary

Introduction

Established in November 2012, the Child Care Law Reporting Project (CCLRP) conducts court reporting and research on child law. It aims to promote transparency of, accountability for and debate on child care court proceedings while operating under a protocol to protect the anonymity of the children and their families involved. It seeks to support better outcomes for children and their families by providing information to the public and policy makers on the operation of the child care system in the courts and on the issues that lead to such proceedings being taken.

This is our eighth analytical report, which is based on three years of court reporting from mid-2018 to mid-2021. It is part of a programme of work commissioned in 2018 and funded by the then Department of Children and Youth Affairs. While the present report was commissioned by the then Department of Children and Youth Affairs, many of its findings and recommendations concern the work of the Child and Family Agency (CFA), mental health and disability services provided by the Health Service Executive (HSE) and the operation of the courts, which falls under the remit of the Department of Justice, the Courts Service of Ireland and the judiciary.

Timing of Report: This report comes at a crucial time for child care law and family law generally in Ireland, when legislation to set up a separate Family Court has been published and the pivotal Child Care Act 1991 is under review. This Act replaced the 1908 Children Act, and represented a huge advance in legislating for the care and protection of children at the time, but it predated Ireland's signature of a number of important international instruments, and the major constitutional endorsement of the rights of children, the 2012 Amendment, which introduced Article 42A into the Constitution. It is our hope that the insights drawn from this work and presented in the recommendations below will feed into these important reforms and be used to strengthen and improve the systems around child care proceedings.

Methodology: A socio-legal methodology was adopted for this report, which employs a mixed-methods research approach. The key method was to use NVivo software to collate and analyse primary data from 403 published and unpublished case reports. A small number of High Court cases observed but not published during the same period of time were included, as well as drawing on our previous work. Other methods include a review of relevant Irish and international human rights law and academic research; relevant official statistics; and a small number of qualitative informant interviews with experts in specific fields.

Chapter 1: Institutional and Legal Context of Child Care Proceedings

Introduction

Responsibility for the development of policy and legal reform in relation to child protection lies with the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). Under its aegis, the Child and Family Agency (CFA) is responsible for delivering child protection, alternative care and family support services. Many related issues, for example the conduct of care proceedings and therapeutic and health services for both parents and children, lie with other agencies, like the Department of Justice, the Courts Service and the HSE.

In fulfilling its safeguarding duty, the CFA may admit a child into its care under a voluntary agreement with the consent of the child's parents or where the child appears to be lost, orphaned or abandoned. It is also obliged to apply for a judicial order if this is deemed necessary to ensure the child is protected. The Child Care Act 1991 provides for five orders: an emergency care order, an interim care order, a care order, a supervision order and a special care order. About 6,000 children live in alternative care in Ireland, most (91 per cent) in foster care, of which just over a quarter (26%) are living with relatives. Some seven per cent live in residential care (mostly provided by private companies) and two per cent in "other" care placements.

Constitutional and Statutory Framework

Since April 2015, the Constitution contains a four-part article, Article 42A, which strengthens the constitutional rights afforded to a child. It must be read alongside Articles 41 and 42 which provide specific protection to "the Family". Article 42A commits the Oireachtas to legislate so that the best interests of the child will be the paramount consideration in the resolution of child care proceedings and provides for the views of the child to be ascertained in proceedings concerning them.

European and International Human Rights Law

Ireland is obligated to ensure its laws and practice comply with a host of laws and human rights treaties and instruments from the European Union, the Council of Europe and the United Nations. Among the many provisions involved, the following rights can be identified:

- Right to protection from harm
- Right to alternative care
- Right to family life
- Right to be heard
- Right for best interests to be primary consideration
- Right to a fair hearing within a reasonable time
- Parental right to participate
- Right to an effective remedy.

Other applicable provisions include the need for child-friendly justice and the application of the Public Sector Duty under the Irish Human Rights and Equality Commission Act 2014.

Introduction to District Court Proceedings

Most child care proceedings are heard in the District Court or on appeal to the Circuit Court. Usually, the CFA is the applicant and the child's parents are the respondents. In most cases, the child has no legal status in the proceedings and is rarely present in court. At the discretion of the judge, a guardian *ad litem* (GAL) or solicitor may be appointed to represent the views and interests of the child.

There is no separate, unified or specialist child or family court at the moment, though the Heads of a Bill to establish a Family Court have been published and the Department of Justice has established a Family Justice Oversight Group to discuss widespread reform of the family justice system. Cases are currently heard in the 24 districts of the District Court. Our 2019 review of the District Court found that almost three-quarters of child care cases are not heard separately from the general and family list, a potential breach of the *in camera* rule as families and legal practitioners are forced to mingle in public areas, and that physical facilities are poor in many venues, in a context where people often must wait all day for their case to be heard. Practice varies across the country in terms of waiting lists, case management, appointment of GALs and the reviews of orders by the court. This all makes progress on the Family Court Bill urgent.

Introduction to High Court Proceedings

Applications for special care orders are heard in the High Court rather than the District Court. These orders permit the detention of a child as a means of securing their safety and for therapeutic and educational purposes. In these cases, the CFA is the only permitted applicant and the child is the named respondent and is represented by a guardian *ad litem* who is legally represented. The threshold for granting a special care order focuses on the child's behaviour, risk of harm and care needs, there is no need to establish that the parent has failed the child. Parents must be consulted and are notice parties to the proceedings.

For the past 20 years, the High Court has been detaining children in special care under its inherent jurisdiction. In late 2017 a statutory framework for these interventions was commenced, under the Child Care (Amendment) Act 2011. An order can be made in respect of a child between the ages of 11 and 17 for a maximum period of nine months, with the court conducting reviews of the child's progress every four weeks. In addition to special care orders, a child with a mental disorder may be involuntarily admitted to hospital under the Mental Health Act 2001 and a child in need of specialised care may be made a Ward of Court under the court's inherent jurisdiction. Some children under special care orders or wardship arrangements are transferred out of this jurisdiction for care.

Chapter 2: Review of District Court Proceedings Attended

Overview of District Court Cases Attended

We attended proceedings in each of the 24 districts of the District Court from mid-2018 to mid-2021, generating 360 case reports in seven volumes. The majority of proceedings we attended related to Interim Care Orders, followed by Care Orders, and then Supervision Orders and Emergency Care Orders. Proceedings also focused on various aspects of the child's welfare while in care, including access arrangements. We also observed a small number of proceedings where a child was involuntarily detained in an in-patient mental health facility under section 25 of the Mental Health 2001. Most of the proceedings concerned children who were traumatised, distressed and in need of care and support, but there were also cases where it was reported that the child and/or their parent had made huge progress and in some cases reunification was possible.

Admission to care fell into one of three groups. The majority of admissions related to a concern that the parent had neglected or abused their child or failed to protect them from harm. Some admissions were focused on the child's presentation with emotional, behavioural or mental health difficulties, which raises the issue of appropriate supports for the child and his or her family. A third group consisted of those who had no adult responsible for the child, such as unaccompanied minors (separated children), or where a parent was dead or absent.

A large number of cases involved chronic neglect, commonly featuring a long history of family engagement with social services involving poor living conditions, lack of hygiene, lice infestations, exposure to adult materials and lack of sex education. Many parents were experiencing multiple difficulties which hindered their ability to care for the child, including mental health and addiction problems, often accompanied by domestic violence and homelessness. Cognitive impairment also featured in many such cases.

Ethnic minority parents – migrants, Travellers and Roma – were disproportionately represented in child care proceedings. The particular issues posed in these cases included trans-national or trans-ethnic placements, children being left behind by a parent, language barriers, and cultural sensitivity. Some cases involved engagement with cultural and traditional practices like early marriage and strict parenting styles.

Participation of the Child

Practice under the 1991 Act does not fully vindicate the child's constitutional right to have their views ascertained and heard in child care proceedings. A Bill which sought to rectify this issue fell with the dissolution of Dáil Éireann in 2020. The Heads of an amended iteration of this legislation was published in October 2021 and the Government approved the priority drafting of a Bill to, among other things, reform the appointment of guardians *ad litem* in child care proceedings.

In the period under review, we saw no example of a child being made party to proceedings under section 25 of the Child Care Act. Hence, in all cases the child's views were communicated indirectly by the social worker, GAL or parent (sometime differing accounts were given). A GAL was appointed in the majority of care proceedings we observed, and we document here the various ways the GAL engaged with proceedings, from communicating the wishes of the child to the court, to expressing their professional opinion about what was in the child's best interests and seeking supports for the child. While in most cases, the GAL supported the CFA application, we document some interesting examples of where the GAL was not fully supportive of the CFA's position.

Participation of the Parent

Respondent parents are generally legally represented, often by the state Legal Aid Board. However, some proceedings were delayed due to the parent arriving at court without representation. We observed cases where a vulnerable parent (including minors in care themselves) needed support to participate in proceedings, whether due to literacy difficulties, intellectual disability, mental health difficulties, language barriers or unfamiliarity with state systems. A GAL or advocate was appointed for the parent in some cases but there was a lack of clarity on the need for and provision of such support.

Impact of Covid-19

The pandemic compounded weaknesses in child protection services and child care proceedings creating a "perfect storm": children were less seen by those who might identify a concern, home environments became more difficult, the safety of school and therapeutic services disappeared, social workers were no longer able to communicate face-to-face, access was stopped or reduced, reunifications stalled, and assessments were delayed, which in turn delayed court proceeding. Unlike the UK and many other European jurisdictions, no exemption to the closure of schools was made for children at risk of harm, those in care or those with disabilities. On the positive side, the CFA and other organisations were able to continue to offer children support via phone or using technology. Some elements of the court process and certain hearings were moved online.

Issues Arising

Key issues identified include:

- Delays in the provision of therapeutic and disability services, mainly the responsibility of the HSE, leading to an escalation of the child's difficulties with neither the court nor the CFA able to fast-track access to the services for a child in care;
- Gaps in the provision of mental health services for children in need of them, where the child did not qualify for a CAMHS response under its diagnostic criteria, or for detention and treatment under the Mental Health Act 2001;
- Delays in securing assessment and expert reports leading to the adjournments of proceedings, again usually outside the remit of the CFA;
- Delays in securing a date for a care order hearing leading to children remaining in care under interim care orders for protracted periods of time, which may have an emotional toll on a child and create a momentum towards a full care order;
- Lack of supports and clarity in relation to how family reunification could be achieved;
- Care proceedings being brought in relation to children who had spent several years in care under voluntary agreements, where circumstances change leaving the child exposed to an uncertain future; and
- A gap in the law whereby the judge was unable to make an order on his or her own motion, where the CFA either did not have an application before the court, or the judge felt a different application would be appropriate.

Chapter 3: Review of High Court Proceedings Attended

Chapter 3 provides an overview of Special Care cases heard on a weekly basis in the Minors' Review List concerning 29 children. Some of these children were made Wards of Court.

Profile of Children

Many of the children had been in care, including special care, for significant periods of their childhood. Their care needs were highly complex, often with multiple diagnoses and challenges. They presented with a spectrum of emotional and behavioural difficulties and psychological disorders. These included intellectual disability, learning difficulties, personality disorders (termed as an “emerging” disorder for those under 18 years), eating disorders, and polysubstance drug abuse. They often had a history of neglect and abuse including sexual exploitation. Many presented as severely traumatised, were engaging in self-harm, had suicidal ideation and sometimes extremely violent thoughts and behaviours towards themselves and others.

Issues Arising

Key issues identified include:

- Difficulties in obtaining appropriate services and therapies;
- Lack of step-down options, especially for those nearing 18 years of age who would no longer be eligible for detention in special care. This may result in a child being detained for longer than necessary;
- Ongoing need to transfer a child to another jurisdiction for specialised care and treatment (generally the UK);
- Legal uncertainty for those who were made a Ward of Court and transferred to the UK to obtain treatment, as their care is then subject to UK law and difficulties have arisen in terms of discharging the young person back to Ireland;
- Interagency cooperation – the need for protocols and active collaboration between the CFA and the HSE, including Child and Adolescent Mental Health Service (CAMHS);
- Intersection with criminal justice system;
- Mental health and emerging personality disorders, where the law needs clarification so that treatment can be provided in Ireland; and
- Eating disorders requiring in-patient care including involuntary hospitalisation; where very few facilities are available.

Chapter 4: Review of Especially Challenging Cases

Chapter 4 examines a small number of especially challenging cases involving domestic homicide, suspected sexual exploitation of children and gender dysphoria. These pose additional challenges for publication without risking identification of the child or children involved, given the unique features in these cases and risk of “jigsaw” identification when linked to reporting of related criminal proceedings. In some cases, the judge directed that certain material not be published.

Domestic Homicide

Over the past three years, we attended four cases where there had been an alleged killing or attempted murder of a mother by the father of her child or children and the children were taken into care. In one case, the father was acquitted on a murder charge and the child returned to his care.

Issues arising from domestic homicide cases include the fact that the children will have suffered sudden and severe trauma, having possibly witnessed the killing; they will have lost both parents, including the remaining parent who is now incarcerated in the long or short term; their family will be fractured and there may be conflict among the relatives over their care; where the family has a migrant background, there may be no immediate or extended family in the State. UK studies indicate high risk of PTSD among such children.

There are no guidelines on who may be the best person or people to care for the children, or whether specific training might be required for their carers. Until a full care order is made, a child’s surviving parent remains the legal guardian, even if accused of the murder of the other parent. The family of the victim has no right to care for the child or attend care proceedings. The child may not be able to access therapeutic support until a full care order is granted.

Legal reforms identified to remedy these issues include considering making the victim’s close relatives notice parties to the proceedings where reason is given; permitting, in exceptional circumstances, close relatives to seek legal guardianship without caring for the child for a minimum of a year as currently required. In addition, the need for early intervention specialist support was identified.

Sexual Exploitation of Children in Care

Concerns have arisen that some children in care are at risk from serious sexual exploitation, possibly by organised groups, while absent from their placement. Commonalities arising from these cases include a history of sexual abuse or early sexualisation, self-harm, drug use and lack of insight into the danger their behaviour poses to themselves. They are likely to lack family support which heightens the risk of exploitation. There is a need for enhanced supervision, involving the Garda Síochána as well as the CFA, in these cases.

Gender Identity Issues

Some of the cases dealt with by the High Court saw gender dysphoria combined with very serious psychological and behavioural issues, posing enormous challenges for the children, professionals and families alike. As far as we are aware, there is no policy providing guidance on how care providers, legal professionals and the court can most appropriately address the needs of a child in care who identifies as transgender.

Issues Arising

Key issues identified include:

- The fact that a parent dies a violent death is not recognised as a specially traumatising event for a child, requiring urgent therapeutic intervention and specialised support for both children and carers;
- There is no provision for the exceptionally complex family relationships that arise in the aftermath of a domestic homicide;
- In cases involving suspected sexual exploitation, there is a need for enhanced supervision of the child and close cooperation between the CFA, the Garda Síochána and the child's GAL; and
- In cases involving gender dysphoria often combined with other serious issues, there is no national policy providing guidance for the child, the professionals, the courts and the families.

Chapter 5: Recommendations for Reform

Chapter 5 draws together our concluding observations and proposes a series of recommendations, grouped under five themes. This report has been commissioned by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), the department responsible for the CFA, but the various needs of children involved in child protection proceedings can also fall under the responsibility of the Department of Justice, the Department of Health and the HSE. Therefore, some of the recommendations listed below refer to these departments and bodies.

Recommendation A: Establish a Family Court

The current District Court system for hearing child care proceedings in inadequate buildings with crowded lists is not fit for purpose and hinders good practice and human rights compliance. The Government has committed to establishing a Family Court and in 2020 published the General Scheme of the Family Court Bill and established the Family Justice Oversight Group.

Parental addiction is the core reason for a significant proportion of children coming into and remaining in care. Many of these parents have the potential with support to overcome their addiction, to be able to parent safely and to be reunited with their children. Family Drug and Alcohol Courts operating in different jurisdictions have had a positive impact on the rate of family reunification and so reducing the numbers of children in care, and have been found to be a cost-effective intervention.

At present, applications for a care or supervision order, a special care order or wardship which concern the same child are heard by different judges in different courts. Adherence to the principle of “One Child, One Judge” may require the transfer of certain proceedings from the District to the High Court. In addition, child care proceedings are often delayed due to difficulty in securing the timely completion of child and parental assessments and expert reports. In some Australian states, a Children’s Court Clinic has been established to streamline the provision of such services to the court. In the context of ongoing work on family justice reform and the publication of the General Scheme of the Family Court Bill 2020, consideration should be given by the Department of Justice, the Family Justice Oversight Group and the Court Service to:

1. Urgently progress the publication of the Family Court Bill and prioritise its examination by the Houses of the Oireachtas.
2. Introduce a family drug and alcohol programme within the Family Court to support family reunification where it is safe and in the child’s best interests.

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3. Establish mechanisms to allow for judicial continuity within the Family Court to enable all cases concerning the same child to be heard by the same judge.
4. Establish an independent service comprising suitably qualified experts to carry out assessments and provide expert evidence for the purpose of supporting decision-making by the Family Court.
5. Set up a Court Support Office to oversee the appointment and regulation of independent advocates, GALs, cultural mediators and interpreters for vulnerable parents including those with impaired capacity.

Recommendation B: Address Gaps in the Legislative Framework

The Government has recognised the need to review and update the Child Care Act 1991. In the context of the ongoing review of the 1991 Act and the consideration of the General Scheme of the Child Care (Amendment) Bill 2021, consideration should be given by the Department of Children, Equality, Disability, Integration and Youth to the following recommendations.

Care orders and voluntary care agreements: Cases continue to be presented to the courts where children have spent protracted periods of time in care under an interim care order awaiting a date for a care order hearing or while an assessment is being conducted; and where circumstances for a child in voluntary care have changed leaving the child in an unsatisfactory legal situation.

6. Amend section 17 to include a maximum period of time that a child may remain in care under an interim care order.
7. Introduce an assessment order where a child may live in care or at home for a specified time period while an assessment is conducted, with progress and results reported to the court.
8. Amend section 4 on the maintenance of a child in care under a voluntary care agreement (as opposed to admission to care under this section) to include that the child's guardian be available to provide ongoing consent; the ascertainable views of the child be taken into consideration; and include a maximum period of time before judicial proceedings must be commenced.

Views and best interests of the child: The child's views are rarely heard directly by the court. The child's constitutional right to be heard and for their best interests to be paramount has yet to be provided for in statute law. In October 2021, the Minister for Children published the General Scheme of the Child Care (Amendment) Bill 2021 which seeks to address stakeholder concerns of an earlier iteration of this legislation, the 2019 Bill. We welcome the fact that the Bill has received approval for priority drafting.

9. Progress the publication of the Child Care (Amendment) Bill and prioritise its examination by the Houses of the Oireachtas in order to vindicate the child's constitutional right to be heard and to have their best interests considered paramount in child care proceedings.

Power of the Court: A lacuna exists in the Child Care Act 1991, where the court cannot make an order on its own motion, if the CFA, the only body empowered by the Act to bring an application, fails to do so for any reason; if the CFA withdraws

proceedings; or where the judge considers the threshold for a particular order has not been met, but a different order would be appropriate.

10. Amend section 16 of the 1991 Act to empower the court to make a decision on its own motion to initiate or continue with care proceedings in exceptional circumstances or substitute a different order for that sought by the CFA.

Domestic homicide: The needs and rights of child victims of alleged domestic homicide are inadequately provided for under Irish law. A parent charged with or convicted of the murder, manslaughter or serious assault of the child's other parent does not lose guardianship rights in respect of their child. This means that key elements of the child's life, including consent for therapeutic services and the granting of rights to carers, requires the consent of this sole remaining guardian until such time as a full care order is secured under section 18. Other close relatives have no rights in relation to the bereaved child, who may be left without both parents in cases of murder/suicide or incarceration of the surviving parent. They have no right either to any form of participation in care proceedings. The drafting of amendments to address these issues would need to respect the constitutional rights of the surviving parent. In circumstances where the accused is acquitted, the CFA or the parent can seek the discharge of a care order and the substitution of a supervision order, if deemed in the child's interests. In cases of alleged domestic homicide:

11. Provide that a section 18 hearing shall commence within two months of the application being lodged, and that the child receives urgent therapeutic support as soon as possible after the incident
12. Amend the Child and Family Relationships Act 2015 to permit, in exceptional circumstances, an application for guardianship to be made by a relative of the child in circumstances where the relative does not satisfy the statutory one-year time period of caring for the child prior to the application.
13. Amend the Child Care Act 1991 to permit relatives to apply to be made notice parties in child care proceedings.

Protection of identity: Many children who have previously been in special care or detained in mental health centres on reaching maturity remain extremely vulnerable. Once they reach eighteen years there is no longer a prohibition on the publication of their identity and material relating to the fact the individual was once in care. Many of these young people will continue to appear before the courts in wardship, civil and criminal proceedings. Their identity is not made public under wardship proceedings, but can be reported in media reporting of civil and other criminal proceedings. Given the unique nature of some of the child's behaviours and life histories, there is a risk of jigsaw identification which may extenuate the risks to the child if their identity is made public.

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14. Amend section 27 of the Civil Law (Miscellaneous Provisions) Act which prohibits publication of material that identifies an individual as a person suffering with a medical condition to also prohibit publication identifying a young person subject to criminal proceedings who has been in special care or made a Ward of Court.

Recommendation C: Strengthen Capacity to Respond to Therapeutic Needs of Children in Care or At Risk of Entering Care

Addressing the child's mental health needs are often central to both District and High Court child care proceedings. A child experiencing mental health issues including self-harm and suicidal ideation may be admitted to care or made a Ward of Court as part of a crisis intervention. In such circumstances there may be no issue of parental failure, indeed the parent may request the placement as a means of providing the child with safety and support.

In addition, a child in care may require therapeutic support and the child may require a more intensive care setting, such as special care, if their therapeutic needs are not adequately met. Finally, the lack of appropriate step-down placements for children and young people (over 18 years) on leaving special care or wardship has been highlighted by the High Court for years.

Consideration should be given to the Health Service Executive leading on the following initiatives:

15. Commission a review of policy, practice and capacity within the mental health services to examine how the mental health needs of children in care or at risk of entering care can be met.
16. Develop a joint protocol between the Health Service Executive, the Child and Family Agency and An Garda Síochána where a child in care presents in a crisis seeking emergency medical or psychiatric care.
17. Review the need for, and provision of, appropriate interventions for children and young people who do not meet the threshold for secure care, but who need ongoing protection and therapeutic care, with a view to providing appropriate placements and services as a matter of urgency.

Recommendation D: Develop an Inter-Agency Policy and Protocols on Sexual Exploitation

National policy: There is no national policy which aligns the relevant legal principles and social worker aspects of child care proceedings and expressly promotes compliance with constitutional, European and international human rights obligations. Practice by the CFA and their legal representatives can vary between courts within the District Court. In addition, where child care proceedings intersect with criminal investigations and prosecutions different approaches to sharing evidence between the CFA and An Garda Síochána have been observed. There is also no guidance on asking a District Court to state a case to the High Court on key issues that repeatedly arise. Consideration should be given to the Child and Family Agency leading on the following initiatives:

18. Develop an inter-agency policy on child care proceedings which sets out a national approach to the preparation and management of child care proceedings, including the identification of cases with potentially complicating features such as sexual abuse and gender dysphoria, and what expert advice may be needed.
19. Compile a Plain English guide to child care proceedings for a non-legal audience, including children and parents.

Sexual exploitation: This report has raised concerns about delays in dealing with the sexual exploitation of adolescents in care during periods of absconding from their care placement. In such cases, there should be close liaison between a designated and trained member of the Garda Síochána, the child's social worker, guardian *ad litem* and carers.

20. Develop a joint protocol between the Child and Family Agency and An Garda Síochána where the sexual exploitation of minors in care is suspected.

Recommendation E: Commission Solutions-Focused Research on Ethnic Minorities and on Children with Severe Difficulties

Two issues identified in this report require further research and consultation with relevant stakeholders and experts on how to translate the research findings into tangible reform recommendations in the Irish context. In the context of the ongoing review of the Child Care Act 1991, consideration should be given by the Department of Children, Equality, Disability, Integration and Youth to commission research on the following areas:

Ethnic minorities: Children from Traveller and migrant backgrounds are disproportionately represented among the population of children subject to child care proceedings. While we may draw lessons from other jurisdictions, where similar patterns exist, it would be hugely valuable to understand the issues as they are occurring within the Irish context.

21. Commission research on the reasons for and implications of a disproportionate number of children subject to care proceedings being from Traveller and ethnic minority backgrounds.

Young people with severe difficulties: The High Court presides over the care and detention of a small number of children and young people with complex emotional and behavioural needs who pose a danger to themselves and others, under three legal frameworks (Child Care Acts; Mental Health Act 2001; and wardship). Due to a lack of specialist facilities in Ireland Irish resident children continue to be detained in foreign hospitals, in particular the UK. Differences in law and practice between jurisdictions can be problematic, as well as raising issues as to how to respond to an individual who turns eighteen years and continues to pose a serious risk of harm to themselves and others.

Mental health problems and psychiatric illnesses often manifest in late adolescence and early adulthood with the individual's care transiting from the child to adult services and between the CFA and HSE. The adoption of a unified child and youth mental health services to bridge the transition between child and adult services could be explored.

22. Commission research to explore international best practice regarding a legal framework and service delivery model for the treatment of children and young adults with challenging emotional and behavioural difficulties, including emerging psychiatric and personality disorders, who require detention for their own safety or the safety of others.

The Child Care Law Reporting Project

Who We Are

Established in November 2012, the Child Care Law Reporting Project (CCLRP) supports better outcomes for children and their families by bringing transparency through reporting and research to child law in Ireland. We provide information to the public on the operation of the child care system in the courts with the aim of promoting transparency and accountability. We conduct research on these proceedings to promote debate and inform policymakers. We operate under a protocol to protect the anonymity of the children and their families subject to proceedings. Through our work we seek to promote confidence in the child care system.

The remit of the CCLRP is set and limited by law, the Child Care (Amendment) Act 2007. We can only report on what happens and is said in court about such proceedings. We can also use the information given in court for broader analysis of trends emerging from the selection of cases we attend. Currently, we report on District Court child care hearings and High Court special care hearings and some wardship cases involving children and young adults emerging from other forms of care.

The CCLRP is a company limited by guarantee (CLG) and is governed by a Board of Directors. We are funded by the Department of Children, Equality, Disability, Integration and Youth; our operational independence is guaranteed in the agreement between the CCLRP and the department. We employ a Director (Dr Carol Coulter) and Deputy Director (Maria Corbett) and engage a number of reporters, all on a part-time basis.

Our Work

All our case reports and analytical reports are available on our website <www.childlawproject.ie>

Latest case report: <https://www.childlawproject.ie/publications/> (published bi-annually summer/winter)

Observations on response to Covid19 pandemic and related case reports
<https://www.childlawproject.ie/covid-19/>

[Observations on the General Scheme of the Family Court Bill 2021](#)

[Observations on Child Care Amendment Bill 2019](#)

[District Court Child Care Proceedings: A National Overview](#)

[An Examination of Lengthy, Contested And Complex Child Protection Cases In the District Court, By Carol Coulter, March 2018](#)

[Final Report, Child Care Law Reporting Project by Dr Carol Coulter November 2015](#)

Child Care Proceedings: A Thematic Review of Irish and International Practice (Maria Corbett and Carol Coulter) <https://bit.ly/2ZASpy2>

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