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A study of Tusla - Child and Family Agency's actions and decision-making process following An Garda Síochána's application of Section 12 of the Child Care Act 1991

TUSLA

An Ghníomhaireacht um Leanaí agus an Teaghlach
Child and Family Agency

UNESCO Child and Family Research Centre
NUI Galway

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Table of Abbreviations

AFP	Australian Federal Police
AGS	An Garda Síochána
AHCPES	After-Hours Child Protection Emergency Service
CFSNs	Child and Family Support Networks
CIS	Crisis Intervention Service
CPNS	Child Protection Notification System
CPS	Child Protection Service
DME	Decision-Making Ecology Model
DOH	Department of Health
ECO	Emergency Care Order
EOHS	Emergency Out-of-Hours Service
EPSS	Emergency Place of Safety Service
GADM	General Assessment and Decision-Making Model
JIRT	Joint Investigative Response Taskforce
Meitheal	A National Practice Model for all agencies working with Children, Young People, and their Families
MIST	Multi-Agency Investigative Support Team
MOU	Memorandum of Understanding
NI	Northern Ireland
RESWS	Regional Emergency Social Work Service
S12	Section 12 of the 1991 Child Care Act
SOfS	Signs of Safety
Tusla	Tusla - Child and Family Agency
UCFRC	UNESCO Child and Family Research Centre
UK	United Kingdom
UNCRC	United Nations Convention on the Rights of the Child
US; USA	United States; United States of America

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Introduction

Tusla - Child and Family Agency (hereafter called Tusla) and An Garda Síochána (AGS) are the key agencies empowered by law to carry out assessments and investigations, respectively, of suspected cases of child abuse and neglect in Ireland. Each agency manages its particular area of responsibility, and their joint efforts are designed to ensure that the protection and welfare of children receive priority attention.

Joint working between Tusla and An Garda Síochána forms an integral part of the child protection and welfare service. The specific focus of Tusla is the protection and welfare of the child. The function of An Garda Síochána concerning child abuse and neglect is to preserve life, vindicate the human rights of each individual, and prevent, investigate, and detect criminal offences. An Garda Síochána have the power to remove a child[1] to safety under Section 12 (S12) of the Child Care Act 1991, as amended. Before invoking S12, An Garda Síochána must have reasonable grounds to believe that there is an immediate and serious risk to the health or welfare of a child or young person under 18, and that it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an Emergency Care Order (ECO) by a health board (now Tusla) under Section 13 of the Child Care Act. In addition, An Garda Síochána must, as soon as possible, deliver the child or young person under 18 into the custody of Tusla.

In 2017, the report Audit of the exercise by An Garda Síochána of the provisions of Section 12 of the Child Care Act 1991 was published by Dr Geoffrey Shannon. It raised a number of issues relating to the practices and procedures followed when a child comes into Tusla custody after S12 of the Act has been invoked by An Garda Síochána. While this is a separate study carried out independently of Shannon's report, its discussion chapter refers to and considers these procedures and current work practices.

This research was commissioned by Tusla - Child and Family Agency, at the request of the Minister for Children and Youth Affairs. This study aims to investigate actions and decision-making processes following An Garda Síochána's application of S12 of the Child Care Act 1991 from the perspective of Tusla. The objectives of the study are therefore to:

1. Identify the pathways for children who have been subject to S12 of the Child Care Act 1991 between 1 July 2016 and 30 June 2017
2. Explore the rationale and decision-making process of social workers in the aftermath of S12
3. Describe the characteristics of communications between Tusla and An Garda Síochána in relation to S12 notifications and follow-ups from the perspective of Tusla social work and Tusla management
4. Ascertain the role of the Out-of-Hours Service in Tusla's response to S12
5. Examine and determine the circumstances relating to children being removed more than once.

1.1 Structure of the Report

This chapter of the report outlines the context in which the child protection and welfare services operate in Ireland in terms of the policy, legislation, and guidelines that pertain to this area. Chapter 2 outlines a literature review detailing research pertaining to international legislation, policy, and research on the practice areas relating to equivalent emergency powers where available. Chapter 3 details the methodological approach taken to the qualitative, quantitative, and

1 'Child', 'children', and 'young people' refer to those aged under 18 years. In this report the terms 'child' or 'children' refer to persons 12 years and under, while the terms 'young person' and 'young people' are used to refer to persons aged 13–17 years.

literature review aspects of the study. Chapter 4 outlines the findings from the research; the quantitative and qualitative findings are presented separately, with an overall findings piece concluding the section. Chapter 5 discusses the findings, and presents key issues for consideration.

1.2 Context

Tusla – Child and Family Agency was established on 1 January 2014 and is the dedicated state agency responsible for improving well-being and outcomes for children. Tusla has responsibility for a wide range of universal and targeted services:

- child protection and welfare services
- educational welfare services
- psychological services
- alternative care
- family and locally based community supports
- early years services
- domestic, sexual, and gender-based violence services.

The Child Care Act 1991 (which is currently under review by the Department of Children and Youth Affairs) is the main legislation in Ireland pertaining to the protection and welfare of children. Under this Act, Tulsa has a statutory responsibility to promote the welfare of children who are not receiving adequate care and protection (DCYA, 2017). If it is found that a child is not receiving adequate care and protection, Tusla has a duty to take appropriate action to promote the welfare of the child. This may include supporting families in need of assistance in providing care and protection to their children.

Section 3 of the Act states:

> It shall be a function of every health board [now Tusla] to promote the welfare of children in its area who are not receiving adequate care and protection.
>
> In the performance of this function, a health board [now Tusla] shall:
>
> o take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area; having regard to the rights and duties of parents, whether under the Constitution or otherwise regard the welfare of the child as the first and paramount consideration, and in so far as is practicable, give due consideration, having regard to his age and understanding, to the wishes of the child; and
>
> o have regard to the principle that it is generally in the best interests of a child to be brought up in his own family.

The Child Care Act also sets out the statutory framework for taking children and young people into care, if necessary. Section 4 of the Act states:

> Where it appears to a health board [now Tusla] that a child who resides or is found in its area requires care or protection that he is unlikely to receive unless he is taken into its care, it shall be the duty of the health board [now Tusla] to take him into its care under this section.

Section 12 of the Child Care Act 1991 is the principal legal mechanism through which An Garda Síochána performs its child protection function (DCYA, 2017). An Garda Síochána has the power to remove a child to safety under S12 of the Act, as amended. An Garda Síochána must have reasonable grounds to

believe that there is an immediate and serious risk to the health or welfare of the child concerned and that there is no possibility for an application by Tusla to the courts under Section 13 of the Child Care Act 1991 for an Emergency Care Order (ECO). In such cases An Garda Síochána has the power to enter a home and remove a child to safety, by force if necessary, where a member of AGS has reasonable grounds for believing that:

> (a) there is an immediate and serious risk to the health or welfare of a child, and
>
> (b) it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by a health board [now Tusla] under Section 13.

The Act also states that:

> (3) Where a child is removed by a member of the Garda Síochána in accordance with subsection (1), the child shall as soon as possible be delivered up to the custody of the health board [now Tusla] for the area in which the child is for the time being.
>
> (4) Where a child is delivered up to the custody of a health board in accordance with subsection (3), the health board [now Tusla] shall, unless it returns the child to the parent having custody of him or a person acting in loco parentis, make application for an emergency care order at the next sitting of the District Court held in the same district court district or, in the event that the next such sitting is not due to be held within three days of the date on which the child is delivered up to the custody of the health board [now Tusla], at a sitting of the District Court, which has been specially arranged under Section 13 (4), held within the said three days, and it shall be lawful for the health board [now Tusla] to retain custody of the child pending the hearing of that application.

Children First: National Guidance for the Protection and Welfare of Children is Ireland's national guidance document for relevant organisations and individuals to help keep children safe and protected from harm. These guidelines were first published in 1999 and were revised in 2011 and again in 2017 (DCYA, 2017). This second revision occurred due to the enactment of the Children First Act 2015, which places several statutory obligations on specific groups of professionals providing services to children. This revised *Guidance* includes information on the statutory obligations and sets out the best-practice procedures that should be in place for all organisations providing services to children. Through the provisions of the Act, it is intended to:

- raise awareness of child abuse and neglect
- provide for mandatory reporting by key professionals
- improve child safeguarding arrangements in organisations providing services to children
- provide for cooperation and information-sharing between agencies when Tusla is undertaking child protection assessments (DCYA, 2017).

Joint working between Tusla and An Garda Síochána forms an integral part of the child protection and welfare service. An Garda Síochána and Tusla adhere to a protocol for joint working which details how they should cooperate and interact with each other around child welfare concerns (Joint Working Protocol for An Garda Síochána/ Tusla – Child and Family Agency Liaison).[2] The Joint Working Protocol outlines procedures for Tusla to notify An Garda Síochána of child abuse and neglect concerns as well as the procedures for An Garda Síochána to notify Tusla. This protocol specifically covers the

2 See www.tusla.ie/uploads/content/CF_Joint_Protocol.pdf for further detail and information.

formal communication required between the two agencies about notifications of child welfare or protection concerns, and record-keeping about joint working and recording of decisions. Interagency work between Tusla and An Garda Síochána is overseen by a liaison management team (Tusla and An Garda Síochána, n.d.). In cases of emergency interventions, An Garda Síochána and Tusla social workers have very specific roles, which are outlined in the Joint Working Protocol.

1.2.1 Role of Tusla Child Protection Social Work Department

The role of the child protection social worker in Tusla is to screen, follow up on, and assess reported concerns and referrals about child protection and welfare that reach Tusla's threshold for intervention.[3] When a referral is received by the duty social work team, the first consideration for a social worker is the immediate safety of the child. All referrals to Tusla are screened within 24 hours of when they are received. Once a referral is received, the duty social worker screens the referral and determines whether it reaches the threshold for intervention by Tusla. If it does, they carry out preliminary enquiries to establish whether a social work intervention is required. The preliminary enquiries are completed within five working days. The social worker records the personal details of the child and family, and checks the social work records for possible previous contact. The social worker completes an intake record which assists them in this screening process. They contact the reporter and others, if required, to establish what the worries are for the child and what is working well for the child.

If, after the intake process, it has been established that a social work intervention is required, initial assessment is undertaken by the social worker.[4] The purpose of the assessment is to gather and analyse information on:

- the danger or risks of harm to the child
- the factors that are making it harder to keep the child safe
- the strengths or safety that are present in the family
- the things that need to change for the child and family.

This assessment focuses on harm or future harm to the child and the impact that it may have or have had on the child. The initial assessment includes meeting the child, the child's parents, and their support network as well as contacting relevant professionals. Tusla has adopted the Signs of Safety model as a way of working with children and their families, and this approach will underpin the assessment of all child protection and welfare reports (Turnell and Murphy, 2017). The Signs of Safety approach gives a clear and effective way to assess risk and find solutions. It uses four fundamental questions when thinking about and working with a family: What are we worried about? What's working well? What needs to happen? and How worried are we on a scale of 0–10? (Turnell and Murphy, 2017). When the assessment is finished, there are a number of possible outcomes, known as response pathways:

- The case is closed to Tusla. For example, it is not appropriate for Tusla's child welfare and protection services, or no unmet need or risk in relation to the child was found. Where appropriate, the case may be referred to another support service or specialised service not operated by Tusla (e.g., mental health or disability services).
- A family support service may be initiated by the social worker if the assessment indicates that the child has some unmet needs but is not at risk of harm. Tusla provides family support services and also works with a range of community-based support services that deliver supports to children and their parents.

3 See Section 2.2.2.3 for literature on thresholds.

4 Initial assessment is the purposeful gathering and structured analysis of available information to inform planning and evidence-based decision-making.

- The child is found to have welfare needs that require a Tusla social work-led response and intervention.
- There is a child abuse concern that requires a child protection social work response and intervention by Tusla. Where the harm is deemed to be abusive, the concern is reported to the Gardaí. A Child Protection Conference may be arranged, and the child may be listed on the Child Protection Notification System (Tusla and An Garda Síochána, n.d., pp. 11–13). Figure 1 describes the pathway of a Child Welfare or Child Protection Concern reported to Tusla.

Child Protection Pathway

Where the child has experienced significant harm believed to be abusive, the child receives a child protection response. In many

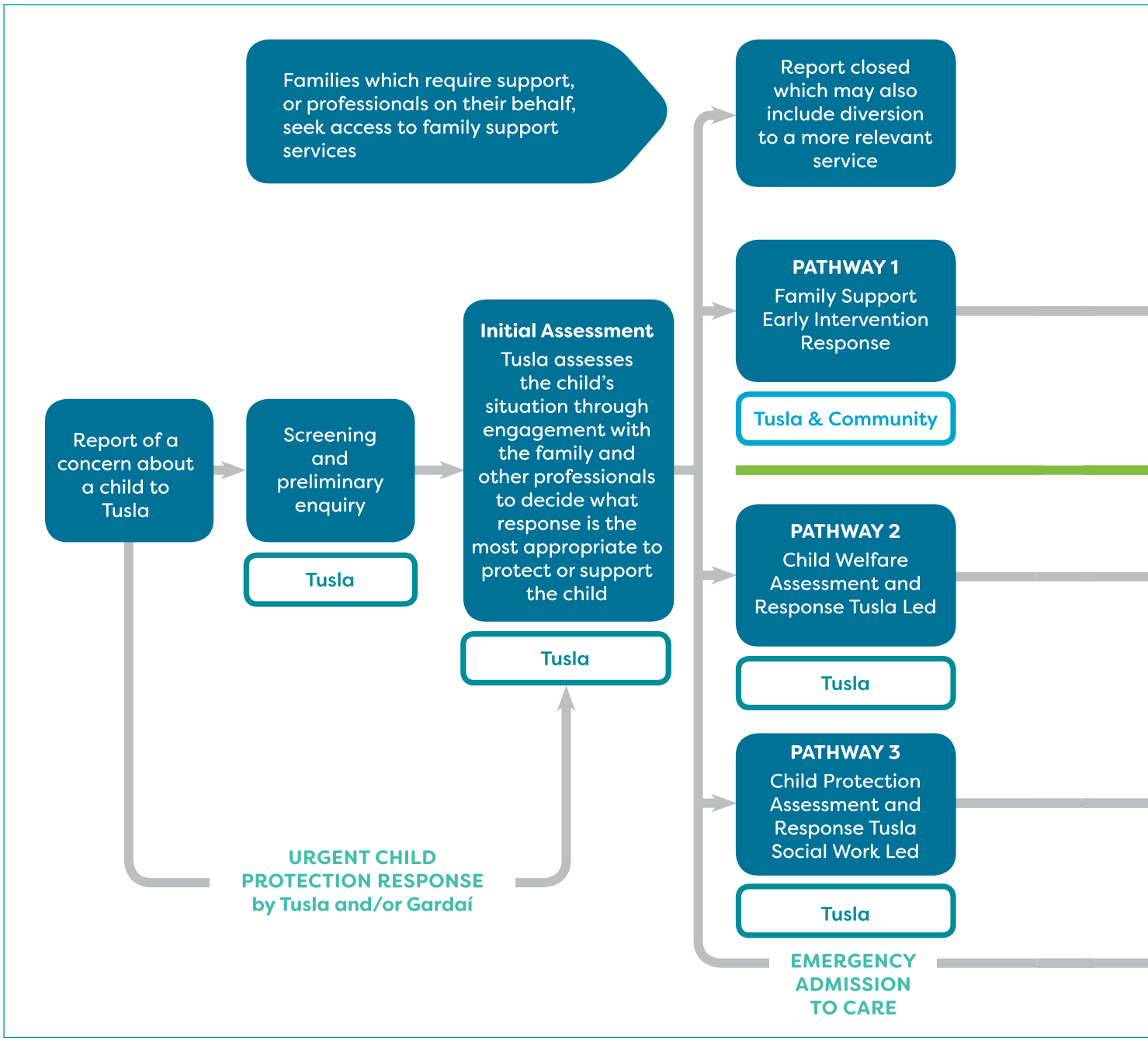
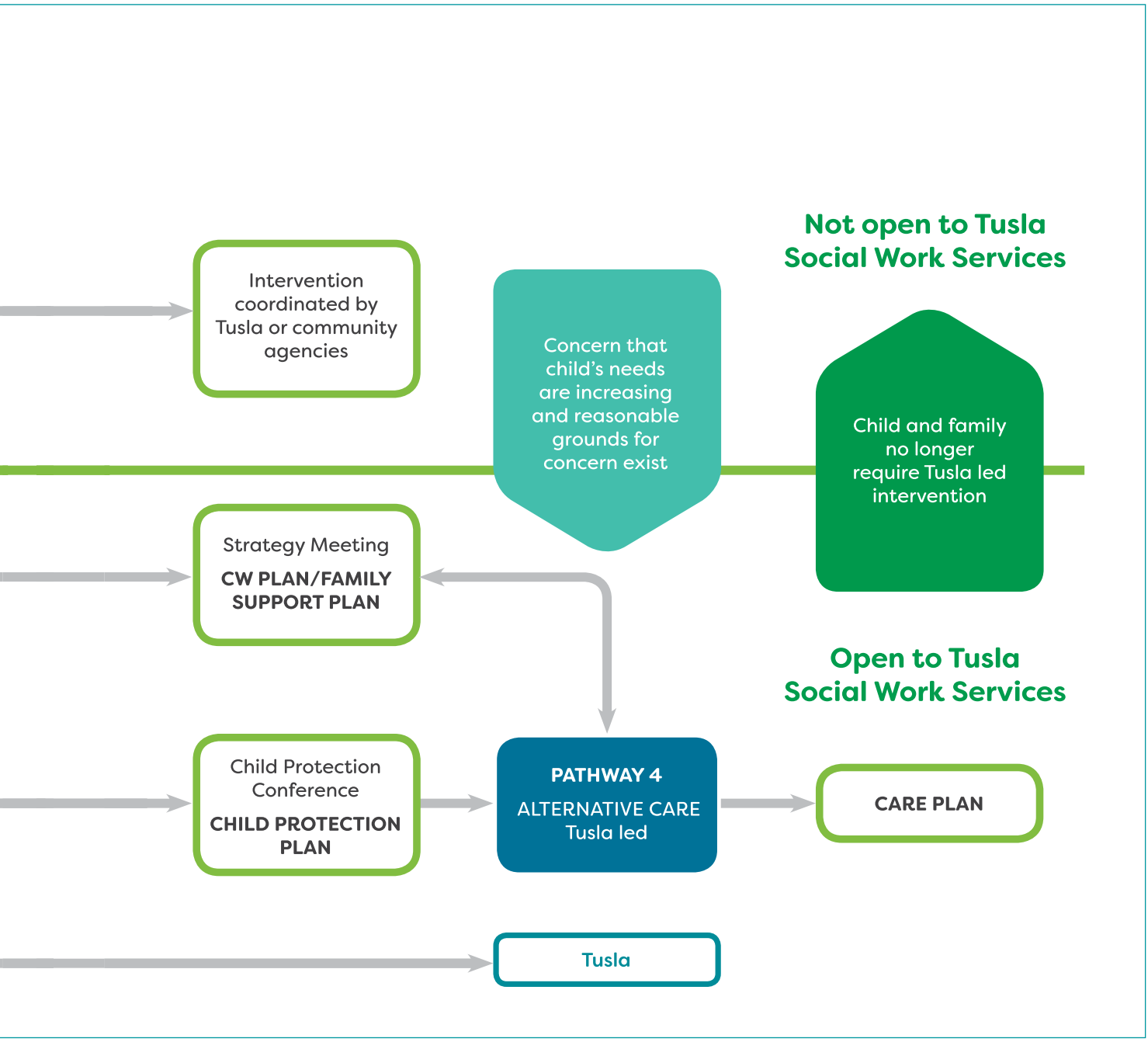


Figure 1: Pathway of child welfare or child protection concerns reported to Tusla
(Children First: National Guidance 2017, pp. 60–61).

of these cases, there may be strong evidence that a parent's willingness, motivation, and ability are severely limited. Because abuse is suspected, all these matters are referred to the Gardaí in line with *Children First: National Guidance*. If children are believed to have been abused and at ongoing risk of significant harm, a Child Protection Conference must take place. The aim of the Child Protection Conference is to develop a plan with the child, their parents, their family network and professional network that helps the family understand and overcome their difficulties and keeps the child safe from any future harm or abuse. If the Child Protection Conference finds that the child is at ongoing risk of significant harm, they are placed on the Child Protection Notification System (CPNS). The CPNS is a national record of every child for whom there are ongoing child protection concerns.



Child Welfare Pathway

Where children have met the threshold for 'reasonable grounds for concern' under *Children First: National Guidance* but the social work team after an assessment has found the child has not been abused, the team by law must provide a welfare response. From the assessment it should have also been identified that there is a strong willingness, motivation, and ability by parents or carers to deal with the harm the child may have experienced. This response and intervention may also involve a number of different agencies but is led by a Tusla social worker or a social care worker. The aim is to develop a plan with the child, their parents, their family network and professional network that helps the family understand and overcome their difficulties and keeps the child safe from any future harm or abuse.

To implement the policy and overarching legislation that underpin child welfare and protection in Ireland, Tusla and An Garda Síochána have developed other strategies and guidance documents to assist with practice in this area. These include: the Tusla Child Protection and Welfare Strategy (2017–2022), the Tusla Threshold Guidance Document (2014), and Guidance on Developing a Child Safeguarding Statement (2017) for relevant services listed in the Children First Act 2015.

An Garda Síochána has produced a child safeguarding statement which includes a description of its services, principles, and procedures for ensuring that children who interact with An Garda Síochána and who make complaints are free from harm (Garda Ombudsman, n.d.). In addition, An Garda Síochána has recording procedures and guidelines relating to children. These provide advice on the legal obligations of An Garda Síochána and sets out recording responsibilities for each Garda member dealing with children before they are returned to their parents or placed into the care of Tusla. When making decisions about children in emergency situations, An Garda Síochána follows procedures outlined in its policy on the Investigation of Sexual Crime, Crimes against Children and Child Welfare (An Garda Síochána, 2013), which outlines additional procedures that Gardaí must adhere to when investigating crimes of a sexual nature and suspected child abuse. It includes information regarding Garda standards, procedures, and legislation in relation to victim support, and outlines the basis for reporting concerns to Tusla and the procedures for implementing S12 of the Child Care Act 1991, as amended.

1.2.2 Role of An Garda Síochána

When a case of suspected child abuse or neglect comes to the attention of An Garda Síochána, the first consideration is the immediate safety of the child and any other children that may be at risk. Following preliminary enquiries, the investigating Garda completes the notification form, which is forwarded by their designated officer to the relevant principal social worker in Tusla. In circumstances where a member of An Garda Síochána has reasonable grounds for believing there is an immediate and serious risk to the health or welfare of a child, the Garda member may remove that child to safety, pursuant to Section 12 of the Child Care Act 1991 (as outlined above). Where a child has been removed to safety by An Garda Síochána under S12 of the 1991 Act, the child shall, as soon as possible, be delivered into the custody of Tusla. Where a member of An Garda Síochána has invoked the provisions of Section 12 of the Child Care Act 1991, as amended, an investigation shall, when necessary, be commenced into the circumstances which caused the immediate and serious risk to the health and welfare of the child and whether that amounts to suspected child abuse or neglect or any other offence. Following such investigations, decisions will be made as to the appropriate prosecution, if any. The investigating Garda and the relevant child protection social worker will maintain appropriate contact to ensure ongoing interagency cooperation, which often includes attending strategy meetings and child protection conferences organised by the Social Work Department in Tusla (Tusla and An Garda Síochána, n.d., pp. 10–11).

1.2.3 Tusla's Prevention, Partnership, and Family Support Services

Tusla is committed to providing high-quality services to children and families at the earliest opportunity across all levels of need. Providing help to children and families early in the stage of a difficulty can prevent situations getting worse. Tusla's Programme for Prevention, Partnership, and Family Support (PPFS) was developed with the intention of placing greater emphasis on early intervention and family support in the work it carries out with children, young people, and their families.

Central to this programme are five distinct but complementary and interwoven work packages: Parenting Support and Parental Participation; Public Awareness (i.e., increasing awareness of where to access help among the general public); Children's Participation (i.e., enhancing child and youth participation at all levels of their engagement with Tusla); Commissioning, which focuses on the funding of services; and the development of the Meitheal and Child and Family Support Networks (CFSN) model. The latter is a distinct stream, but it also acts as a fulcrum for much of the development of the other aspects of the programme. The Meitheal model is Tusla's national support model and is embedded in Tusla's area-based approach to working with children, young people, and their families (Tusla, 2018). The area-based approach aims to provide services at a local community level based on a structured continuum of support for families with unmet needs. Meitheal is an early intervention, multi-agency (when necessary) response, tailored to the needs of the individual child or young person. The goal is to enable parents and practitioners to work together to achieve a better life for the child. Tusla defines Meitheal as 'a national practice model to ensure that the needs and strengths of children and their families are effectively identified, understood, and responded to in a timely way so that children and families get the help and support needed to improve children's outcomes and to realise their rights' (Gillen et al., 2013, p. 1).

1.2.4 Tusla's Alternative Care Services

Tusla has a statutory responsibility to provide Alternative Care Services under the provisions the Child Care Act 1991, the Children Act 2001, and the Child Care (Amendment) Act 2007. Children who require admission to care are accommodated through placement in foster care, placement with relatives, or residential care. Tusla also has a responsibility to provide aftercare services. In addition, services are provided for children who are homeless or who are separated children seeking asylum. It also has responsibilities in adoption processes.

Tusla is committed to the principle that the family offers the best environment for raising children and that the objective of external intervention should be to support families in the community. Similar to international developments in child welfare policy and practice, there has been a decisive shift away from institutional, residential-type care towards foster care arrangements in Ireland (Munro and Gilligan, 2013), and Ireland now has one of highest rates of family-based care placements globally. The vast majority of children in care live in foster care, and many of these children remain living with their foster care families when they reach 18 years, with ongoing financial support and advice. At the end of March 2019, 6,009 children were in care nationally. Of these, 1,578 were in relative foster care and 3,958 were in general foster care (Tusla, 2019).

1.2.5 Tusla's Emergency Out-of-Hours Services (National Out-of-Hours Service)

The purpose of the Emergency Out-of-Hours Service (EOHS), now known as the National Out-of-Hours Service, is to cooperate with and support An Garda Síochána in the execution of its duties and responsibilities under Section 12(3) of the Child Care Act 1991 and referrals made under Section 8(5) of the Refugee Act 1996 and Section 14 of the International Protection Act 2015. A national system called the Emergency Place of Safety Service (EPSS) was implemented by the HSE [now Tusla] in June 2009. This

service provided foster care placements for children who had been removed by An Garda Síochána under S12, outside of normal office hours, on an emergency basis. Places of safety were provided pending resumption of Tusla social work services in normal office hours (9 a.m.–5 p.m., Monday to Friday, excluding bank holidays). The EPSS provided a single, national contact point for An Garda Síochána during out-of-hours to make referrals and for consultation and advice on the circumstances of children who may be at risk (Tusla, 2014, p. 127). In 2015, Tusla developed the Emergency Out-of-Hours Service,[5] which incorporated the existing EPSS service, the key objective of which is to cooperate with and support An Garda Síochána in the execution of its duties and responsibilities under Section 12(3) of the Child Care Act 1991 with a similar remit to the EPSS.

The National Out-of-Hours Service may be accessed through An Garda Síochána and by medical staff in hospitals where necessary and provides the following services:

- A national call centre providing social work consultation and advice to An Garda Síochána. The national call centre is provided by the Crisis Intervention Service (CIS).
- Placements for children under Section 12(3) of the Child Care Act 1991 provided on contract by an external contractor.
- Placements for children referred under Section 8.5 of the Refugee Act 1996 or Section 14 of the International Protection Act 2015.[6]
- Access by AGS to a local on-call social worker.

The National Out-of-Hours Service includes the following components:

1. The service operates from 6.00 p.m. to 7.00 a.m. 365 days per year, and from 9.00 a.m. to 5.00 p.m. every Saturday, Sunday, and Bank Holiday.
2. For the purposes of National Out-of-Hours Service provision, the country (all counties excluding Dublin, Kildare, and Wicklow) is structured into eight contact points, each under the general direction of designated area managers.
3. The service is coordinated through a national call centre at the CIS.
4. All Garda stations have access to the National Out-of-Hours Service by calling the CIS.
5. Staff on EOHS duty provide advice and consultation to An Garda Síochána to help them determine the needs of the child, by telephone and on call-out as required.
6. Where a staff call-out is required, the staff member on duty accompanies a member of An Garda Síochána.
7. Staff on call have access to the CIS for information or advice as required.
8. Local access to files and records is subject to local systems and arrangements; the National Child Care Information System will, when fully implemented locally, provide electronic access to files.
9. Placements required under S12 are provided within the National Out-of-Hours Service by Tusla or a private contractor. The service includes children placed in hospital for medical reasons under S12 and requiring follow-up placement.

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5 An out-of-hours social work service is available in Dublin, Kildare, and Wicklow after regular Tusla office hours and at the weekends. This is a complete social work service similar to that which operates in all areas of the country during office hours. It is separate to the Emergency Out-of-Hours Service, which is the service available throughout the country.

6 There are two main ways in which separated children come into the care of Tusla. Unaccompanied children are accepted into Ireland under the Irish Refugee Protection Programme (IRPP). The IRPP relocates children who are currently in refugee camps and who express a wish to come to Ireland. These children receive specialist supports and are placed in a residential placement on arrival. The majority of children relocated under the IRPP are older adolescents, typically boys aged 15–17, who need substantial aftercare support. Tusla has control over the number of children relocated under the IRPP. Separated Children Seeking Asylum (SCSA) refers to children who present themselves at ports and other points of entry and who are taken into the care of Tusla. The service provided to these children is demand-led and is provided by a dedicated Tusla Separated Children Seeking Asylum Team.

Under Ireland's Equity of Care Principle, all children in the care of the state are accommodated in standardised children's residential homes or foster care.

02

Literature Review

The purpose of this brief review is to detail research pertaining to international legislation, policy, and research on the practice areas relating to child protection and welfare and to the equivalent of Section 12 of the Child Care Act (S12) where available, in line with the aims and objectives of the study. To this end the literature review focuses on emergency removals of children in other jurisdictions, out-of-hours child protection services, models and methods of decision-making, and decisions about children in emergency situations. The literature review also focuses on response pathways as well as collaboration, cooperation, and interagency working between the police force (the international equivalent of AGS) and other child protection services.

2.1 Introduction

A search of formal academic literature was undertaken, using appropriate search engines and databases on legislation, policy, practices, and literature in this area. The search involved the use of social science academic databases available through the James Hardiman Library at NUI Galway. The search also included publications retrieved through research institutes at other Irish and international universities. A search of other web-based sources, including websites of government and non-governmental agencies nationally and internationally involved in similar research, was also undertaken. A search of child protection and welfare literature was carried out using the various databases in the NUIG library catalogue, and collated onto EndNote. Abstracts were then scanned for relevance, and suitable papers were included in the review.

Key search terms included: child protection policies/procedures/guidelines; child protection and decision-making; child protection and emergency situations; practice framework and child protection United Kingdom (UK)/United States of America (USA)/ Canada/New Zealand/Australia; practice experience model; decision-making ecology framework; the child-centred approach; collaboration and police and child protection officers; decisions and emergency care USA/ Canada/New Zealand/Australia; out-of-hours child protection services; policy and legislative instruments; international instruments; child protection; emergency care; benefits of interagency working; challenges of interagency working; and approaches to interagency working. The purpose of the literature review is to detail research pertaining to international legislation, policy, and research on practice areas relating to the equivalents of S12, where available, in line with the aims and objectives of the study.[7]

2.2 Models and Methods of Decision-Making

This section explores published literature that pertains to decision-making processes in the area of child protection. It provides an overview of models and methods of decision-making in child protection social work in Ireland and elsewhere.[8]

Regardless of the type of decision to be made, child protection social workers must consider a variety of factors when making critical judgements about substantiating reports of abuse or neglect, removing children from their homes or placements, and determining appropriate supportive services for children and their families (Munro, 2005; Crea, 2010). Research makes clear that child protection social work decisions are not single events but the result of complex processes embedded in the social activities and practices that make

7 See Appendix 1 for details of the search terms used and sources of information for the literature review. .

8 There is a dearth of research on decision-making by police in cases of emergency intervention in child protection.

up the work (Taylor 2012; Saltiel, 2014), and that decision-making processes are difficult to establish, especially at the early stages of intervention (Spratt, 2000; Benbenishty et al., 2015). Many models and methods are used to understand child protection social workers' decision-making generally.

2.2.1 Models of Decision-Making

Taylor (2012) describes models of decision-making as a simplified representation or way of understanding something that is inherently complex or multidimensional. A decision model enables analysis of decisions in relation to that model as a way to better understand similarities and differences. The distinction between analytic and intuitive modes of thinking and deciding has long been debated. But rather than thinking of them as competing models of thought, Hammond (1996) proposes that they be considered as the two poles of a continuum of approaches to decision-making.

2.2.1.1 The Practice Experience Model

The practice experience model of decision-making values the knowledge and wisdom of each caseworker when responding to child welfare cases. This model rejects rigid standards and quantifiable assessments, and instead relies on the experience and judgement of each worker to make decisions in child welfare (Cash, 2001). Fundamentally it recognises worker capacity to learn from past experiences to inform practice (Lietz, 2009), with case-management decisions being based on a worker's assessment of a child and family's needs and circumstances (Lietz, 2009). Taylor (2017) writes that decision-making may involve shortcuts or simple 'rules of thumb' that are found to work in practice. This he identifies as a heuristic individual judgement (Taylor, 2013) approach to decision-making. This model is based on the principle that human beings, including professionals, may act rationally even if they do not weigh up all the factors. This type of approach is conceived of as decision-making through experience rather than through a presentation of comprehensive data at a single point in time (Hertwig, 2012).

2.2.1.2 The Empirically Based Decision-Making Model

Given the limitations of the practice experience model in terms of its inability to offer objective, reliable decision-making in systems of child welfare, Whittaker advocates the use of a dual process model, describing it as follows: 'intuitive and analytical forms of reasoning work as integrated parts of a whole' (2018, p. 4). Whittaker maintains that intuitive processes are the 'driving force in professional judgements', while analytic processes serve the purpose of 'evaluating intuitive judgements' (2018, p. 5). Hammond (1996) suggests that analytical and intuitive models of judgement be understood as being on a continuum rather than being 'two opposing modes of thoughts'.

In a similar vein, Lietz (2009) proposes the use of a critical theory model to frame future case-management decisions. This approach supports the completion and usefulness of empirically based assessment tools, and values practice experience and the individual consideration of each case in its context. An empirically based decision-making model uses quantifiable tools to make decisions and is believed to increase the credibility of decisions made (Lietz, 2009). This model asserts that quantifiable measurement tools result in more reliable, objective decisions. Advocates for this model of decision-making maintain that it can reduce the effect of personal experiences on case-management decisions, which, according to some, will lead to increased levels of objectivity (Gambrill and Shlonsky, 2000; Fuller et al., 2001).

2.2.2 Conceptual and Administrative Methods of Decision-Making

The complexity of decision-making in child protection services makes risk-assessment and decision-making tools favourable to practitioners, according to McCormack (2018). Crea (2010, p. 197) argues that decision-making in the absence of 'guiding conceptual and administrative frameworks can result in inconsistent or under-informed judgements regarding the best interests of the child'. Assessment frameworks and time

frames, coupled with 'other best-practice efforts, can help increase the consistency' in terms of screening subsequent decision-making processes on pathways for child protection referrals (Johnson et al., 2012, cited in McCormack, 2018, p. 17). This section outlines literature that pertains to methods in decision-making. Specifically, it explores the Decision-Making Ecology (DME) model, the child-centred approach, and the Signs of Safety (SOfS) approach, the latter of which has a key child-centred practice principle at its core.

2.2.2.1 The Decision-Making Ecology model

In thinking about child protection and welfare decisions, according to Graham et al. (2015), it is helpful to consider them in a systematic context of caseworker decision-making which is theoretically and empirically based. In the Decision-Making Ecology (DME) model (see Figure 2), case factors, individual factors, organisational factors, and external factors influence the decision-making process and jointly determine what decision is made. The sequence of decisions made by agency staff as cases move through the system is referred to as a Decision-Making Continuum;[9] substantiation, removal, and reunification decisions are key decision-making points along the continuum (see Munro, 2002, 2005; McCormack, 2018). According to the DME, case factors, organisational factors, external factors, and decision-making factors influence a decision, then that influences outcomes, and outcomes flow back into the system, sometimes resulting in a shift in thresholds.

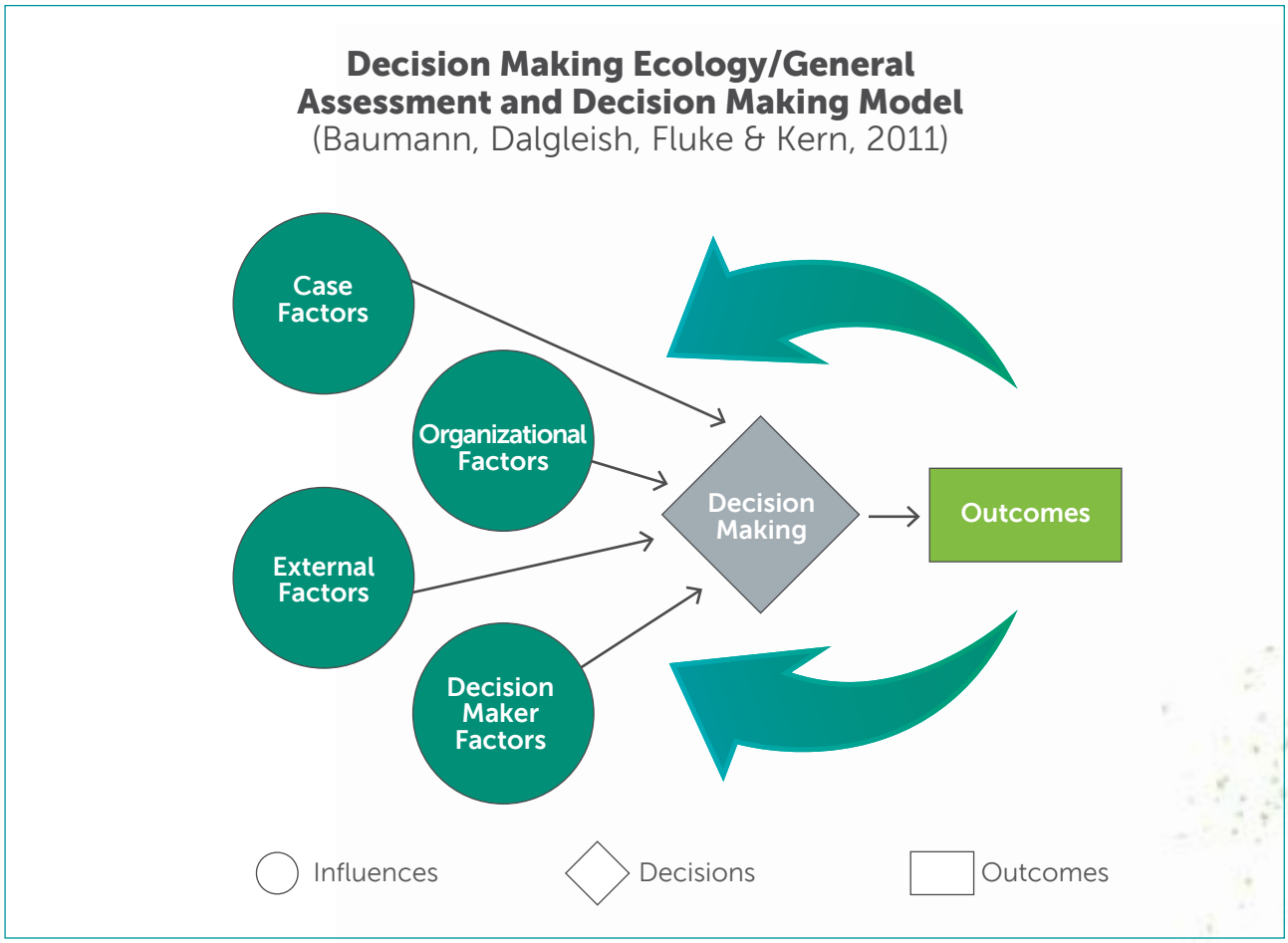


Figure 2: Decision-Making Ecology Model

9 Intake, investigation, services/removal.

2.2.2.2 The Child-Centred Approach

Child-centredness or a child focus has become a key principle in social work with children and young people (Barnes, 2018). The United Nations Convention on the Rights of the Child (UNCRC) has been credited with supporting a child-centred approach to social work practice, as it is a framework that promotes different strands of children's rights (Rasmusson et al., 2010). The importance of a child-centred approach was emphasised in the Department of Health (DOH) framework for assessment in the UK (DOH, 2000), and since then has become embedded in practice as a central concern.

Such embeddedness is evident in the Signs of Safety (SOfS) approach recently introduced as Ireland's national approach to child protection and welfare practice. This approach is underpinned by three principles for practice, one of which is assessment and safety planning grounded in the everyday lived experience of the child. Salveron et al. (2015, p. 127) write that fundamental to the SOfS approach is the 'belief that a solution-focused approach balances and conciliates the contradictions in child protection work by building strengths and safety around children while concurrently working to problem solve dangers and harm'. Indeed, the Munro Review of Child Protection (2011a, 2011b) and the UNCRC principles should be used as a guide for practitioners in 'developing effective social work relationships with, and safeguarding, young children', according to Winter (2011). The UNCRC stresses that it is 'not possible to come to a decision about a child's best interests without consulting the child' (Winter, 2011, p. 401; see also McCormack, 2018, p. 23).

2.2.2.3 Thresholds

Child welfare systems have traditionally been categorised into two types: risk-orientated[10] or service-orientated[11] (Gilbert, 1997; Gilbert et al., 2011). In risk-orientated systems there are high thresholds for intervention, with a focus on mitigating serious risk to the health and safety of children. In service-orientated systems the aims are to promote healthy childhood and to mitigate risk. The focus of these systems is on prevention and early intervention, and the threshold for intervention is low (Burns et al., 2017). McCormack (2018, p. 17) writes that the use of risk-assessment and decision-making tools are favourable to practitioners due to the pressure to respond favourably to future risk of harm. She cites Platt and Turney's (2014, p. 1473) definition of thresholds in child protection, which 'indicate the level at which the concerns regarding a child would be considered sufficient to trigger a service response'. The concept of significant harm is the threshold for statutory intervention in Ireland, whereby the threshold of significant harm is reached when 'the child's needs are neglected to the extent that his or her well-being and/or development is severely affected' (HSE, 2011 p. 7).

The Centre for Effective Services (2016) in its international review of childcare legislation provides details on various country thresholds. The UK also introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life to safeguard or promote the welfare of children (ibid., p. 57). In Australia, given that child protection is a state and territory government responsibility, there are differences in how each deals with and reports child protection issues (see Section 2.1 of this report). Each territory has legislation that defines whether

10 For example, the USA and England.

11 For example, Norway and Finland.

12 There are serious deficiencies in the daily care received by the child, or serious deficiencies in the personal contact and security needed by a child of his or her age and development. The parents fail to ensure that a child who is ill, disabled, or in special need of assistance receives the treatment and training required. The child is maltreated or subjected to other serious abuses at home; or there is every probability that the child's health or development may be seriously harmed because the parents are incapable of taking adequate responsibility for the child.

children are in 'need of care and protection' and the threshold for placement away from home (ibid., p. 58). In Norway the Child Welfare Act 1992 set the legal criteria and thresholds for intervention and decision-making (ibid., p. 59).[12] In New Zealand a child or young person is in need of care or protection if they are being (or are likely to be): physically or emotionally or sexually harmed, ill-treated, abused, or seriously deprived; if they are suffering from neglect; if there are serious differences between themselves and their caregivers which are having a detrimental impact on their well-being; if their behaviour is potentially harmful to themselves or others; if they have committed an offence or series of offences which raise concerns for their well-being; if their caregivers are unwilling or unable to care for them or have abandoned them; if they cannot form a significant psychological attachment to their caregiver because of the number of occasions when they have been cared for by someone else (ibid., p. 60).

Despite the prevalence of risk-assessment and decision-making tools, a number of authors caution reliance on their use. Taylor (2017, p. 1050) highlights that the overuse of standardised decision-making tools can reduce practitioners' 'scope for discretion'. Platt and Turney (2014, p. 1472) argue that the 'thresholds' are 'too limiting'. Munro (2010) highlights the importance of retaining an element of 'professional judgement' in decision-making processes despite the implementation of procedural frameworks and decision-making tools (see also McCormack, 2018, p. 18).

2.3 Emergency Removals in Other Jurisdictions

Section 1.2 of this study detailed Irish legislative and policy instruments as they pertain to the welfare and protection of children, particularly the removal of children who are deemed to be at immediate and serious risk. This section provides a brief overview of equivalent legislation internationally, in the United Kingdom (UK), the United States of America (USA), Canada, Australia, and Germany.

In the UK, Section 46 of the Children Act 1989 describes the procedure for the removal and accommodation of children by police in cases of emergency (HMSO, 1989). It enables a police officer to remove a child from a parent without an order for a period of up to 72 hours. The Act states:

> Where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, he/she may
>
> (a) Remove the child to suitable accommodation and keep him there; or
>
> (b) Take such steps as are reasonable to ensure that the child's removal from any hospital, or other place, in which they are being accommodated is prevented.

The Act states that once a child enters police protection, the police must notify the appropriate local authority and provide details of the child's accommodation. They must also inform the child of the steps taken, try to understand their feelings, and ensure that the case is enquired into by a designated officer. They must also inform the child's parents or guardians of the steps involved. The Act advises officers to allow those with parental responsibilities the opportunity to have contact with the child if it is reasonable and in the child's best interest (HMSO, 1989).

Canada operates a decentralised system of child welfare, and to that end has agreements and protocols with provincial and territorial governments establishing provincial and territorial rights to apply child welfare legislation and provide all child protection and support services to indigenous communities. A review of provincial and territorial legislation indicates common characteristics among jurisdictions regarding the authority of child welfare services to act to ensure the safety, protection, and support of children. However, there are differences in the structure of organisations, forms of

maltreatment investigated, standards, time frames, procedures, risk-assessment tools, and models between provincial and territorial authorities. Collaboration between police and child protection workers is also province dependent (CASW, 2018).

In Canada, guidelines for provincial and territorial governments in relation to child protection are contained in the Child Protection Act 2012, which seeks to protect children from harm due to abuse and neglect. Under Section 23(1) of the Act, the Director[13] may apprehend a child, without a warrant in cases, where there are reasonable grounds to believe that a child needs protection and a less intrusive course of action will not adequately protect the health or safety of the child. In such cases no warrant is required, and entry to where the child is present or residing may be gained by force by the Director. A peace officer may assist the Director if requested.

Although a body of literature exists investigating the attitudes and perceptions of interagency collaborations in Canada, data examining characteristics of joint investigations is limited. According to Tonmyr and Gonzalez (2015), all Canadian jurisdictions have protocols on how and when joint investigations should take place; however, the type and level of collaboration vary.

In the USA, most states have legislation requiring cross-reporting of maltreatment or neglect allegations between child protection services (CPS) and the police (Cross et al., 2005). In most USA jurisdictions, police officers may be obliged to remove a child before a court order can be obtained if police officers believe that the child may experience further trauma (Holder et al., 2014). CPS may also ask police to investigate allegations of child abuse and assist in placing a child in protective custody (Holder et al., 2014). Individual USA states, such as Alaska, provide guidelines for the multidisciplinary response to child abuse (Alaska Children's Justice Act Task Force, 2010). In New York, the Child Protective Services Act 1973 contains a child protective system with five components: the state central register, detection through third-party recognition, child protective services, emergency protective custody of children, and court action when necessary. The Family Court Acts establish civil procedures to protect and help safeguard children (Silver and Lupardo, 2014).

In Australia, child protection is a state territory government responsibility, with laws and procedures varying across different states. This means that the major responsibility for investigating and responding to child protection issues falls to the six states and two territories. Bromfield and Higgins (2005) write that, despite this, there is significant consistency in their approach, particularly in the processes of investigation, case determination (substantiation), referral for services to community agencies, and ongoing case-management processes. Conversely, differences are evident in the legislative grounds for intervention, and in the systems for receiving and allocating priorities to notifications of child safety concerns. Intake is the most procedural aspect of statutory child protection services in Australia, and is therefore subject to the greatest variability, according to the authors. For example, in the state of Victoria the role of the police in child protection emergency situations after hours ends when the Child Protection Emergency Service is contacted by the police and assumes responsibility for the protection of the child. This is one example of how emergency removals are handled in this territory (State Government Victoria, 2012).

To develop more integrated services and avoid duplication across Australia, a National Framework (2009–2020) was developed with the aim of reducing the occurrence of child abuse and neglect by providing the most appropriate responses to vulnerable families and those in which abuse or neglect had already occurred (Oates, 2018, p. 21).

13 'Director' means the authority of the Director of Child Protection appointed by the Minister.

In Germany, legislation dealing directly or indirectly with child abuse and neglect is part of the constitution, civil law, social law, and criminal law. The federal structure of Germany, according to Witte et al. (2016, p. 1), means that laws regarding child protections are passed on different levels: federal government level and state government level. The federal law overrides the state law and sets the overall framework for key legal concerns in the field of child protection. The states have some rights and obligations in terms of deciding on some organisational structures and procedures. Within each state, child and youth welfare services are organised by the municipalities, which decide on the structure and support offered by the local child and youth welfare agencies. The youth office (*Jugendamt*) in each municipality has certain responsibilities regarding child protection, specifically, carrying out investigations to determine whether a child is endangered and emergency placement of children and adolescents.

According to binding guidelines for the police, the *Jugendamt* must be notified without delay of a child considered to be in danger, or if it has become evident during police investigations that child and youth welfare services might be required. In addition, the police have the power to intervene to avert danger to the child. It is the role of the police to protect the child and enable an emergency placement in cases where the legal guardians are untraceable, where the legal guardians do not want the child back in the household, where living in the household endangers the well-being of the child, or where the child can give plausible reasons why they do not want to return to the household. The police must inform the *Jugendamt* but have the power to act on their own if they cannot reach the *Jugendamt*. The legal basis for such police interventions is detailed in general provisions to avert danger in the police law of the *Bundesländer*[14] (Witte et al., 2016, pp. 3–4).

In Finland, the overarching legislation governing the welfare and protection of children is entitled the Child Welfare Act 2007. According to Lamponen et al. (2018, p. 2), Section 39 of the Act stipulates that emergency placement can be introduced if the child is in immediate danger and if the following care order criteria are met:

- The children's health and development are seriously endangered by lack of care or other circumstances in which they are being brought up.
- They seriously endanger their health or development by abuse of intoxicants, by committing an illegal act other than a minor offence, or by any other comparable behaviour.
- In-home services would not be suitable or possible for providing care in the interest of the child concerned or if the measures have proved to be insufficient.
- Substitute care is estimated to be in the child's best interest.

Decisions on emergency placements in Finland are made by a social worker, who must be always available to continuously assess the child's needs. Such decisions have a time limit of 30 days, which can be extended for up to 60 days if more time is needed to provide supportive services or prepare for a care order. The extension decision is made by a social work manager, who is based in the municipal social welfare agency (Lamponen et al., 2018). Placements consist of foster homes or residential institutions and can be voluntary short-term arrangements. The authors note that the court is involved only in emergency placement decision-making in appeal cases. No nationwide manuals guide social workers in their assessment and decision-making, and instructions given by the Ministry of Social Affairs and Health are limited to definitional directives. This indicates that decisions made in such instances are based on the social workers' professional interpretation within the provided legal framework.

14 Individual German states.

2.4 Out-of-Hours Child Protection Services

In England and Wales, local councils oversee child protection services (CPS) whereby each council has an emergency duty social worker who responds to out-of-hours calls at weekends, bank holidays, and after 5 p.m. on weekdays. Emergency duty social workers work as part of emergency duty teams (EDTs), who make decisions relating to a variety of situations referred to them outside of normal office hours (Clifford and Williams, 2002). In line with this, EDTs were introduced to the Eastern Health and Social Services Board in Northern Ireland (NI) in 2000 (Barry, 2004). In 2013, a Regional Emergency Social Work Service (RESWS), which covered the whole of Northern Ireland, replaced all pre-existing arrangements that operated in local Trusts. The RESWS is required to provide services for a variety of groups, including children, young people, older people, people with mental health issues, families, carers, and people with disabilities. The RESWS accepts referrals if there are concerns for children and their safety (South Eastern Health and Social Care Trust, 2018). In the Canadian Child Welfare system, provinces and territories have individual child welfare agencies that can be contacted 24 hours a day. In line with this, Australian territories have individual services. For example, Victoria has an After-Hours Child Protection Emergency Service (AHCPES) that operates 24 hours a day and is responsible for issues where a child may need a child protection response.

2.5 Decisions About Children in Emergency Situations Internationally

Countries have different decision-making processes and systems to decide upon child removals. The guidelines for assessment, the criteria for risk, and the nature of child welfare practices differ significantly (Burns et al., 2017; Merkel-Holguin et al., 2019).

The UK provides one of the best comparator countries to consider due to its similar orientations. UK local authorities are responsible for safeguarding the welfare of children in their area. Under Section 11 of the Children Act 2004, local agencies, including the police, have a responsibility to ensure that they consider the need to safeguard and promote the welfare of children when they are carrying out their duties (HM Government, 2015). Section 10 of this Act states that local agencies should cooperate with local authorities to promote the well-being of children in each local authority area. HM Government (2015) advises that agencies should provide support to families at an early stage, which may involve interagency assessment as they advocate for effective sharing of information between agencies.

A care order is the process associated with recommendations to the court to pursue an involuntary removal of children from a person's care (Berrick et al., 2015). A UK Emergency Protection order is an extreme measure that is used only in cases where a child is in imminent danger; it gives police the power to remove a child or keep a child in a safe place for a defined period (InBrief, 2018). Emergency protection orders are made through the Children Act (2004) in England and Wales, the Children (Emergency Protection Orders Act 2007) in Northern Ireland, and the Children (Scotland) Act 1995 in Scotland. In most countries, courts make decisions about care orders, but the child protection system has responsibility for direct interactions with families (Berrick et al., 2015).

In the USA, organisational structures vary across states; however, case workers typically follow six steps: intake, initial assessment, service planning, service provision, progress evaluation, and case closure (Schene, 1998). Assigned caseworkers must initially decide if cases warrant further investigation and if there is a need to immediately engage the services of law enforcement (Schene, 1998). During the initial assessment phase, they decide on a removal of the child. It is the role of the Office of Children's Services to notify appropriate law enforcement agencies if there is suspicion that a crime has been committed (Alaska Children's Justice Act Task Force, 2010). Most US states use structured decision-

making tools to assess risk (National Alliance for Drug-Endangered Children, 2015). Child Protection Agency Procedures in the USA include verifying the child report, followed by the development of a plan to meet the needs of children and families (Silver and Lupardo, 2014).

The frameworks used to implement care orders vary between countries. Norway and Finland have systems that are deregulated and have much room for discretion, while the USA and England have highly regulated systems with narrow discretionary space. The type of welfare state and child welfare system, and the degree of regulation and discretionary space are dimensions that are likely to influence how workers make decisions (Berrick et al., 2015).

2.6 Response Pathways

The literature suggests that when social work assessments are finalised, there are four possible outcomes or response pathways, labelled 'differential response' pathways. The differential response pathway, often referred to as multiple-track or alternative response, is an approach to child protection concerns that allows agencies to provide a range of different responses to notifications of child abuse and neglect, depending on factors such as the type and severity of the allegations, the child protection history of the family, the age of the child, and the parents' willingness to work with services. Differential responses or pathways have been implemented in many jurisdictions, such as the US, Canada, and Australia (Healy et al., 2016) to provide flexibility to child protection systems by enabling a range of responses to meet the care and protection needs of children (Queensland Child Protection Commission of Inquiry, 2013, p. 88). As detailed in Chapter 1, Ireland's response pathways are dependent on the type of referral and include a range of responses (see Figure 1 in Section 1.2.1).

Similar structural decision-making frameworks or differential response pathways evident in Ireland's responses are being used in other jurisdictions, such as South Australia (Bromfield and Higgins, 2005). In the US, each local jurisdiction responsible for responding to community concerns regarding the safety and well-being of children is provided with statutory authority to guide the initial agency response decision. In Minnesota, for example, 'critical pathways' is an umbrella term that refers to three agency response options for intervention with families when the threshold for intervention is reached. The three options are: a traditional child protection response, aimed at assessing child sexual abuse allegations, using a traditional child protection assessment process; a domestic violence-specific response, which is a differential option for families when there is a presenting report of child exposure to domestic violence and which provides an assessment that may result in the need for, and provision of, social services without a formal finding of child maltreatment in some cases; an alternative response which offers a family assessment process instead of a traditional forensic investigation. A finding of maltreatment is not sought by the agency. When the family assessment identifies a need affecting the safety, stability, or well-being of the children, the family is offered assistance (Sawyer and Lohrbach, 2005).

2.7 Collaboration and Communication Between Agencies

This section focuses on benefits and challenges of interagency work and on how police and child protection workers collaborate and communicate with each other in other countries. While Ireland has a central child and family agency, many other countries have multiple jurisdictions that operate independently. For example, each of the 13 provinces or territories of Canada have laws to ensure the safety of children, whereas Australia has eight different child protection systems that are responsible for statutory child protection (Wise, 2017).

In Australia, each state has developed its own investigative models based on its own child protection legislation. These models address how reporting, referral to other agencies,

information exchange between agencies, investigations, and services are delivered (Australian Government, 2018). They also provide practical guidance outlining protocols, memorandums of understanding (MOU), and interagency guidelines. Wise (2017) examines changes that have occurred to child protection systems across Australia and finds that most jurisdictions are moving towards multidisciplinary approaches to statutory child protection investigation. This includes the establishment of the New South Wales Joint Investigative Response Taskforce (JIRT) model in 1997, multi-agency investigation and support teams (MIST) in Western Australian, a memorandum of understanding for joint investigations with police in the Northern Territory, and multidisciplinary units in Victoria (Wise, 2017). Joint investigation response teams in New South Wales consist of police officers and the Department of Community Services, who carry out joint investigations into child maltreatment. They seek to improve information-sharing between agencies and to reduce the number of times children need to be interviewed (Bromfield and Higgins, 2005). In the Australian Capital Territory, the Centralised Intake Service employs a co-located police liaison officer who is a member of the Australian Federal Police (AFP) plus the Sexual Assault and Child Abuse Team (ibid.). This police officer is consulted on matters that may result in criminal charges. Having a co-located Centralised Intake Service ensures integration between services and improves education between both groups; however, information is shared with only one AFP member, which can be problematic in the event of personnel changes (ibid.).

Police and child protection workers collaborate with each other in Canada, undertaking joint investigations into child maltreatment using written protocols, interagency agreements, and multidisciplinary teams (Tonmyr and Gonzalez, 2015). All Canadian jurisdictions have individual protocols on when and how a joint investigation should take place, but the level of collaboration varies with each state (ibid.). In Northern Ireland too there is a joint protocol for collaborative investigations by social workers and police officers of alleged or suspected cases of child abuse (Health and Social Care Board, 2013). Holder et al. (2014) recommend that USA law enforcement teams should also establish protocols and procedures for responding to reports of child abuse.

In the USA, when maltreatment or neglect of children is reported, child protection services (CPS) will investigate, and if a case is substantiated then they will provide services to families. In most states, law enforcement will assist CPS to remove children in emergency situations (Cross et al., 2005). If there is suspicion that reported abuse is criminally prosecutable, then police will conduct a criminal investigation (ibid.). A child may be taken into protective custody without a court order by peace officers, law enforcement officials, designated employees of social services, and physicians (Silver and Lupardo, 2014). The role of the police is to determine whether a crime was committed, to conduct crime scene investigations, to collect evidence, and to present cases to the prosecutor's office (Alaska Children's Justice Act Task Force, 2010).

There are numerous benefits to interagency working across child protection and welfare services. For instance, research shows that effective interagency working can improve access to services, response times, knowledge of children's needs, and career opportunities (Tomlinson, 2003; Statham, 2011). Interagency working can improve efficiency for agencies, reduce duplication, and provide greater involvement of service users when carried out correctly (Statham, 2011). It is beneficial for groups with unique skills to collaborate and to complement each other's expertise (Cross et al., 2005). Successful interagency work demands clear communication, adequate resources, strong leadership, and support from upper management (Atkinson et al., 2007; Statham, 2011). Provision of joint training, arranging enough time to develop multi-agency working, and agreeing joint aims or objectives are paramount to its success (Atkinson et al., 2007).

However, challenges exist around information-sharing, relationship-based practice, and training (Moran, 2014). Other negative aspects include increased workloads at initial stages and increased demands for services (Statham, 2011). Differing perspectives, goals, or priorities between agencies can act as a barrier to successful interagency working (Statham, 2011). If police and CPS fail to support each other's work, this may lead to poor outcomes such as fewer prosecutions or convictions (Cross et al., 2005). Conversely, several reports have delineated the positive impacts of collaboration between police and child protection workers (Tjaden and Anhalt, 1994; Winterfeld and Sakagawa, 2003), with a more streamlined approach being cited as positive for the children or young people involved. The ability of CPS to address safety concerns is reported to be strengthened when there is collaboration with police, leading to improved safety for children and young people (Tjaden and Anhalt, 1994).

2.8 Conclusion

In line with the aims, objectives, and scope of this study, this literature review has detailed international welfare legislative and policy instruments as they pertain to the welfare and protection of children, particularly regarding the removal of children who are deemed to be at immediate and serious risk. The literature shows between-country and within-country variations and commonalities. An overview of available literature on out-of-hours child protection services is also provided. In the UK and NI, emergency duty social workers are available to deal with child protection concerns. Countries like Canada and Australia that have state, territory, and provincial governments provide individual responses to out-of-hours emergencies, some of which are 24-hour services. In terms of decision-making, this review explored a variety of methods and models detailed in the published literature and not necessarily specific to the Irish context. There is general consensus in the research that both intuitive and analytical decision-making processes are valid, and should be considered as a continuum rather than in opposition to one another. Decision-making systems, processes, and practices regarding children in emergency situations also vary and are jurisdiction-dependent, with thresholds of risk being a determinant of approaches used. Child welfare systems are loosely categorised in the research as risk-orientated or service-orientated, and because levels of thresholds are dependent on this categorisation, responses vary. It is worth noting that 'very little research exists about front-line practice in emergency situations. In particular, the different country responses to organising front-line removal practices are only occasionally highlighted in child welfare literature' (Lamponen et al., 2018, p. 1). In terms of collaboration and communication between agencies regarding child protection cases, many countries studied have independent multiple jurisdictions, in contrast to Ireland, which has a central child and family agency that deals with child protection concerns. Such fragmentation means there is significant variation in practices and approaches, with different models, protocols, and memorandums evident, although there is a move in some areas to develop a more integrated system. Australia, for example, has developed a National Framework (2009–2020) for this purpose.

03

Methodology

3.1 Introduction

The methodology of this research is based on a concurrent mixed-method approach comprising both qualitative and quantitative data, as well as desk research in the form of a literature review. Quantitative data analysis was carried out to analyse a bespoke dataset collected in Tusla for the purpose of this study, which included anonymised S12 data for the period 1 July 2016 to 30 June 2017. The qualitative data in this study is based on semi-structured interviews. The participants included Tusla child protection social work practitioners, including those working in the long-term teams, duty intake, the Crisis Intervention Service (CIS), the National Out-of-Hours Service (OOHS), and members of Tusla's management team

There are various models associated with mixed-method approaches to research. This study uses an independent level of interaction approach (Creswell and Plano Clark, 2011) whereby quantitative and qualitative phases of research are implemented so that each is independent from the other, meaning that quantitative and qualitative research questions, data collection, and data analysis are separate. Consequently, the two phases are mixed only when drawing conclusions during the overall interpretation at the end of the study, as outlined in Figure 3 below (Creswell and Plano Clark, 2011; Watkins and Gioia, 2015). In this study the quantitative analysis and the literature review were carried out concurrently. The qualitative research took place after this phase was completed. Findings from the literature review informed the schedule of interview questions used in the qualitative part of the study.

There are fundamental differences between quantitative and qualitative research. Quantitative research is used to quantify the problem by generating numerical data or data that can be transformed into usable statistics. It is used to quantify attitudes, opinions, behaviours, and other defined variables; it also uses measurable data to formulate facts and uncover patterns in research. Therefore, it is useful in providing a national picture of a phenomenon, which is its purpose in this research. Qualitative research is primarily exploratory. It is used to gain an understanding of underlying reasons, opinions, and motivations. It provides insights into the problem and is also used to uncover trends in thought and opinions, and to dive deeper into the problem from an individual perspective. The purpose of qualitative research is to gain greater detail, context, and insight into the phenomenon under investigation, rather than to quantify thought or opinion (Creswell and Plano Clark, 2011). Consequently, qualitative research findings are generally presented by giving the broad sense of the weight of views of the interview respondents. For example, the responses are grouped as one, a couple, a few, some, many, most, or the majority, as in this study.

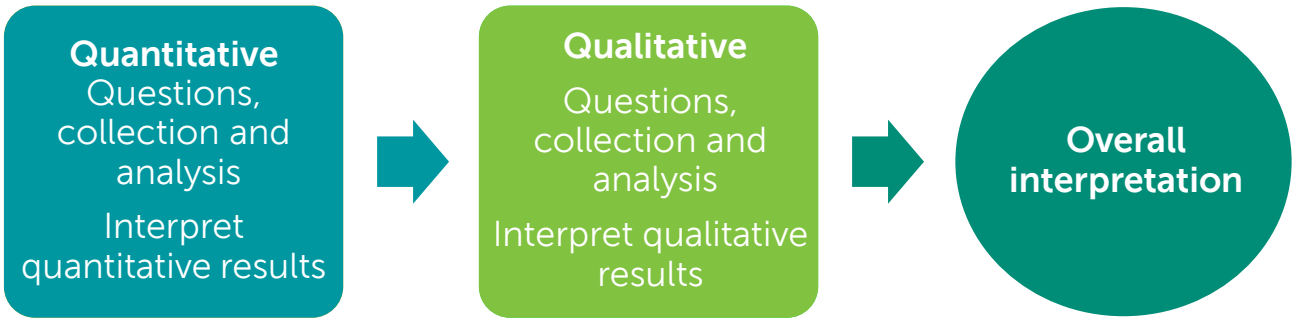


Figure 3: Independent level of interaction approach

The integration of quantitative and qualitative data in the form of a mixed-methods study has great potential to strengthen the rigour and enrich the analysis and findings of any research study. Mixed-method studies are especially useful in understanding contradictions between quantitative results and qualitative findings. In addition, they give a voice to study respondents and ensure that findings are grounded in participants' experiences (Wisdom and Creswell, 2013).

The following parts of this section detail the methodological approach used in both quantitative and qualitative data collection processes and analysis. Section 3.2 outlines the quantitative analysis of Tusla's S12 database. The approach taken to qualitative data collection and analysis is then described. The final parts of this section detail ethical considerations and limitations.

3.2 Quantitative Data Analysis

Quantitative data analysis was carried out to analyse Tusla's S12 database, which was created solely for this study. Tusla created the items included in the database. A glossary of terms used to describe these items is detailed in Appendix 2. The steps followed were familiarisation, modifications, data transfer, and statistical analysis. These steps are described in detail below.

In 2018, an anonymised database was collated by Tusla containing detailed information on the S12s carried out between 1 July 2016 and 30 June 2017 nationwide. The database also contained socio-demographic information on the children and young people removed to safety under S12 over this period. This database was sent to UCFRC researchers at NUI Galway in an encrypted, password-protected format. Several steps were then undertaken to carry out the analysis of the data.

1. Familiarisation

UCFRC researchers familiarised themselves with the database, answer options, and type of data included.

2. Modifications

Essential modifications were carried out with the data to make it suitable for analysis. For example, dates were recoded to calculate the number of days between S12s, the time taken for communication between An Garda Síochána and Tusla, and links between most recent and previous S12s. Open variables were assigned a code and recoded in the database to facilitate further analysis.

3. Data Transfer

The Excel database was automatically transferred from its original format into SPSS to carry out further analyses.[15]

4. Frequency analysis

Exploratory frequencies analyses were carried out to identify emerging patterns in the data. This also provided evidence of the amount of data that was not recorded and therefore the strength that the findings would have.

5. Multivariate analysis

Multivariate analyses were carried out in an attempt to identify the factors predicting the circumstances leading to a child being removed more than once. Preliminary one-way analysis of variance (ANOVA) was used to determine whether child age, Tusla region, or Garda region explained the variance in the number of Section 12s which were invoked for each child. Independent sample t-tests were used to compare the mean scores for two different groups of children or conditions. In this case, gender, allocated social worker, and whether a social worker was present were evaluated.

15 SPSS is a software package that facilitates advanced statistical analysis of quantitative data.

3.3 Qualitative Data Collection

The methodological approach to this part of the research is based on a qualitative strategy of data collection that included practitioners involved in statutory child welfare and protection services in Ireland and took place over a three-month period. The data is based on qualitative semi-structured interviews carried out with Tusla child welfare and protection social work practitioners and managers who have the knowledge and expertise to consider the procedures and practices followed in cases where S12 of the Child Care Act 1991 has been invoked.

3.3.1 Recruitment of Participants

Potential respondents were invited by each area manager in Tusla to take part in this study. Invitations were issued through Tusla's internal email system and included information on the study, on data collection, and on contacting UCFRC researchers. Interested participants volunteered to take part and contacted UCFRC with their contact details.[16] They were then emailed by a member of the UCFRC research team and invited to participate in a telephone interview at a time convenient to them. Each received a Participant Information Letter,[17] Participant Consent Form,[18] and the list of

Table 1: Interview respondents

Region and Area	Identifier Code	Number of Interviews Conducted
Dublin Mid Leinster		
Midlands	(P)	1
Dublin South West/Kildare/West Wicklow		1
Dublin South East/Wicklow		1
Dublin North East		
Cavan/Monaghan		2
Louth/Meath	(P)	1
Dublin North		1
Dublin North City		2
South		
Kerry		1
Cork	(P)	2
Carlow/Kilkenny/South Tipperary		2
Waterford/Wexford		2
West		
Sligo/Leitrim/West Cavan		1
Mayo	(P)	2
Galway/Roscommon		2
Mid-West		3
Other		
National Out-of-Hours Service	(OOHS)	2
Crisis Intervention	(CIS)	1
National Office	(NO)	1
Total		**28**

16 This type of sampling method is known as a self-selection sampling method.

17 See Appendix 3 for details.

18 See Appendix 4 for details.

interview questions[19] in advance. Researchers from the UCFRC conducted the interviews by telephone, with interviews lasting approximately one hour.

Interview questions pertaining to instances where S12 of the Child Care Act 1991 had been invoked centred primarily on the following areas: policies and guidelines, typical reasons, processes and procedures followed, placements, post-S12 processes and procedures, repeat S12s, interagency working, the role of the EOHS, improvements since 2016/2017, and views on what may be needed for further improvement.

Respondents comprise social work team leaders, principal social workers, senior practitioners, and social work practitioners from 15 of Tusla's 17 management areas, as well as their National Out-of-Hours Service and Tusla's national office. In total, 28 interviews were conducted for this study.

3.3.2 Qualitative Data Analysis

NVivo software[20] was used to manage, organise, and code all interview responses into thematic areas aligned with the interview questions, and this data was used to generate an analysis of the themes that evolved. The themes identified are detailed in the findings chapter, supported by quotes from the qualitative research, all of which is presented in Chapter 4 of this report.

3.4 Ethics

The research received full ethical approval from Tusla's Research Ethics Review Group and from the NUIG Research Ethics Committee. The research was guided by the key ethical requirement of gaining informed, voluntary consent for participation in the research. Participants indicated their willingness to participate when providing their consent for an interview. All those who took part in interviews were asked for and gave their consent. Anonymity was guaranteed for all participants, and therefore names and identifiable details throughout the report have been changed.

3.5 Steering Group

A steering group was established to oversee the project and comprised members from Tusla, DCYA, An Garda Síochána, and other representatives, as deemed appropriate in order to guide the study. The initial function of the Steering group was to:

- develop and support data-capture in cases that have been the subject of Section 12 and were referred to the agency during the period 1 January 2016–30 June 2017 (Phase 1);
- develop a template to support the capture of key data from these files;
- develop a link with An Garda Síochána to ensure that data is consistent with PULSE[21] records for the same period;
- report back and discuss progress on data-capture from across the country;
- produce and comment on a summary data report on key findings that will provide the basis for the primary research stage of the project (Phase 2);
- identify and procure suitably qualified researcher(s) to analyse the data captured and to design the primary research stage of the project;
- sign off on the research design, and liaise with the suitably qualified researchers to access relevant stakeholders;
- review draft reports of the combined data sources from both phases of the project, with a view to signing off on a final report to conclude the project.

19 See Appendix 5 for details.

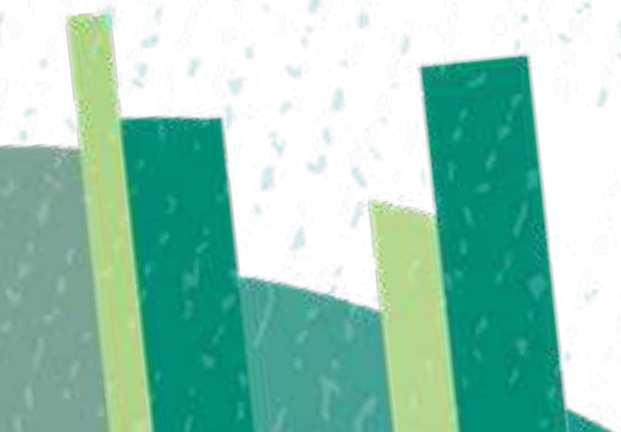
20 NVivo is a computer-assisted software programme that supports the management and organisation of qualitative data.

21 PULSE is the computer system used by AGS to hold records that are gathered and processed in its work.

3.6 Limitations

There were certain methodological limitations to this research study. Limitations for the qualitative part of the study pertain specifically to the small and self-selecting nature of the interviewee sample. Self-selection sampling strategies such as the one in this study (see Section 3.2.1), while advantageous in terms of commitment and willingness to provide insight into the phenomenon being studied, may result in a degree of self-selection bias. For example, the decision to participate in the study may reflect some inherent bias in the characteristics of the participants. The qualitative research is informed by 28 participants only and is not representative of the wider team of Tusla child protection social worker teams. Of note, in September 2018, there were approximately 1,387 social workers employed by Tusla (Tusla communication with UCFRC, December 2019).

The quantitative data analysis was restricted by the lack of a systematic, nationwide approach to the recording of S12 data during the period in question. This limited the amount of information available and also the detail of data provided, because not all areas record the same information or record information in the same format. Some cases had more information available than others, and therefore missing data affected the overall analysis.



04

Findings

The findings of the data collected for this study are presented in this section. It is divided into two parts. Section 4.1 contains the findings from the quantitative analysis of Tusla's S12 database between 1 July 2016 and 30 June 2017, and Section 4.2 contains the findings from the qualitative interviews.

4.1 Quantitative Results

This section of the report is divided into seven subsections. Section 4.1.1 provides demographic information about the children and young people removed to safety under Section 12.[22] Section 4.1.2 details information about S12 events during the period under investigation (1 July 2016 to 30 June 2017). Section 4.1.3 provides information on the contact between Tusla and An Garda Síochána relating to the most recent S12 event. Section 4.1.4 describes Tusla's child protection actions after S12 was invoked. Section 4.1.5 describes S12s invoked prior to 1 July 2016. Section 4.1.6 provides a profile of children and young people who experienced more than one S12 over the course of the study period. Section 4.1.7 describes the multivariate analysis that was carried out to identify the variables that contributed to multiple S12s being invoked for a child or young person. The analysis presented (i.e., each unit of analysis) refers to S12s only.

A sample of 452 Section 12 notifications in the Republic of Ireland between 1 July 2016 and 30 June 2017 were selected by Tusla for this research. Of these, 161 (35.6%) were reported in the Southern Region of Tusla, 114 (25.2%) in the Western Region of Tusla, 111 (24.6%) in the Tusla Region Dublin North East (DNE), and 66 (14.6%) in the Region Dublin Mid Leinster (DML).[23] Regarding gender, 234 (51.8%) involved males and 210 (46.5%) involved females. In eight cases (1.8%), the gender of the child or young person was not recorded.

4.1.1 Profile of Children and Young People Removed to Safety Under Section 12

This section outlines the socio-demographic characteristics (age, gender, Tusla region, Tusla area[24], and Garda region) of the children and young people for whom S12 was invoked by An Garda Síochána between 1 July 2016 and 30 June 2017. Of the 452 reported S12 incidents, 392 represent unique cases (i.e., separate individuals),[25] of whom 199 (50.8%) were male and 186 (47.4%) were female. For seven of these cases (1.8%), gender was not recorded.

The total population of children and young people under the age of 18 included in the population census of 2016 was 1,190,502. The number of children and young people included in this study is 392. This represents 0.03% of the total population of children and young people in Ireland in 2016.

22 This database is based on all Section 12s between 1 July 2016 and 30 June 2017. Children removed more than once are accounted for as group data and not individually..

23 See map of Tusla areas in Figure 5.

Overall, 56 (14.3%) children and young people were removed more than once over the course of the study period, while 336 (85.7%) were removed once. The number of Section 12 incidents reported per individual, over the course of the study period, are outlined in Table 2 below.

Table 2: Number of Section 12s reported per child from 1 July 2016 to 30 June 2017

Number of Section 12s	1	2	3	4 (or more)
n = 392 (%)	336 (85.7%)	43 (11%)	8 (2%)	5 (1.3%)

Regarding gender, 608,785 (51.1%) of the general population were male and 581,717 (48.9%) were female.[26] The percentage of males and females involved in single S12s are similar: 49.4% for males and 48.8% for females. More males (58.9%) than females (39.3%) were involved in multiple S12s.

Table 3: Gender of child or young person removed once or more than once by AGS under Section 12 between 1 July 2016 and 30 June 2017

Gender	Removed Once	Removed More than Once
Male	166 (49.4%)	33 (58.9%)
Female	164 (48.8%)	22 (39.3%)
Not Recorded	6 (1.8%)	1 (1.8%)
Total	336 (100%)	56 (100%)

The most frequent age range for young people involved in a single Section 12, over the course of the study, was 15–17 years. Young people involved in more than one S12 were most frequently male (58.9%), see Table 3 and aged 15–17 years; 16 years was the most frequent age (see Table 4).

Regarding Tulsa regions, of the 392 children and young people removed during the period 1 July 2016 to 30 June 2017, 106 were removed in DNE, 64 in DML, 139 in the South, and 83 in the West. As can be seen in Table 5 below, the majority of young people who were removed more than once between 1 July 2016 and 30 June 2017 were from the South (41.1%) and West (41.1%) regions.

24 Tusla Child Protection and Welfare Services are divided into four regions nationally. Within each region there are local areas, with a total of 17 local areas nationally.

25 Cases with identical date of birth, gender, and Tusla file numbers were counted as belonging to the same individual.

26 Information taken from Central Statistics Office (CSO, 2016).

Table 4: Age of children or young people removed once or more than once by AGS under Section 12 between 1 July 2016 and 30 June 2017

Age	Removed Once	Removed More than Once
0	19 (5.7%)	3 (5.3%)
1	20 (5.9%)	1 (1.8%)
2	11 (3.3%)	1 (1.8%)
3	8 (2.4%)	2 (3.6%)
4	12 (3.6%)	1 (1.8%)
5	8 (2.4%)	1 (1.8%)
6	18 (5.4%)	0 (0%)
7	13 (3.9%)	1 (1.8%)
8	10 (2.9%)	2 (3.6%)
9	8 (2.4%)	2 (3.6%)
10	6 (1.8%)	0 (0%)
11	13 (3.9%)	1 (1.8%)
12	18 (5.4%)	1 (1.8%)
13	15 (4.5%)	3 (5.3%)
14	31 (9.3%)	4 (7.1%)
15	47 (14%)	10 (17.8%)
16	40 (11.9%)	14 (25%)
17	37 (11%)	9 (16.1%)
Not Recorded	2 (0.6%)	0 (0%)
Total	**336 (100%)**	**56 (100%)**

Table 5: Number of children or young people removed once or more than once by AGS under Section 12 between 1 July 2016 and 30 June 2017 by Tusla region

Tusla Region	Removed Once	Removed More than Once	Total
DNE (n = 106)	102 (30.3%)	4 (7.1%)	106
DML (n = 64)	58 (17.3%)	6 (10.7%)	64
South (n = 139)	116 (34.5%)	23 (41.1%)	139
West (n = 83)	60 (17.9%)	23 (41.1%)	83
	336 (100%)	**56 (100%)**	**392**

The number of children and young people removed in each Tusla region was compared to the population figures reported by CSO (2016). This comparison was carried out to identify the percentage population of children or young people issued with a Section 12. The comparison identified that the number of children and young people removed at least once in the South represents 0.05% of the total population under 18 years of age in the region, 0.04% in DNE, and 0.03% in the West; the lowest was DML, with 0.02% of the total population under 18 being removed at least once in the region (see Table 6).

Table 6: A comparison of CSO (2016) population data by county with Tusla regions

Tusla Region	Population Under 18 in the Region	Total Number Removed at Least Once as a Percentage of the Total Population Under 18 in the Region
DNE	275,120	106 (0.04%)
DML	340,753	64 (0.02%)
South	300,064	139 (0.05%)
West	274,565	83 (0.03%)
Total	**1,190,502**	**392 (0.14%)**

In relation to the specific Tusla areas, Cork (South) was the area that most frequently reported invoking just one S12 per child (n = 58) over the study period. As Table 7 shows, Waterford/Wexford (South) was the area with the highest number of children reportedly removed more than once during this period (n = 11).

Table 7: Number of children or young people removed once or more than once from each Tusla area by AGS under Section 12 between 1 July 2016 and 30 June 2017

Tusla Region	Tusla Area	Removed Once	Removed More than Once	Total (Single + Repeat)
South	Carlow/Kilkenny/ South Tipperary	14 (4.2%)	5 (8.9%)	19 (4.8%)
South	Waterford/ Wexford	36 (10.7%)	11 (19.6%)	47 (12.1%)
South	Cork	58 (17.2%)	6 (10.8%)	64 (16.3%)
South	Kerry	8 (2.4%)	1 (1.8%)	9 (2.3%)
	South Subtotal	***116 (34.5%)***	***23 (41.1%)***	***139 (35.5%)***
DML	Midlands	16 (4.8%)	3 (5.4%)	19 (4.8%)
DML	Dublin South West/Kildare/ Wicklow	23 (6.8%)	0 (0%)	23 (5.9%)
DML	Dublin South Central	11 (3.3%)	2 (3.5%)	13 (3.3%)
DML	Dublin South East Wicklow	8 (2.4%)	1 (1.8%)	9 (2.3%)
	DML Subtotal	***58 (17.3%)***	***6 (10.7%)***	***64 (16.3%)***
DNE	Dublin North	40 (11.9%)	2 (3.5%)	42 (10.7%)
DNE	Dublin North City	10 (2.9%)	1 (1.8%)	11 (2.8%)
DNE	Cavan	16 (4.8%)	0 (%)	16 (4.1%)
DNE	Louth Meath	35 (10.4%)	0 (%)	35 (8.9%)
DNE	***Area Not reported***	***1 (.3%)****	***1 (1.8%)****	***2 (.5%)****
	DNE Subtotal	***102 (30.3%)****	***4 (7.1%)****	***106(30%)****
West	Mayo	7 (2.1%)	2 (3.5%)	9 (2.3%)
West	Galway	14 (4.2%)	5 (8.9%)	19 (4.8%)
West	Mid-West	22 (6.5%)	9 (16.1%)	31 (8%)
West	Sligo	6 (1.8%)	0 (0%)	6 (1.5%)
West	Donegal	11 (3.3%)	7 (12.6%)	18 (4.6%)
	West Subtotal	***60 (17.9%)***	***23 (41.1%)***	***83 (21.2%)***
	Total	**336 (100%)**	**56 (100%)**	**392 (100%)**

**Note: Two young people in the DNE region had S12 reports, but the specific Tusla area was not reported for these.*

Figure 4 highlights the overall number of young people in each area with a Section 12 (single or repeat) invoked between 1 July 2016 and 30 June 2017.

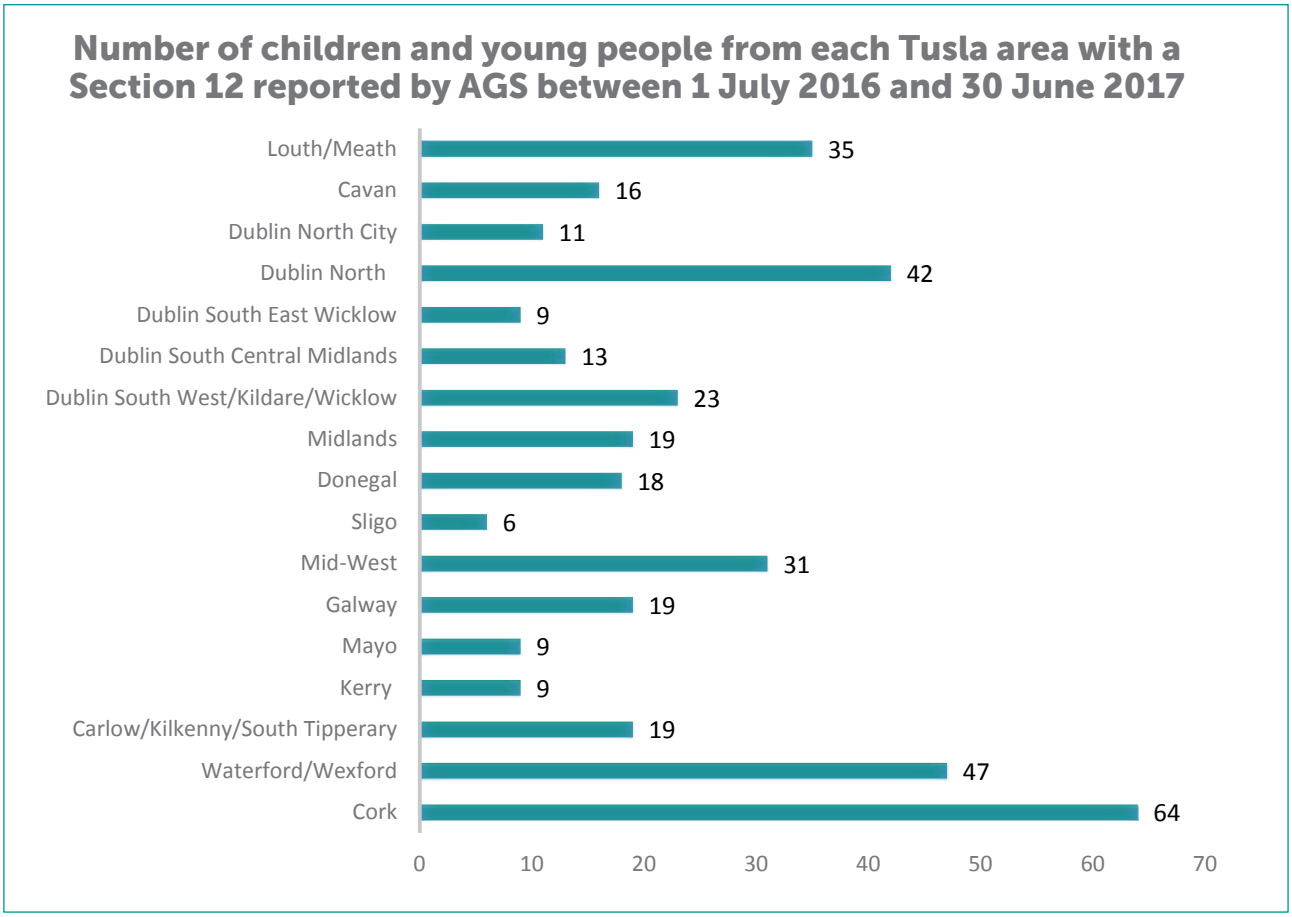


Figure 4: Number of children or young people with a Section 12 invoked by AGS between 1 July 2016 and 30 June 2017 in each Tusla area

In terms of An Garda Síochána regions, the Dublin Metropolitan Area recorded the highest number of removals of children or young people (19.9%) with a single Section 12 (from 1 July 2016 to 30 June 2017), but the Western Region (30.4%) recorded the highest number of children or young people removed more than once under Section 12, as can be seen in Table 8 below.

Table 8: Number of children removed once or more than once from each Garda region by AGS under Section 12 between 1 July 2016 and 30 June 2017

Garda Region	Removed Once	Removed More than Once
Dublin Metropolitan Area	67 (19.9%)	6 (10.7%)
Northern Region	55 (16.4%)	7 (12.5%)
Southern Region	47 (13.9%)	3 (5.4%)
Eastern Region	14 (4.2%)	3 (5.4%)
South Eastern Region	52 (15.5%)	16 (28.5%)
Western Region	49 (14.6%)	17 (30.4%)
Not Recorded	52 (15.5%)	4 (7.1%)
Total	**336 (100%)**	**56 (100%)**

Tusla areas and An Garda Síochána (AGS) areas are not coterminous, so it is not possible to match data per area for them (see Figures 5 and 6). For example, County Limerick is part of Garda Southern Region, whereas it is part of the Mid-West in Tusla's structures.

Figure 5: Map of Tusla areas[27]

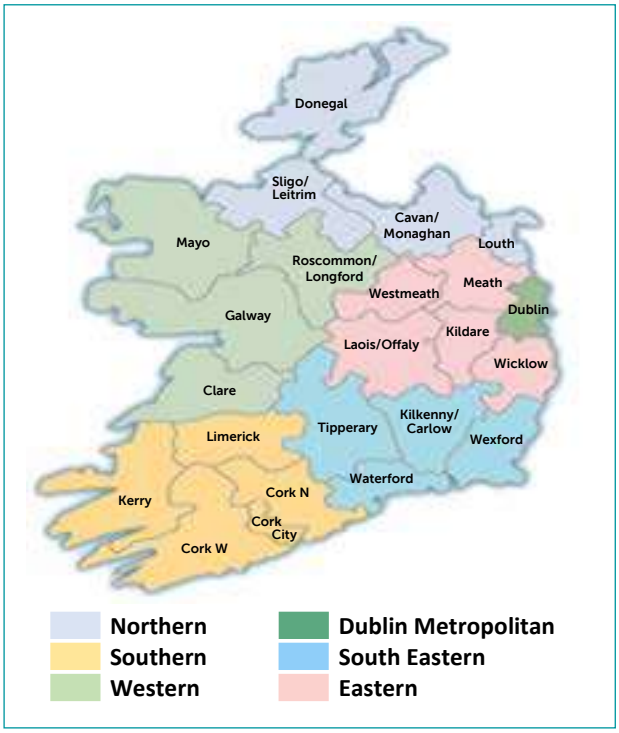


Figure 6: Map of Garda regions[28]

4.1.2 Sections 12s Invoked Between 1 July 2016 and 30 June 2017

This section provides specific information about S12s invoked between 1 July 2016 and 30 June 2017. Notably it refers to the overall number of S12s reported, not the number of individual children involved. There were 452 Section 12s invoked by An Garda Síochána in the study period. These incidents refer to 392 individual children or young people. Information on disability, ethnicity, nationality, and religion can be found in Appendix 6. This information is incomplete and not comprehensive, as it was not routinely collected by Tusla in the period in question.

This section details the contact between Tusla and An Garda Síochána prior to invoking S12, the protocols followed, the nature of the contact, the reasons for invoking S12, the involvement of social workers, whether the child was known by Tusla, and how the child was brought to safety. This information is based on S12s invoked, not individual children or young people.

27 Source: www.tusla.ie/uploads/content/Tusla_Area_Management_Structure_-_Manager_Details_161018.pdf

28 Source: www.Garda.ie/en/About-Us/Organisational-structure/Regions-Divisions-and-Districts/Regions-Divisions-and-Districts.html

Garda Region	Number (Percent)
Western Region	91 (20.1%)
South Eastern Region	83 (18.3%)
Dublin Metropolitan Region	78 (17.3%)
Northern Region	68 (15%)
Southern Region	55 (12.2%)
Eastern Region	18 (4%)
Not Recorded	59 (13.1%)
Total	**452 (100%)**

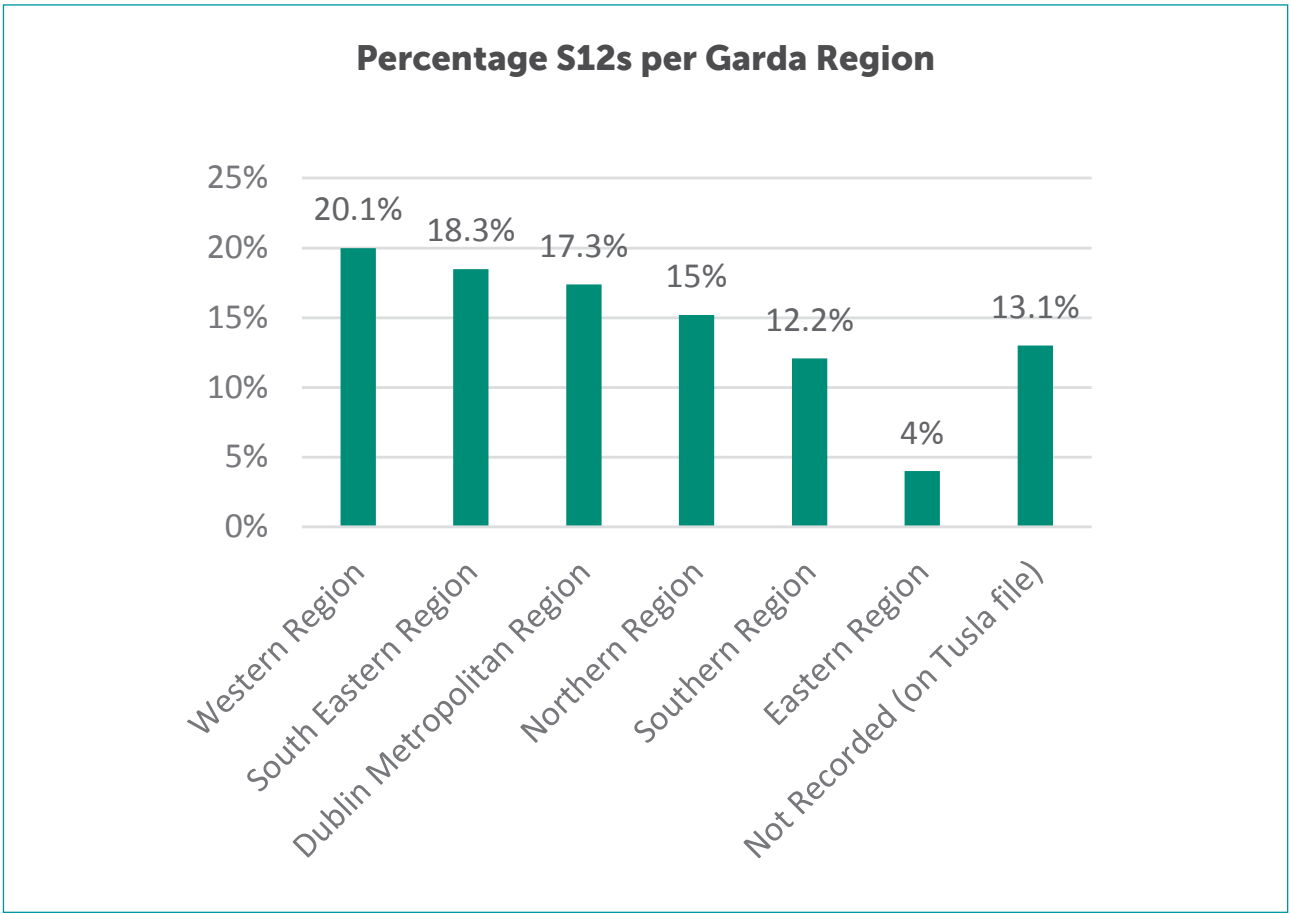


Figure 7: Percentage S12s invoked by AGS per Garda region per incident (Source: Tusla database)

Figure 7 outlines the percentage of S12 incidents reported to Tusla according to Garda regions. Most happened in the Western region (20.1%), followed by the South Eastern region (18.3%). Garda region was not recorded for 13.1% of the reported Section 12s.

The month and day of the week that the Section 12 was recorded were analysed to identify patterns of higher incidence. These are highlighted in the tables below.

The month where most S12s were recorded was March (10.3%), followed by June (9.7%), July (9.7%), and April (9.7%). The lowest number of S12s was recorded in September (4.4%).

Month	Number (Percent)
January	43 (9.5%)
February	41 (9.1%)
March	46 (10.3%)
April	44 (9.7%)
May	35 (7.7%)
June	44 (9.7%)
July	44 (9.7%)
August	39 (8.6%)
September	20 (4.4%)
October	28 (6.3%)
November	38 (8.4%)
December	30 (6.6%)
Total	**452 (100%)**

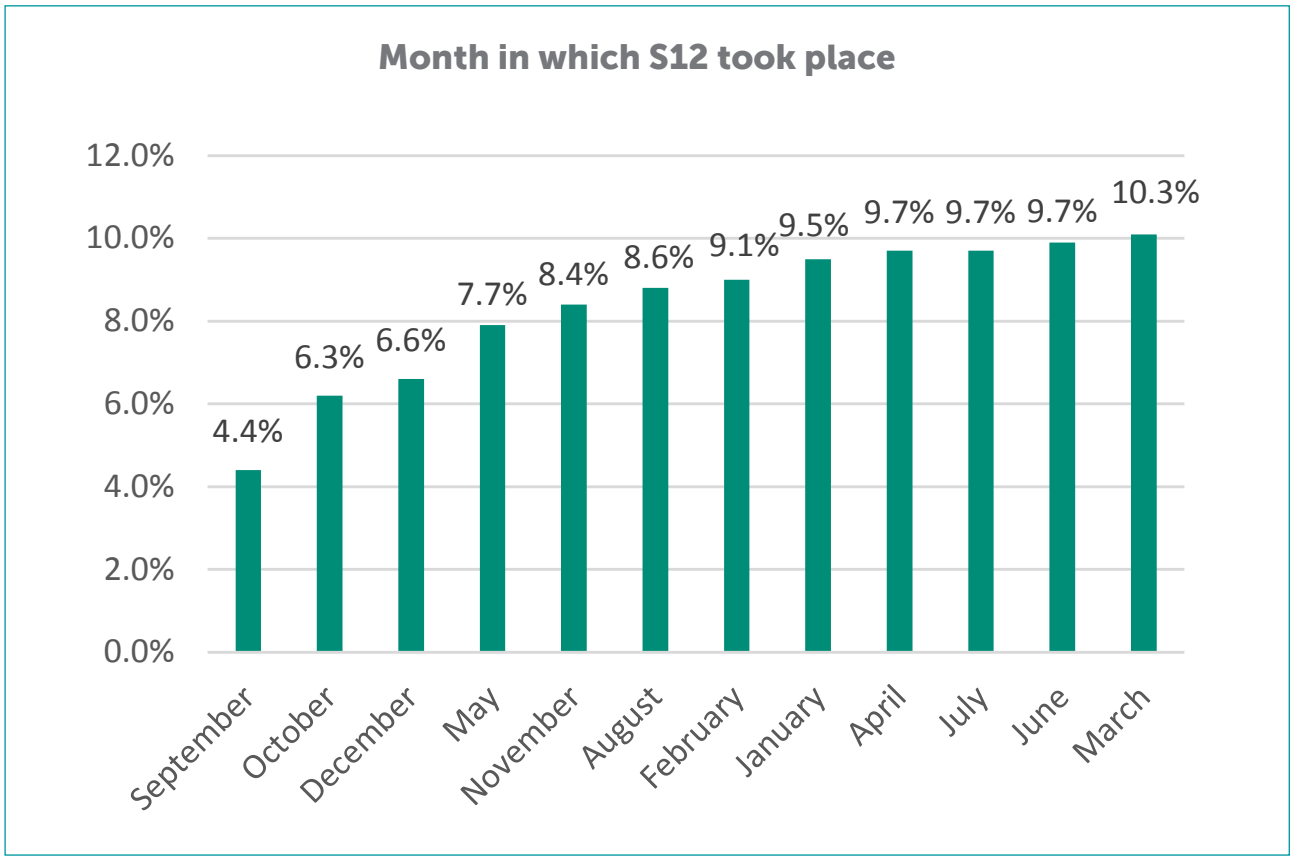


Figure 8: Month in which S12 took place (for period 1 July 2016–30 June 2017)

Most S12s happened on a Monday (16.8%), followed by Thursday (15.3%) and Wednesday (15%). Saturday had the lowest percentage of S12s recorded (12%).

Day	Number (Percent)
Monday	76 (16.8%)
Tuesday	66 (14.6%)
Wednesday	68 (15%)
Thursday	69 (15.3%)
Friday	58 (12.8%)
Saturday	54 (12%)
Sunday	61 (13.5%)
Total	**452 (100%)**

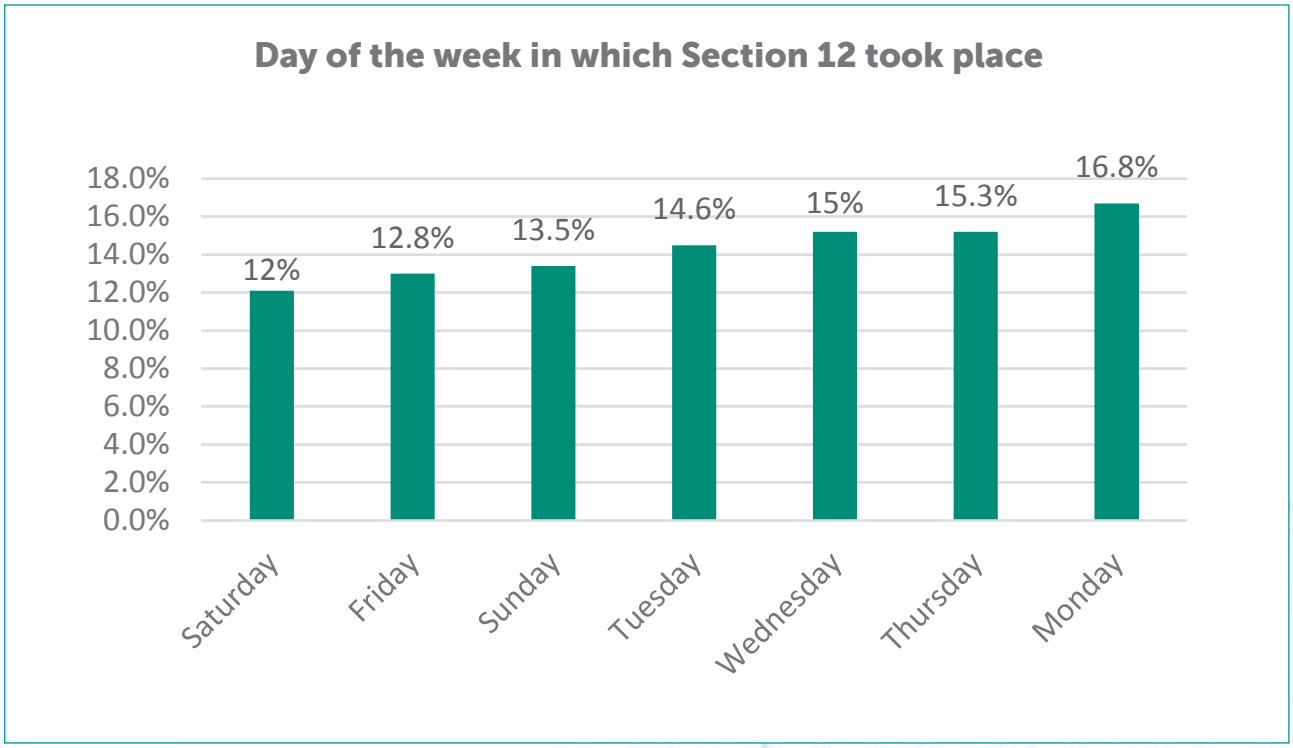


Figure 9: Day of the week in which S12 took place

The time of day at which S12 was recorded was divided into four groups to reflect the availability of services available. Day services are available from 9 a.m. to 5 p.m., and the Out-of-Hours Service (OOHS) is available between 6 p.m. and 7 a.m. There is no service available from 7 a.m. to 9 a.m. and from 5 p.m. to 6 p.m. The most common time when S12s occurred was between 6 p.m. and 7 a.m.; this time corresponds to the operating hours of OOHS (63.3%), whereas S12s reported during normal office hours (Monday to Friday 9 a.m. to 5 p.m.) comprised 14.3%

Time of Day	Number (Percent)
7 a.m. to 9 a.m.	9 (2%)
9 a.m. to 5 p.m.	65 (14.3%)
5 p.m. to 6 p.m.	14 (3.1%)
6 p.m. to 7 a.m.	286 (63.3%)
Not Recorded	78 (17.3%)
Total	**452 (100%)**

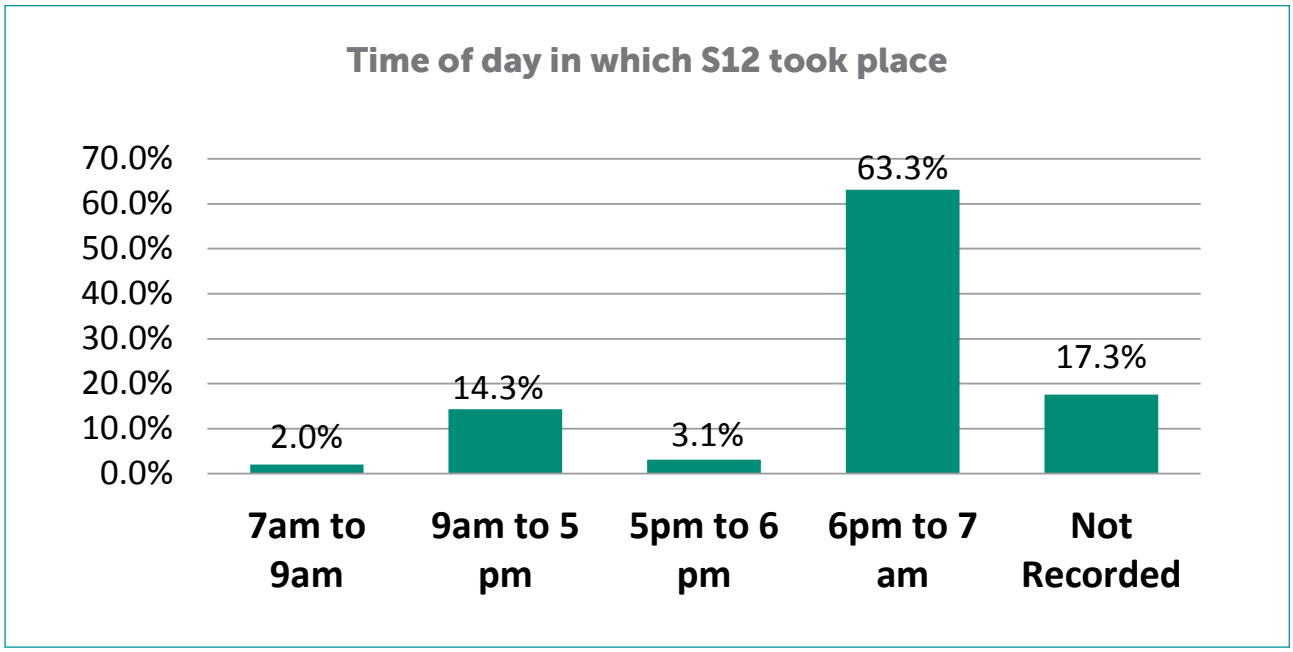


Figure 10: Time of day at which S12 was recorded

Information was recorded to determine the presence of a Tusla social worker at the time of S12 event during regular office hours (Monday – Friday, 9 a.m. – 5 p.m.). Additional information on the circumstances surrounding the presence or absence of a social worker is included in Appendix 6. The data is analysed according to time of day, day of the week, Tusla area, and type of assistance required. From the 65 S12s invoked over the period of 9a.m.-5p.m., 37 of these were invoked on working days (e.g. Monday-Friday), while 28 were invoked on a Saturday or Sunday. Of the 37 Section 12s invoked during regular office hours (Monday-Friday, 9a.m.-5p.m.) social workers were present in 11 (29.7%) cases (see Table 9).[29]

29 Tusla social workers are not expected or legally bound to be present at the time Section 12 is invoked.

Table 9: Presence of a Tusla social worker (Monday–Friday, 9 a.m.–5 p.m. only)

Social Worker Present	Number (Percent)
No	26 (70.3%)
Yes	11 (29.7%)
Total	**37 (100%)**

Information from each file was included in the database to describe the reasons why S12 was invoked at that time. Circumstances at the time of the S12 were grouped into specific categories. As can be seen in Figure 11 below, the most commonly reported reasons for invoking a Section 12 were Parenting Difficulties (n = 103) or Parental Alcohol/Drug Abuse (n = 88), closely followed by Child Behaviour Difficulties (n = 72). For 14 cases, information about the reason a Section 12 had been invoked was not recorded in the database.

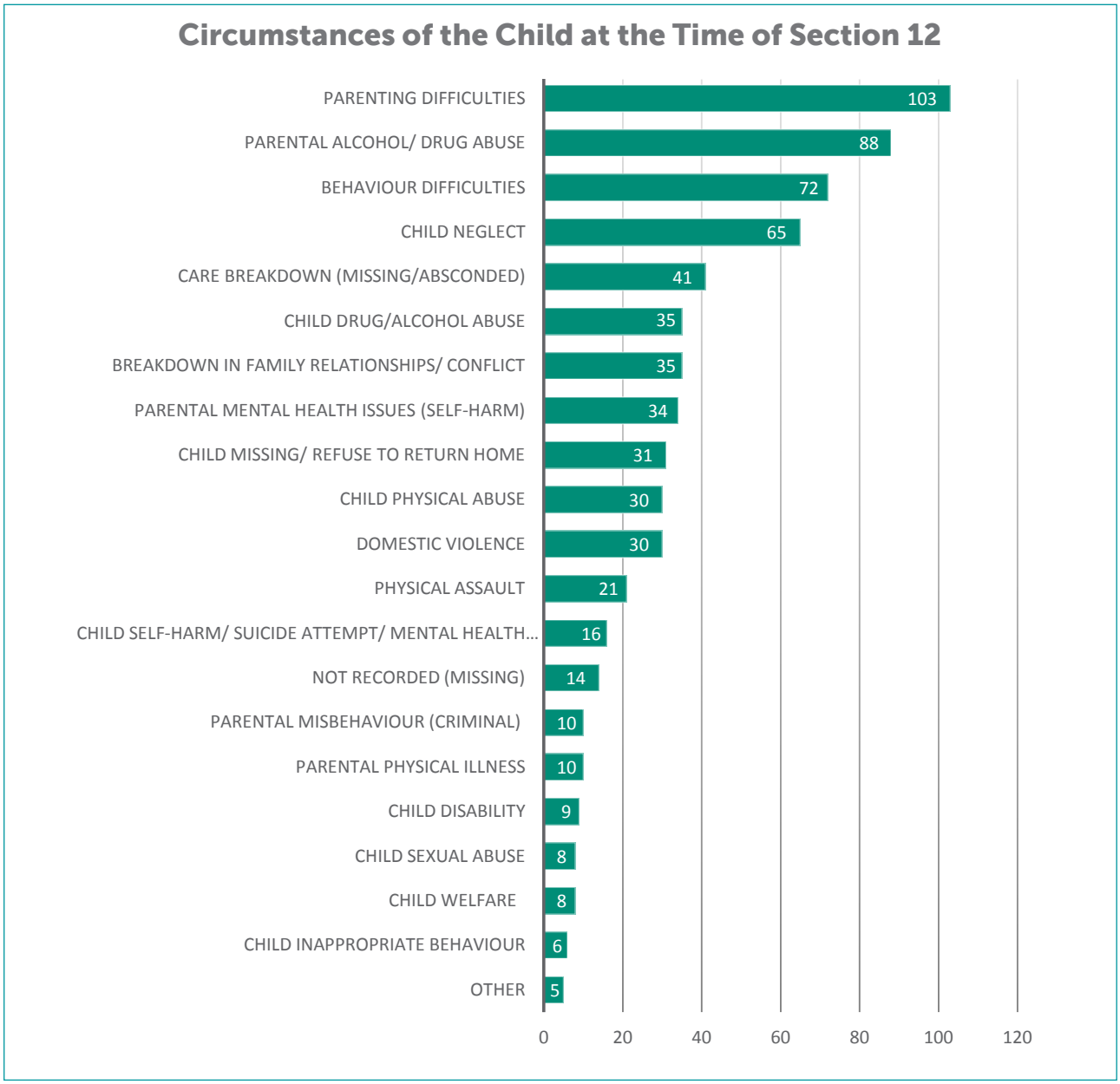


Figure 11: Total scores showing circumstances of the child at the time S12 was invoked by AGS (1 July 2016–30 June 2017)

Information was collected on whether An Garda Síochána contacted Tusla prior to invoking S12 and if so, what the nature of this contact was. It was found that An Garda Síochána contacted Tusla prior to invoking S12 in 81.4% of the S12s recorded and did not contact Tusla for 8.2% of S12s. This information was not recorded for 10.4% of S12s.

Table 10: Did AGS contact Tusla prior to invoking S12?

	Number (Percent)
Yes	368 (81.4%)
No	37 (8.2%)
Not Recorded	47 (10.4%)
Total	**452 (100%)**

Where contact was made by An Garda Síochána prior to invoking a Section 12, the majority of contact was with the Tusla National Out-of-Hours Service (OOHS). As can be seen in Table 11 below, An Garda Síochána made contact with Tusla OOHS in 82.6% of these Section 12s and with the Tusla social work office in 15.9% of these cases.

Table 11: Nature of the contact by AGS prior to invoking S12

	Number (Percent)
Contact with Tusla OOHS	304 (82.6%)
Contact with Tusla SW office	58 (15.8%)
Not Recorded	6 (1.6%)
Total	**368 (100%)**

Information was also provided to determine whether the case was previously known to Tusla. Of the 452 individual S12s recorded, 347 (76.8%) were already known to Tusla (see Table 12).

Table 12: Was the case previously known to Tusla?

	Number (Percent)
Yes	347 (76.8%)
No	92 (20.4%)
Not Recorded	13 (2.9%)
Total	**452 (100%)**

The time between the previous referral and the current S12 was calculated. These referrals could include any type of child protection or welfare referral to Tusla. The most frequent range of months between the last referral and the current S12 was less than a month (24.9%). Ongoing and open cases were 18.7%. This information was not recorded for 35 (10.1%) of these Section 12 reports.

Table 13: Time since last referral and current S12

	Number (Percent)
Ongoing/Open[30]	65 (18.7%)
Less than 1 month	86 (24.9%)
1–3 months	53 (15.3%)
3–6 months	32 (9.2%)
6–9 months	14 (4.0%)
9 months – 1 year	13 (3.7%)
1–2 years	23 (6.6%)
2–3 years	6 (1.7%)
3–4 years	10 (2.9%)
4 years or more	10 (2.9%)
Not Recorded	35 (10.1%)
Total	**347 (100%)**

Information was also gathered to determine if the cases were open to Tusla Child Protection and if so, to examine whether a social worker was allocated to these cases or not. Of the cases that were previously known to Tusla, 71.4% of these cases were open to Tusla Child Protection at the time the S12 was invoked. However, this information was missing (i.e., not reported) for 20 (5.8%) cases.

	Number (Percent)
Yes	248 (71.4%)
No	79 (22.8%)
Not Recorded	20 (5.8%)
Total	**347 (100%)**

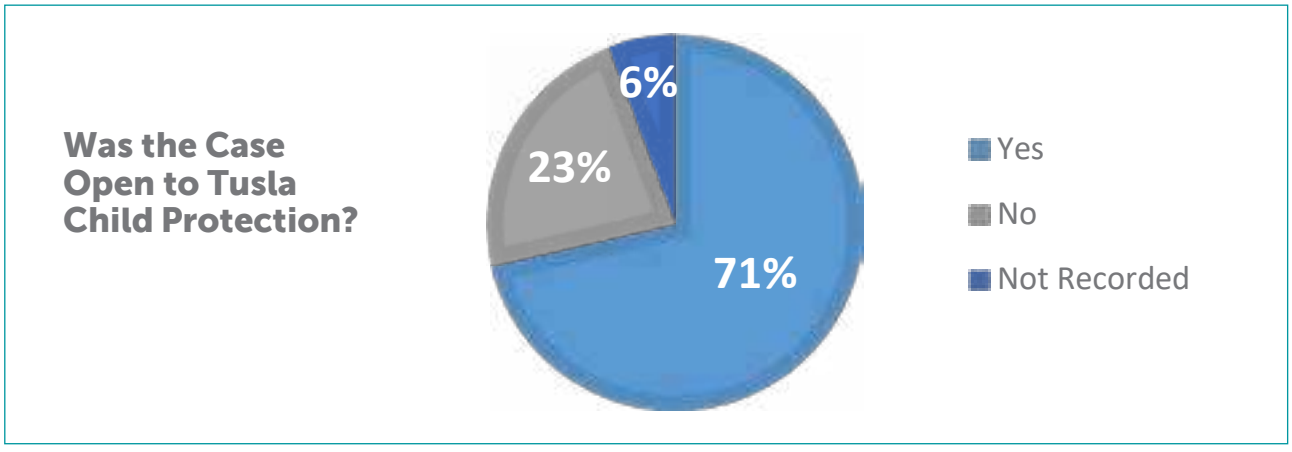


Figure 12: Was case open to Tusla Child Protection?

30 Ongoing/open cases do not have a specific date of referral in the database, but due to the level of activity identified in the database, it was evident that the case was active.

Of the cases that were open (n = 248), 224 had an allocated social worker.

	Number (Percent)
Yes	224 (90.3%)
No	18 (7.3%)
Not Recorded	6 (2.4%)
Total	**248 (100%)**

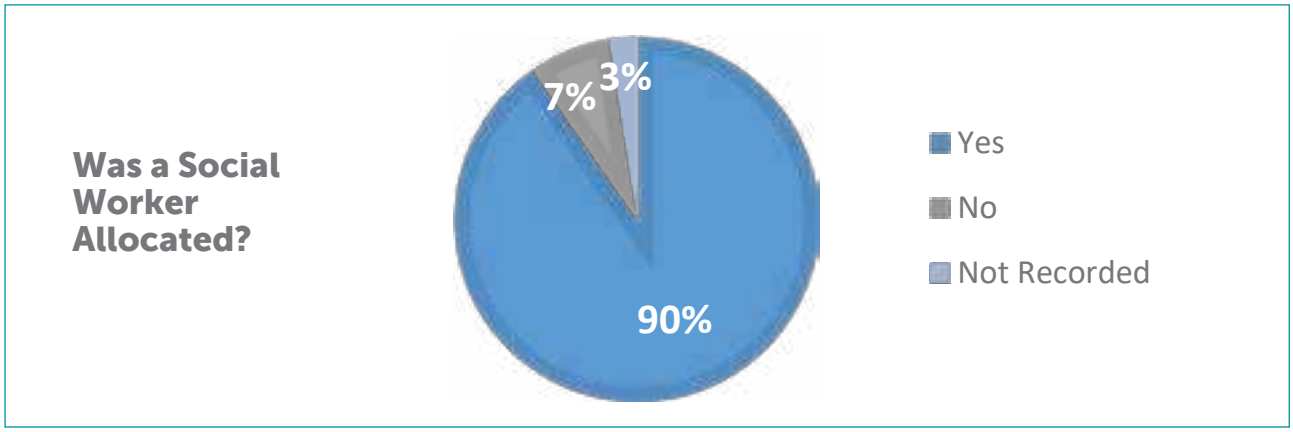


Figure 13: If case was open, was it allocated to a social worker?

Information was then gathered to identify whether children or young people were included on the Child Protection Notification System (CPNS) at the time that the current S12 was invoked. Of the 248 cases open to Tusla Child Protection, 29 (11.7%) cases were on the CPNS system, while 174 S12s (70.2%) were not. This information was either not known or not recorded for 45 cases (18.1%).

	Number (Percent)
Yes	29 (11.7%)
No	174 (70.2%)
Not Recorded	45 (18.1%)
Total	**248 (100%)**

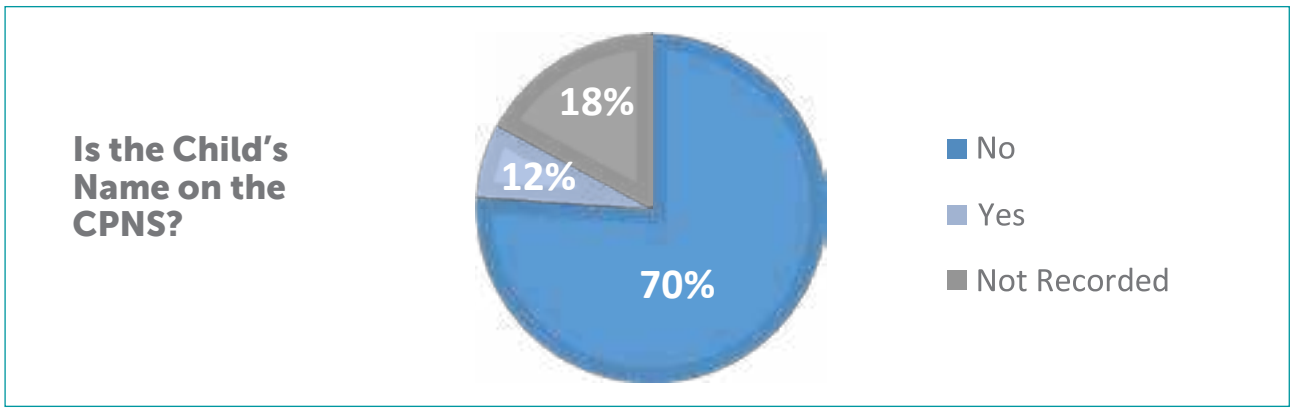


Figure 14: Is the child's name on the CPNS?

Information was provided to determine the situation if the case was not open, meaning it was closed or diverted. Of the 452 cases reported, 81 cases were not 'open' to Tusla. Of these, 38 cases (46.9%) were closed and 15 (18.5%) were diverted. Cases were diverted to a variety of services, including Children and Adolescent Mental Health Services (CAMHS), Family Support, Addiction Services, the Health Service Executive, or Garda diversion programmes.

Table 14: If case was not open, was it closed or diverted?

	Number (Percent)
Closed	38 (46.9%)
Diverted	15 (18.5%)
Awaiting Allocation	1 (1.2%)
Not Recorded	27 (33.4%)
Total	**81 (100%)**

Information about the time and type of placement was gathered for children and young people who were in care prior to the invoking of S12. This information was relevant for 31 cases, and referred to 25 individual children or young people. Of these 31 Section 12 reports, most (n = 28) cases involved children or young people in foster care (90.3%).

Table 15: Type of placement for children in care

Placement	Number of Cases (Percent)	Number of Children or Young People (Percent)
Foster care	28 (90.3%)	22 (88%)
Other	2 (6.5%)	2 (8%)
Supported lodgings	1 (3.2%)	1 (4%)
Total	**31 (100%)**	**25 (100%)**

Looking at all Section 12s reported between 1 July 2016 and 30 June 2017, analyses were carried out to examine the time it took between S12 being invoked and the child or young person being brought to their place of safety; moves of 0–90 minutes were categorised as 'immediate'. It was found that the move was immediate in 68.6% of S12 incidents. In cases where the move was not immediate, the time it took to bring the child or young person to a place of safety ranged between 3 and 6 hours.

	Number (Percent)
Yes	310 (68.6%)
No	71 (15.7%)
Not Recorded	71 (15.7%)
Total	**452 (100%)**

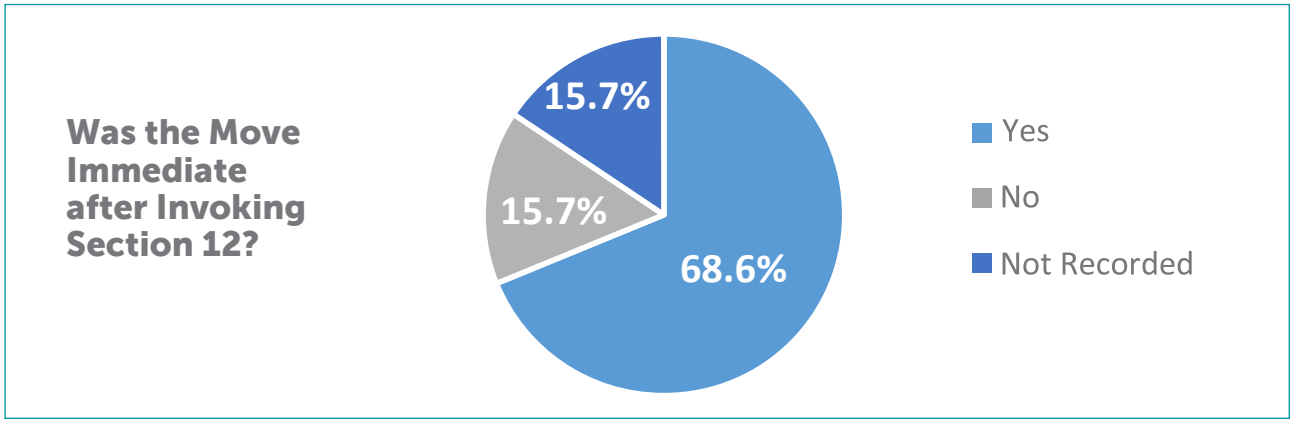


Figure 15: Was the move immediate after invoking S12?

The way in which children and young people were transported to their final place of safety was also considered. This refers to all Section 12s reported during the study period. It was found that Garda vehicles were used in 62.8% of S12s and a social worker's car in 20.8% of cases, suggesting that social workers were involved, at least in terms of providing transport, in 94 of the S12s invoked. This information, however, was not available for 12.8% (n = 58) of S12s.

	Number (Percent)
Garda vehicle	284 (62.8%)
By social worker	94 (20.8%)
Other	15 (3.3%)
Ambulance	1 (0.2%)
Not Recorded	58 (12.8%)
Total	**452 (100%)**

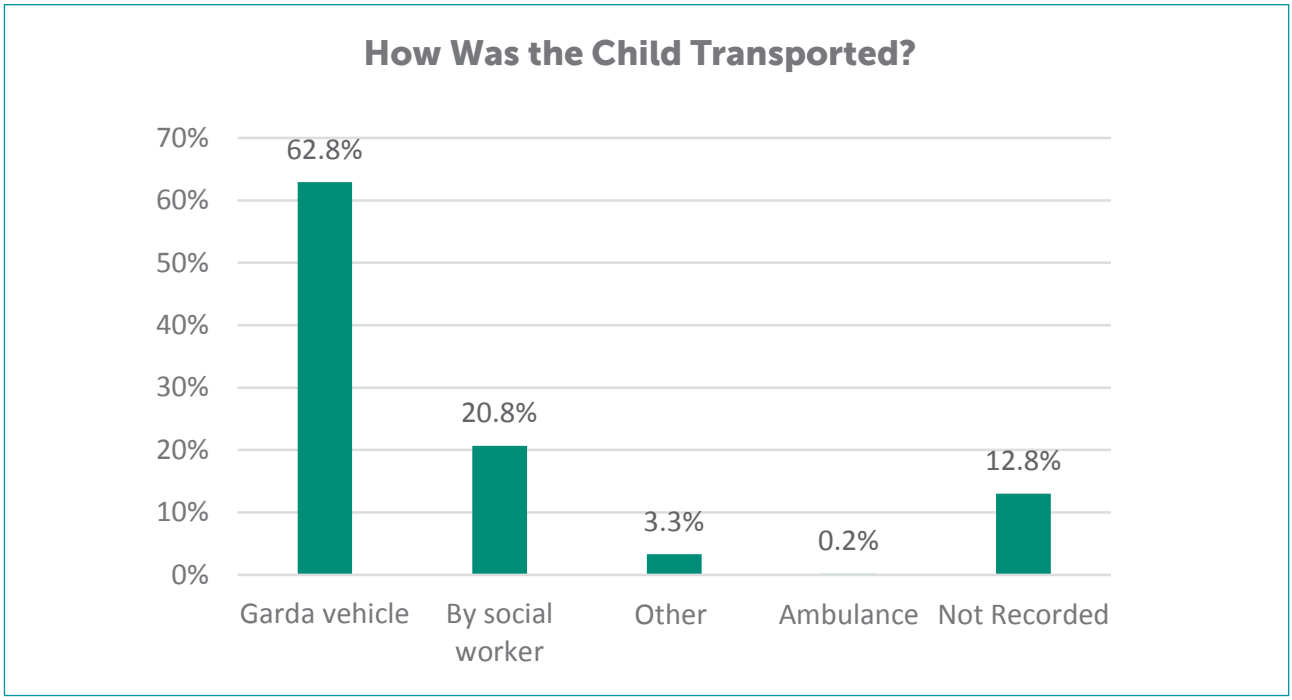


Figure 16: How was the child transported?

It was found that private foster care[31] was the final place of safety for 40.3% of S12s, followed by Tusla foster care for 21.4% and hospitals for 19.9% (see Table 16 below).

Table 16: Place of safety after Section 12

Place of Safety	Number (Percent)
Private foster care provider	182 (40.3%)
Tusla foster care/Residential Unit	97 (21.4%)
Hospital	90 (19.9%)
Family member	25 (5.5%)
Garda station	17 (3.8%)
Return to mother/father/home	14 (3.1%)
Tusla social work	4 (0.9%)
Family friend	2 (0.4%)
Extern/Support project	1 (0.2%)
Not recorded	20 (4.5%)
Total	**452 (100%)**

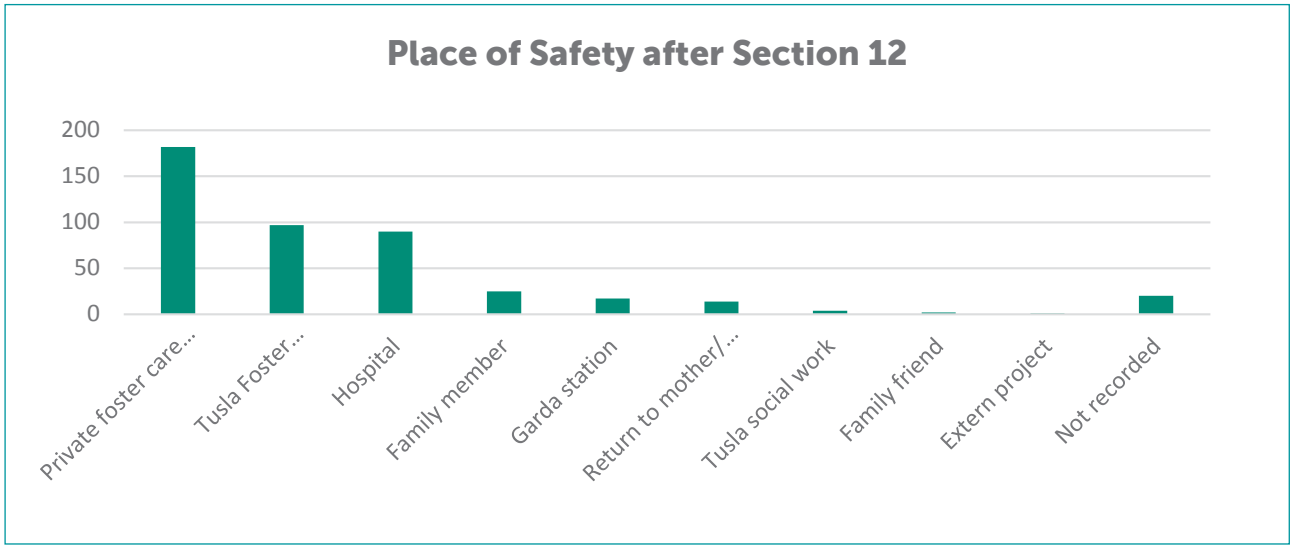


Figure 17: Place of Safety after S12

31 Private foster care provider is Tusla funded or contracted.

4.1.3 Information Regarding Contact Between AGS and Tusla After S12 Is Invoked

This section provides further details on the type and nature of the contact between Tusla and An Garda Síochána after a Section 12 was invoked during the period of interest for this study. Details are also provided on the notification process followed. For the 452 cases observed in this study, and for which evidence was recorded of An Garda Síochána notification, An Garda Síochána were found to have notified Tusla after invoking a Section 12 in 89.8% (n = 406) of cases, and did not notify Tusla after 1.5% (n = 7) of these Section 12s. This information was not recorded for 8.7% (n = 39) of cases.

	Number (Percent)
Yes	406 (89.8%)
No	7 (1.5%)
Not Recorded	39 (8.7%)
Total	**452 (100%)**

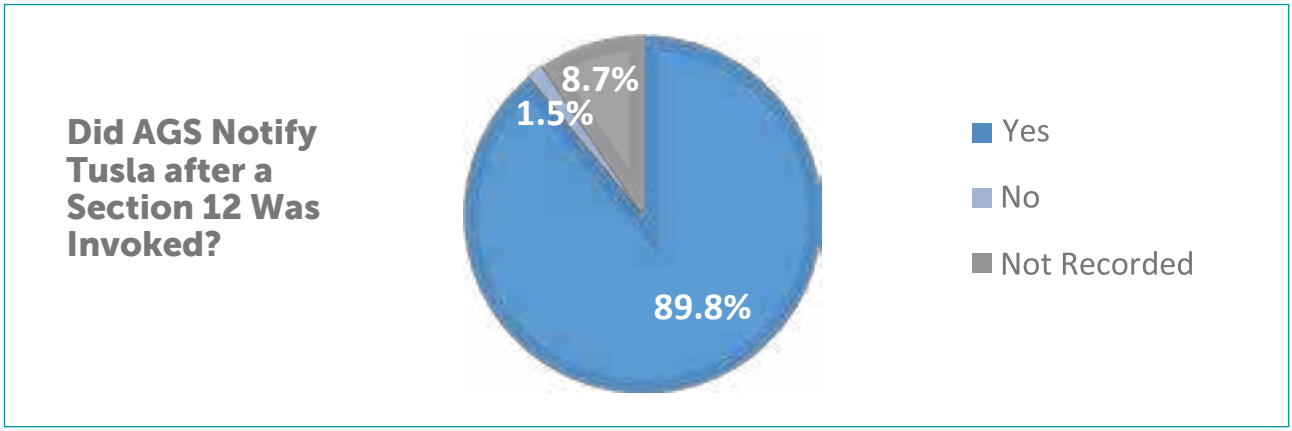


Figure 18: Did AGS notify Tusla after the S12?

For those 406 cases where An Garda Síochána contacted Tusla after invoking a Section 12, further analyses were carried out to investigate when and how this contact occurred (see Tables 17 and 18). It was found that contact between An Garda Síochána and Tusla was within the same day in 335 (82.5%) of these Section 12s. In the cases where notification was not within the same day, it took between one (8.6%) and 90 days (0.2%) for An Garda Síochána to contact Tusla. This information was not recorded for 3.9% (n = 16) of these cases.

Table 17: When did AGS notify Tusla?

Number of Days to Contact Tusla	Number (Percent)
Same Day	335 (82.5%)
1 Day	35 (8.6%)
2 Days	5 (1.2%)
4 Days	3 (0.7%)
6 Days	1 (0.2%)
8 Days	2 (0.5%)
9 Days	1 (0.2%)
10 Days	4 (1%)
13 Days	2 (0.5%)
28 Days	1 (0.2%)
90 Days	1 (0.2%)
Not Recorded	16 (3.9%)
Total	**406 (100%)**

An Garda Síochána used several different media to first inform Tusla, as detailed in Table 19. In 83% of the Section 12s, Tusla was notified by a telephone call from An Garda Síochána, however, written reports (4.4%), meetings (0.7%) and standardised forms (0.4%) were also used (see Table 18).

Table 18: How did AGS first contact Tusla?

Method of Contact	Number (Percent)
Telephone	337 (83%)
Joint operation	25 (6.2%)
Written report	18 (4.4%)
Meeting	3 (0.7%)
Standardised form	2 (0.5%)
Not recorded	21 (5.2%)
Total	**406**

4.1.4 Information About Tusla's Child Protection Actions Following a Section 12

This section is focused on describing the actions, protocols, and decision-making processes after S12 was invoked, including the closing process, re-opening cases, and the application of Section 13 of the Child Care Act. It was found that in 44.7% of cases the child or young person was returned to the parent or home. The second most common action was the application of Section 13 (19.5%), that is, an application to the Court for an emergency care order (ECO). The third most common action was children being admitted into voluntary care, following 9.1% of S12s. Information regarding actions taken after S12 was not recorded for 32 cases.

Table 19: Actions taken after S12

Actions Taken	Number (Percent)
Returned to parent/home	202 (44.7%)
Section 13 Application (ECO)	88 (19.5%)
Voluntary care	41 (9.1%)
Returned to foster carer	23 (5.1%)
Relative/ Extended family/Family friend	34 (7.4%)
Alternative/emergency/private foster care placement	15 (3.3%)
Disability/HSE/ hospital/mental health service	9 (2%)
Residential unit/Tusla Care/Supported lodgings	4 (0.9%)
Referred to other service	4 (0.9%)
Not Recorded	32 (7.1%)
Total	**452 (100%)**

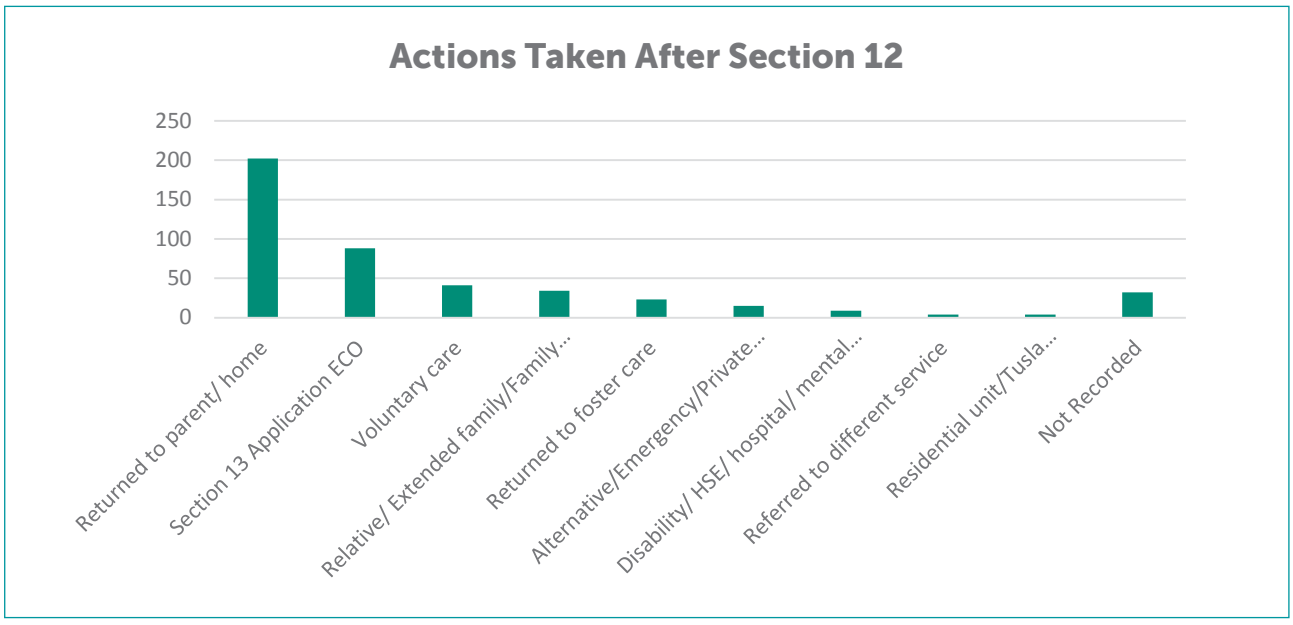


Figure 19: Actions taken after Section 12

For the 88 cases in which a Section 13 was applied for, the reasons provided for this action were explored. Child welfare was the most common reason, in 31 cases (35.2%). Neglect was the second most common reason (19.3%), followed by physical abuse (12.5%) and emotional abuse (9.1%).

S13 Application	Number (Percent)
Child welfare	31 (35.2%)
Neglect	17 (19.3%)
Physical abuse	11 (12.5%)
Emotional abuse	8 (9.1%)
Not Recorded	21 (23.9%)
Total	**88 (100%)**

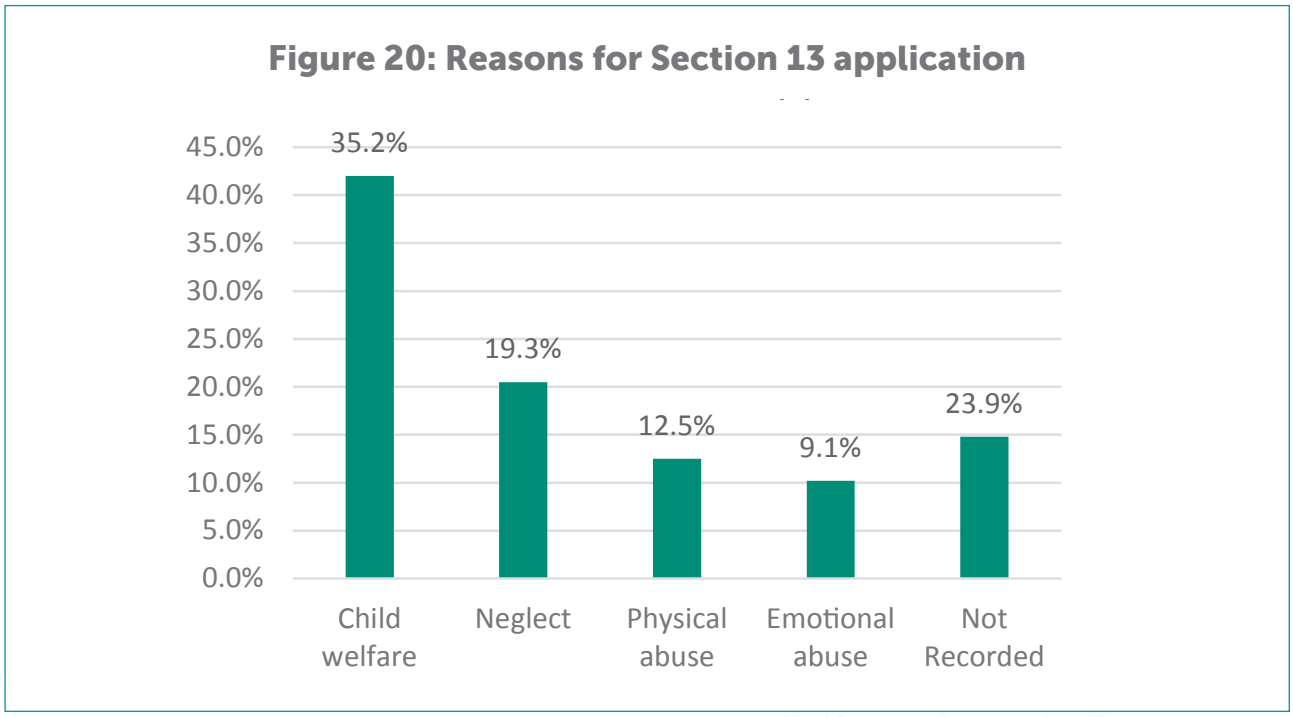
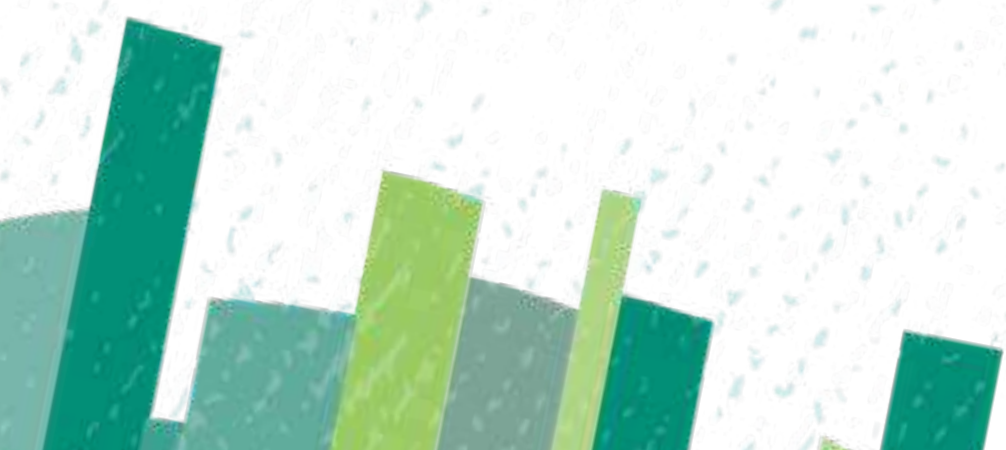


Figure 20: Reasons for Section 13 application



The outcome of the application of Section 13 was also explored through the quantitative data. Thirty-nine cases (44.3%) resulted in an Emergency Care Order, while 20 cases (22.7%) resulted in an Interim Care Order (ICO). No order was granted for 6 (6.8%) cases.

Outcome of S13 Application	Number (Percent)
Emergency Care Order (ECO)	39 (44.3%)
Interim Care Order (ICO)	20 (22.7%)
No order	6 (6.8%)
Not recorded	23 (26.1%)
Total	**88 (100%)**

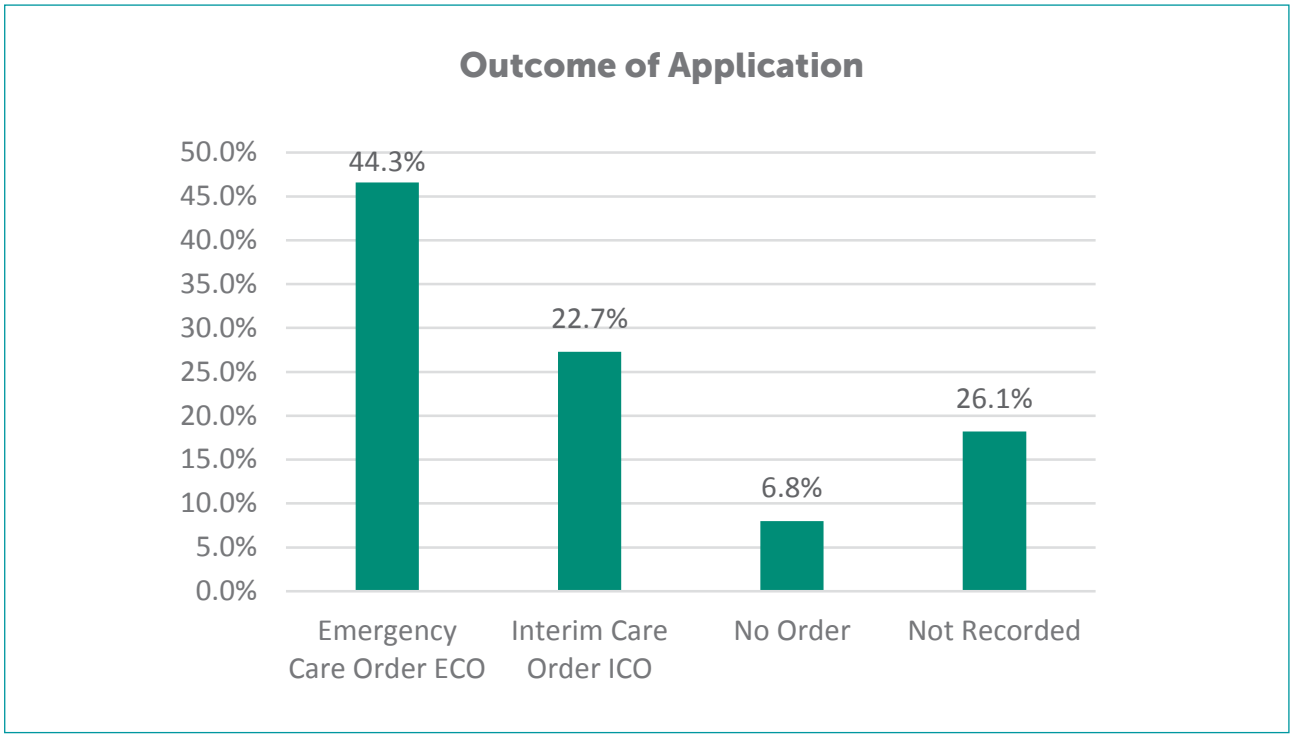


Figure 21: Outcome of application

4.1.5 Profile of Children and Young People With a Section 12 Invoked Prior to 1 July 2016

This section provides an overview of the children and young people who had also experienced a Section 12 before 1 July 2016. This analysis explores previous reported S12s in detail, including the reasons for the S12s and the actions and rationale followed when dealing with these previous S12s. Not all children and young people in the sample had previous S12s; therefore this section is only relevant for individuals where S12 had been reported prior to 1 July 2016. Specifically, as identified in the pie chart below, of the 392 children and young people included in this study, 4.1% (n = 16) were reported as having experienced at least one S12 prior to 1 July 2016. The majority (81.1%) had not experienced S12 before 1 July 2016. For 14.8% of children or young people, no information about removals prior to 1 July 2016 was recorded.

Children or Young People with Previous S12	Number (Percent)
No	318 (81.1%)
Yes	16 (4.1%)
Not Recorded	58 (14.8%)
Total	**392 (100%)**

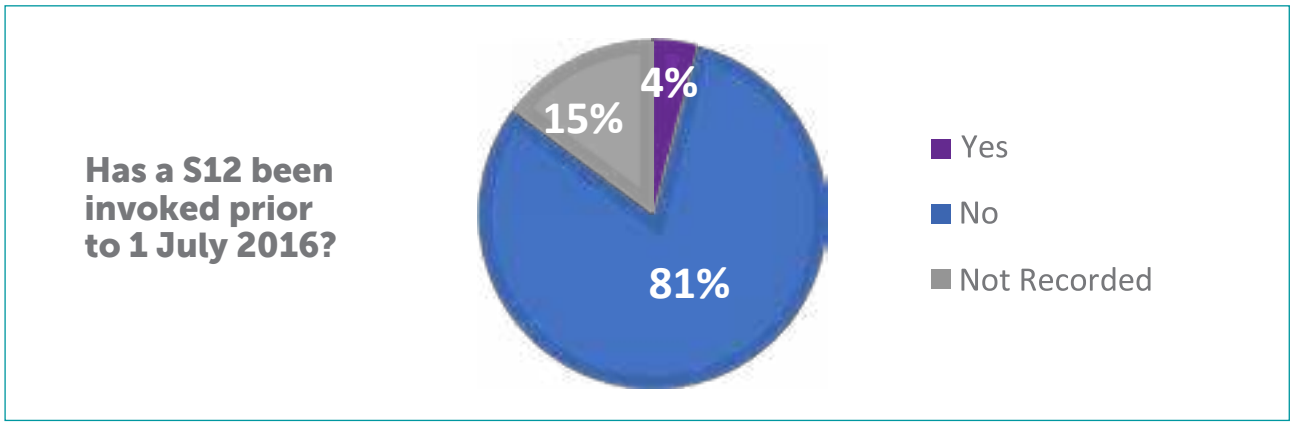


Figure 22: Has a Section 12 been invoked prior to 1 July 2016 for this child or young person?

Of the 16 children and young people who had experienced a Section 12 prior to 1 July 2016, data on the time between the previous S12 and the first S12 invoked during the study period was analysed. The time between the two S12s ranged from 11 days (6.3%) to over 11 years (18.7%), with most children or young people (56.2%) experiencing a Section 12 between 1 month and 2 years prior to their current Section 12.[32]

32 A 'current' Section 12 refers to the first S12 reported for a child or young person during the period 1 July 2016 to 30 June 2017.

Time between two S12s	Number (Percent)
Up to 1 month	1 (6.3%)
1–6 months	2 (12.5%)
6 months to 1 year	4 (25%)
1–2 years	3 (18.7%)
2–3 years	0 (0.0%)
3–4 years	2 (12.5%)
4–5 years	1 (6.3%)
5–11 years	0 (0.0%)
More than 11 years	3 (18.7%)
Total	**16 (100%)**

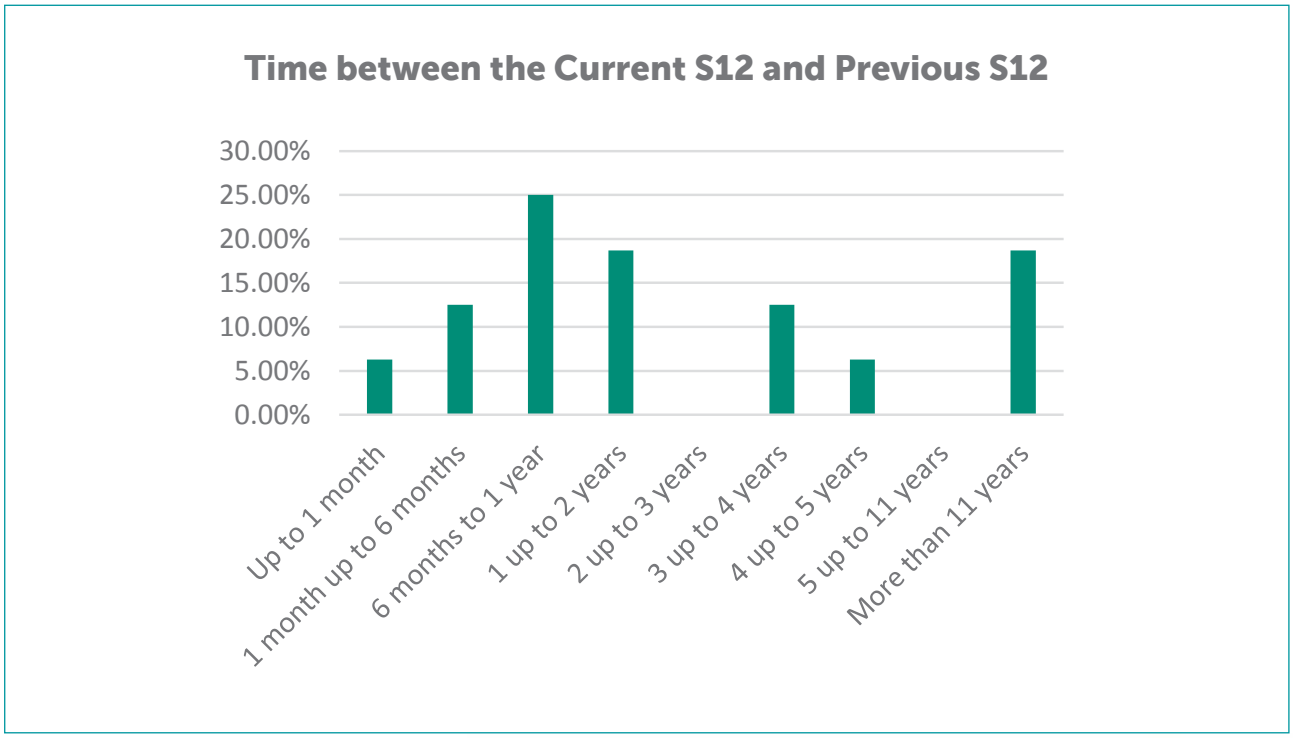


Figure 23: Time between current and previous S12s

At the time of their previous Section 12, these children and young people ranged in age from less than 1 year to 17 years, with the average age being 11.31 years (SD = 5.55). At the time of their current Section 12, the children and young people ranged in age from 5 to 17 years, with the average age being 14.63 years (SD = 2.87).

Table 20: Age of children and young people at time of previous and current Section 12

Age Range	Number (Percent) at Previous S12	Number (Percent) at Current S12
0–5 years	4 (25%)	1 (6.3%)
6–10 years	1 (6.3%)	0 (0.0%)
11–15 years	7 (43.7%)	9 (56.2%)
16–17 years	4 (25%)	6 (37.5%)
Total	**16 (100%)**	**16 (100%)**

The reasons for the invoking of these previous S12s were reviewed. For the majority (81.2%) of children and young people, the reason for invoking this previous Section 12 (i.e., the S12 recorded prior to 1 July 2016) was 'child welfare concerns'. For 12.5% of children and young people, the reason was physical abuse or parental mental health issues. For one child or young person (6.3%), the reason was not recorded.

Reasons for Previous S12	Number (Percent)
Child Welfare Concerns	13 (81.2%)
Physical Abuse/Parent Mental Health	2 (12.5%)
Not Recorded	1 (6.3%)
Total	**16 (100%)**

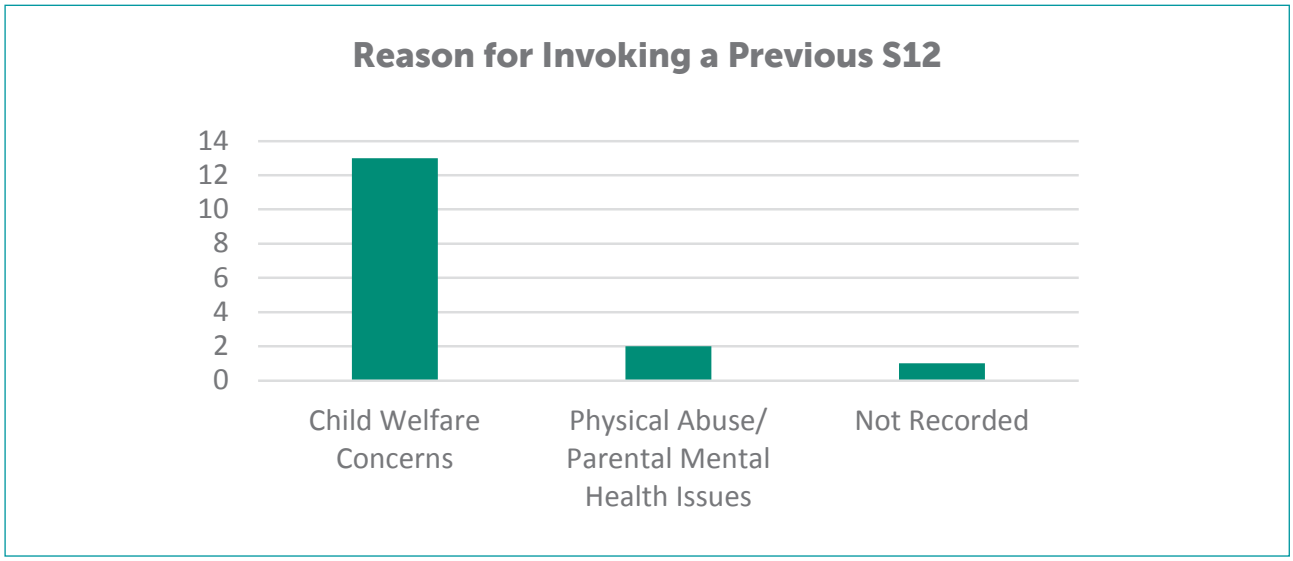


Figure 24: Reason for invoking the previous S12

The outcomes of the previous S12s were also analysed. The most common outcome recorded was returning the child to a parent, which occurred for 11 (68.7%) children or young people.

	Number (Percent)
Return to parent	11 (68.7%)
Section 13	3 (18.7%)
Other relative	1 (6.3%)
Not recorded	1 (6.3%)
Total	**16 (100%)**

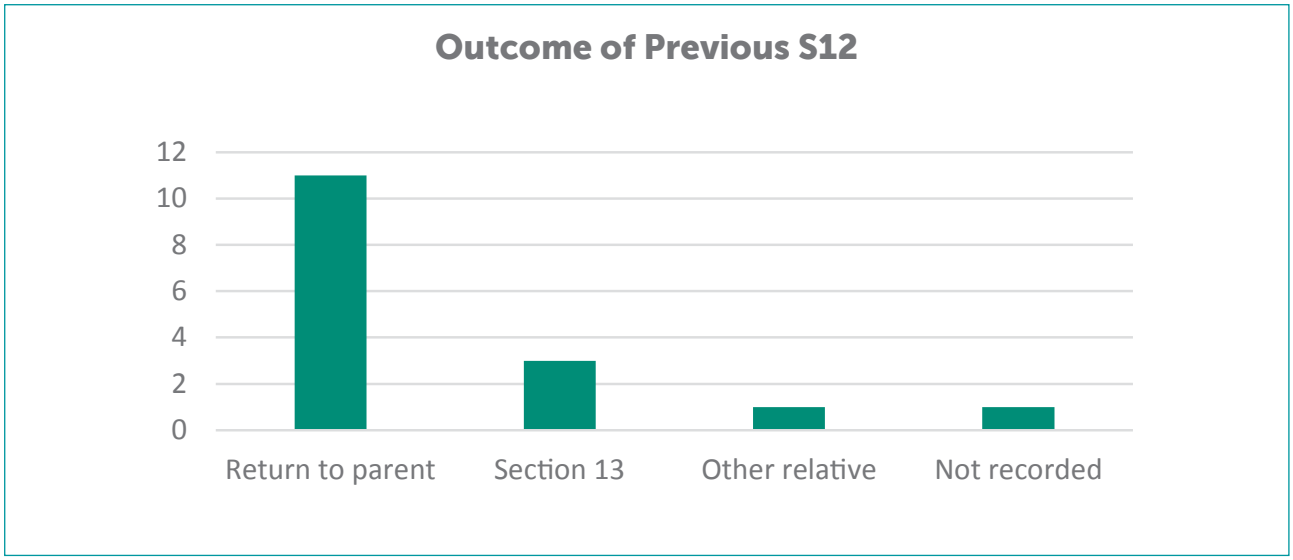


Figure 25: Outcome of previous Section 12

To further understand the reasons for the outcomes of the previous S12s, the rationale for this choice was explored. In each instance where a child or young person was returned to a parent or other relative (n = 12) the rationale for this choice was the provision of support. Where a Section 13 was invoked for a child or young person (n = 3), the reason for this choice was the need for protection.

	Number (Percent)
Support provided	12 (75%)
Need for protection	3 (18.7%)
Not recorded	1 (6.3%)
Total	**16 (100%)**

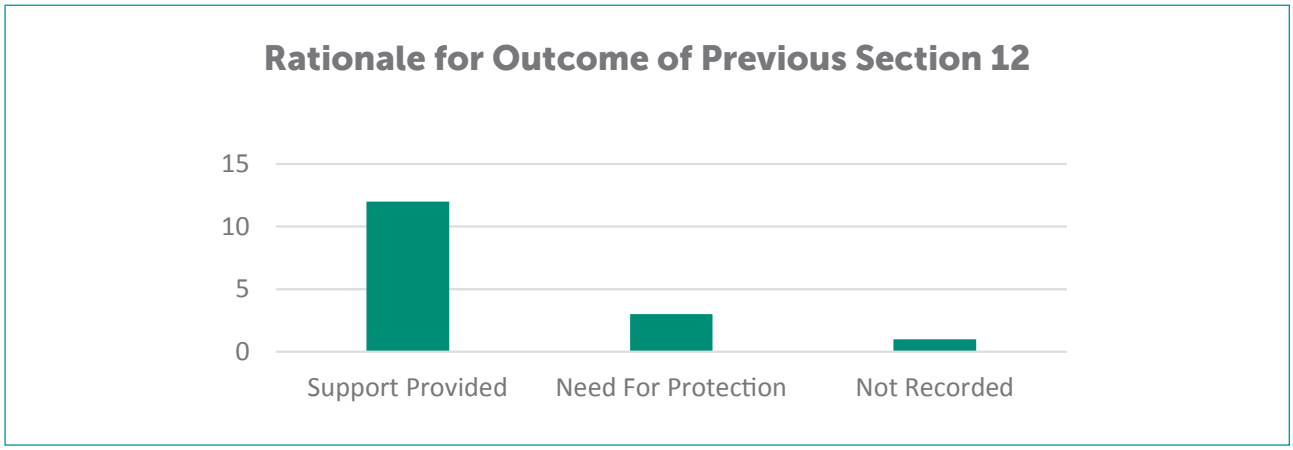


Figure 26: Rationale for choice of outcome for previous Section 12

Of these 16 children and young people who had experienced a previous Section 12 prior to 1 July 2016, three were also removed more than once during the period of 1 July 2016 to 30 June 2017.

4.1.6 Profile of Children and Young People With Repeat Section 12s from 1 July 2016 to 30 June 2017

This section provides a profile of the children and young people who had experienced more than one Section 12 over the course of the study. Specifically, it provides greater detail on the children and young people with multiple reported S12s between 1 July 2016 and 30 June 2017, including the time between removals, and the outcomes of and reasons for multiple removals.

Not all children and young people experienced multiple removals; therefore this section is only relevant for children or young people where more than one Section 12 was reported between 1 July 2016 and 30 June 2017. Specifically, as identified in the pie chart below, of the 392 children and young people included in this study, 14.3% (n = 56) were recorded as having experienced more than one removal in the period under study. The majority of children and young people (85.7%) experienced one Section 12 during this period.

Children or Young People with more than one S12	Number (Percent)
Yes	56 (14.3%)
No	336 (85.7%)
Total	**392 (100%)**

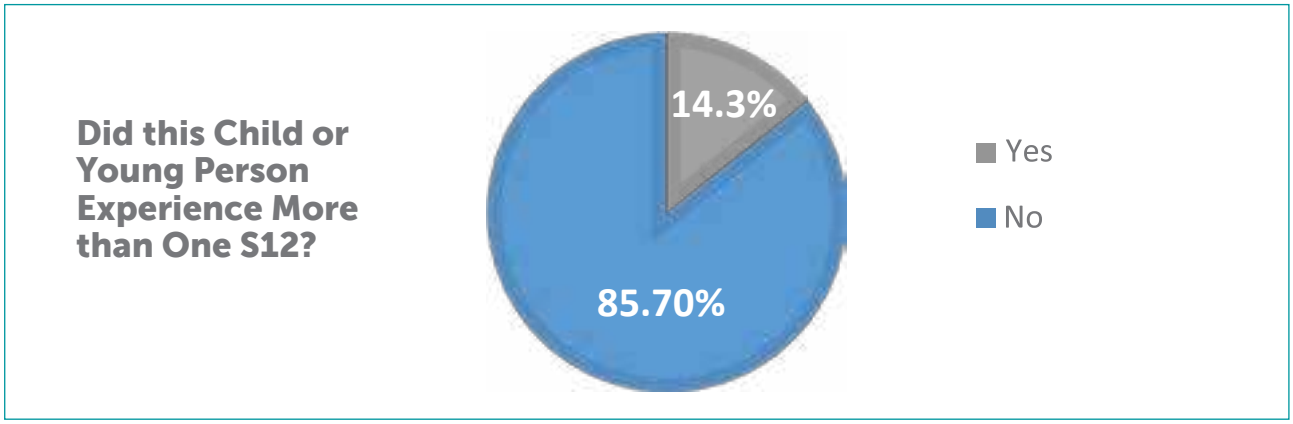


Figure 27: Was more than one Section 12 invoked for this child or young person between 1 July 2016 and 30 June 2017?

The time between the first S12 being invoked and the most recent S12 being invoked was analysed. Of the 56 children and young people who experienced multiple Section 12s between 1 July 2016 and 30 June 2017, 43 (76.8%) were removed twice during this period. The time between these children or young people's first[33] and second removal (between 1 July 2016 and 30 June 2017) ranged from one day to over six months, with removals occurring most frequently (25.6%) one to three months apart.

	Number (Percent)
1 day up to 1 week	8 (18.7%)
1–2 weeks	4 (9.3%)
2 weeks up to 1 month	7 (16.4%)
1–3 months	11 (25.6%)
3–6 months	8 (18.7%)
6–9 months	5 (11.3%)
Total	**43 (100%)**

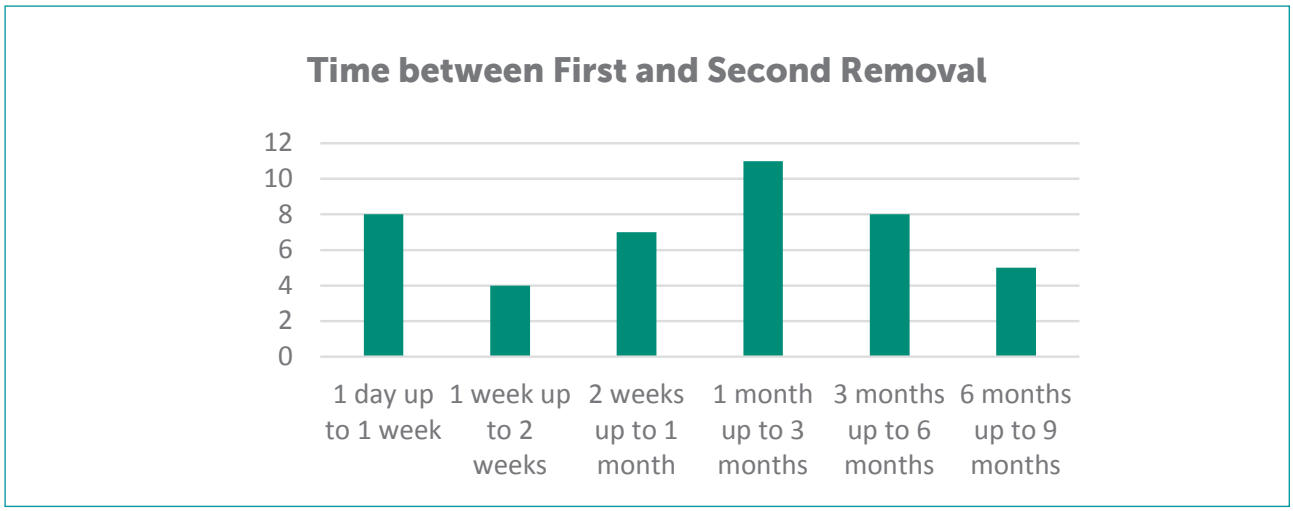


Figure 28: Time between the first and second removal for the 43 children or young people removed twice from 1 July 2016 to 30 June 2017

33 First removal refers to the earliest Section 12 invoked for the child or young person during the period 1 July 2016 to 30 June 2017.

These children or young people ranged in age from less than 1 year (4.7%) to 17 years (14%), while the majority (51.2%) were aged 15–17 years at the time of their first removal (during the period 1 July 2016 to 30 June 2017).

Table 21: Age at time of first and second removal between 1 July 2016 and 30 June 2017

Age Range	Number (Percent) at Previous S12	Number (Percent) at Current S12
0–5 years	7 (16.3%)	7 (16.3%)
5–10 years	5 (11.6%)	5 (11.6%)
10–15 years	9 (20.9%)	8 (18.6%)
15–17 years	22 (51.2%)	23 (53.5%)
Total	**43 (100%)**	**43 (100%)**

The reasons for the first and second removal between 1 July 2016 and 30 June 2017 were compared. The reason for the second S12 was the same as that for the previous one for 19 (44.2%) children and young people. However, for 15 (34.9%) children and young people there was insufficient data to compare reasons for these separate Section 12s.

	Number (Percent)
Yes	19 (44.2%)
No	9 (20.9%)
Not recorded	15 (34.9%)
Total	**43 (100%)**

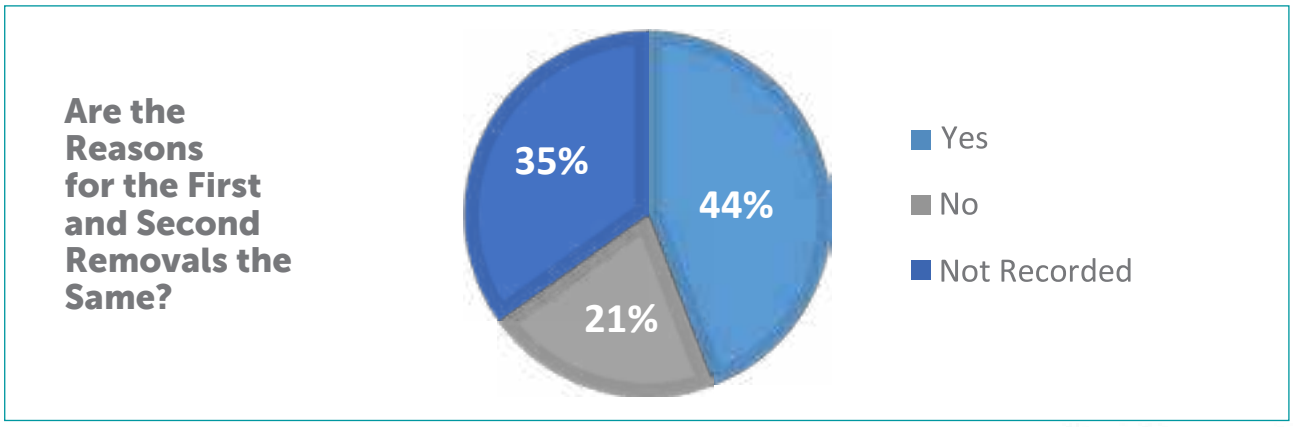


Figure 29: For children or young people removed twice between 1 July 2016 and 30 June 2017, are the reasons for the first and second S12 the same?

The immediate actions taken by Tusla after the first and second S12s for these 43 children or young people with two removals in the study period were also analysed. The most common action recorded for children or young people after their first (39.5%) and second (46.6%) Section 12 was being returned to a parent.

Tusla Action After First Section 12	Number (Percent)	Tusla Action After Second Section 12	Number (Percent)
Returned to parent/home	17 (39.5%)	Returned to parent/home	20 (46.6%)
Section 13 Application (ECO)	2 (4.7%)	Section 13 Application (ECO)	8 (18.6%)
Returned to foster carer	5 (11.6%)	Returned to foster carer	2 (4.7%)
Disability/HSE/ hospital/ mental health service	3 (7.0%)	Disability/HSE/ hospital/ mental health service	1 (2.3%)
Relative/Family friend	1 (2.3%)	Relative/Family friend	0 (0.0%)
Alternative/emergency/ private foster care/ Residential Unit/ Supported Lodgings	1 (2.3%)	Alternative/emergency/ private foster care/Residential Unit/ Supported Lodgings	4 (9.2%)
Voluntary care	2 (4.7%)	Voluntary care	4 (9.3%)
Not Recorded	12 (27.9%)	Not recorded	4 (9.3%)
Total	**43 (100%)**	**Total**	**43 (100%)**

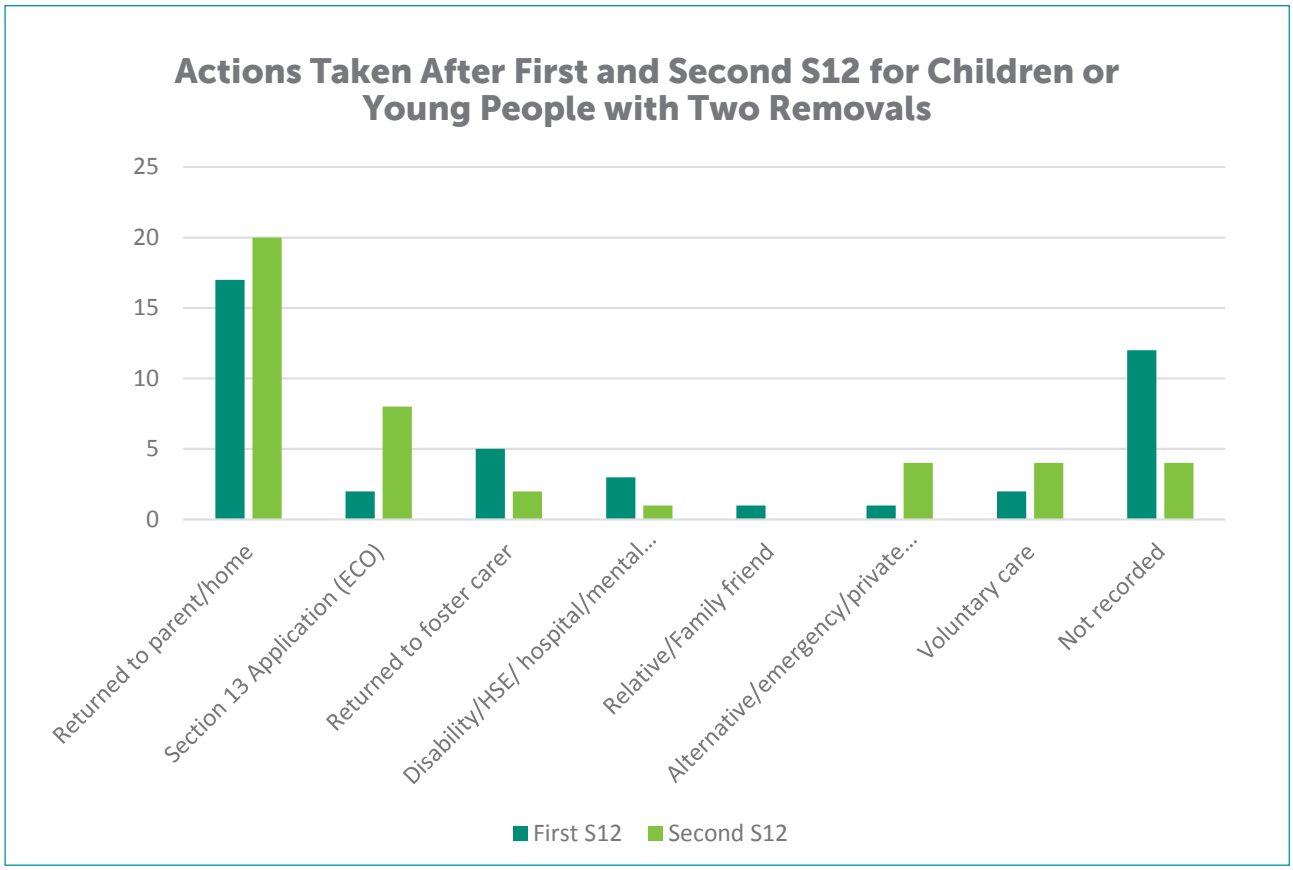


Figure 30: Actions taken after first and second removal for children and young people removed twice between 1 July 2016 and 30 June 2017

A further 13 children and young people were recorded as having experienced three or more removals between 1 July 2016 and 30 June 2017. The time between these children or young people's first and last removals[34] (i.e., between 1 July 2016 and 30 June 2017) ranged from 11 days to over six months

	Number (Percent)
1 day up to 1 week	0 (0.0%)
1–2 weeks	2 (15.4%)
2 weeks up to 1 month	0 (0.0%)
1–3 months	4 (30.8%)
3–6 months	5 (38.4%)
6–9 months	2 (15.4%)
Total	**13 (100%)**

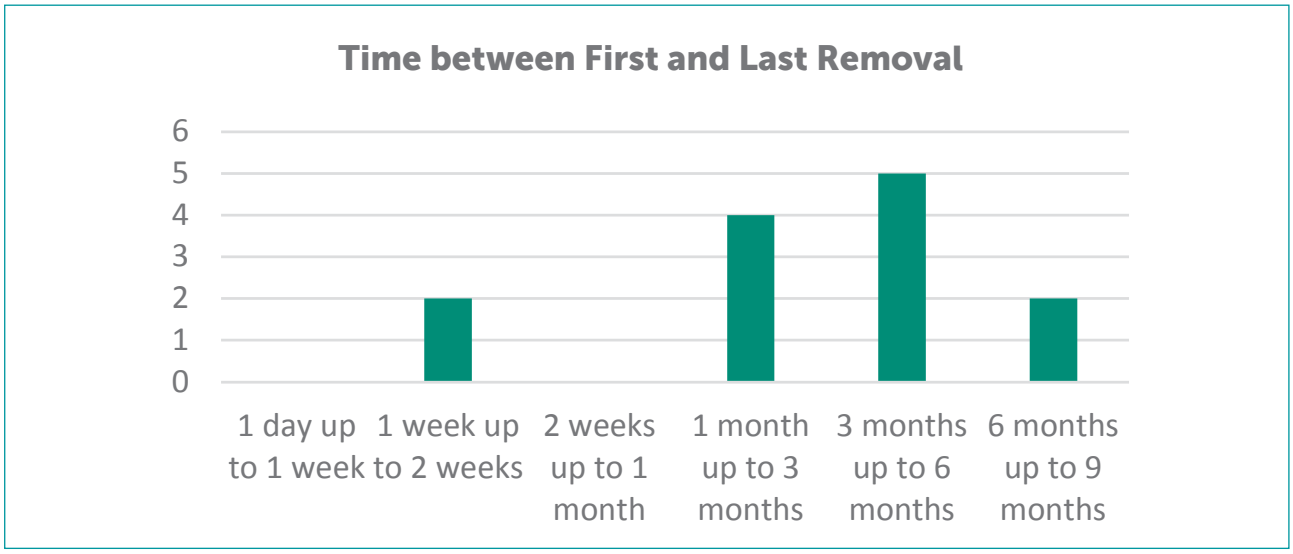


Figure 31: Time between the first and last removal for the 13 children or young people removed three or more times from 1 July 2016 to 30 June 2017

These children or young people ranged in age from less than 12 months to 17 years, while the majority (76.9%) of young people were aged 15–17 years at the time of their first removal (during the period of study).

Table 22: Age at time of first and last removal between 1 July 2016 and 30 June 2017

Age Range	Number (Percent) at Previous S12	Number (Percent) at Current S12
0–15 years	3 (23.1%)	2 (15.4%)
15–17 years	10 (76.9%)	11 (84.6%)
Total	**13 (100%)**	**13 (100%)**

34 Last removal refers to the last recorded Section 12 invoked for the child or young person between 1 July 2016 and 30 June 2017.

The reasons for these children or young people's first and last removal in the period 1 July 2016 to 30 June 2017 were compared. The reasons for the first and last removals were the same for five (38.4%) children and young people. However, for four (30.8%) children and young people there was insufficient data to compare reasons for separate Section 12s.

	Number (Percent)
Yes	5 (38.4%)
No	4 (30.8%)
Not recorded	4 (30.8%)
Total	**13 (100%)**

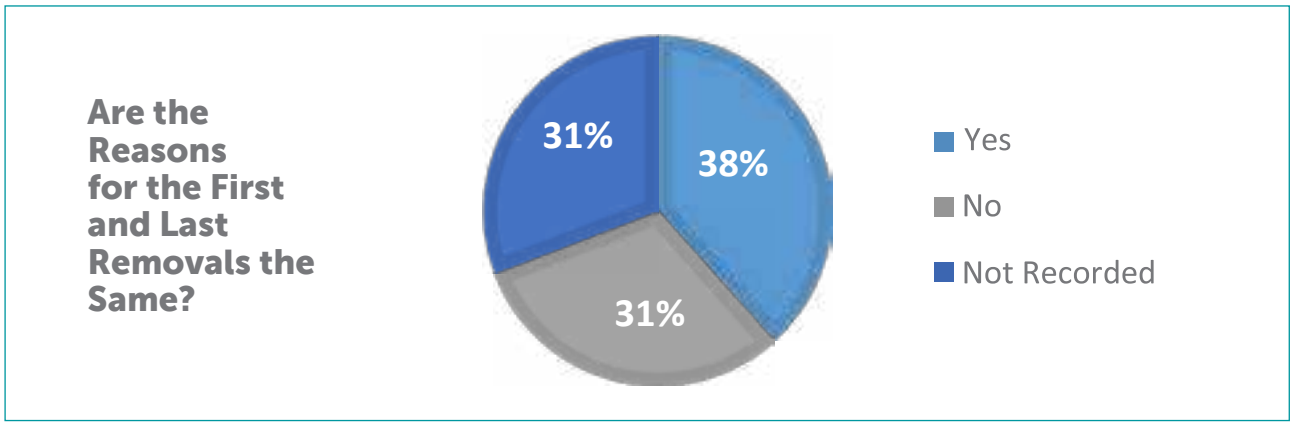


Figure 32: For children or young people removed three times or more between 1 July 2016 and 30 June 2017, are the reasons for the first and last S12 the same?

After both the first (53.8%), and last (46.2%), Section 12, the most common action taken by Tusla was to return the child or young person to the parent.

Tusla Action After First Section 12	Number (Percent)	Tusla Action After Last Section 12	Number (Percent)
Returned to parent/home	7 (53.8%)	Returned to parent/home	6 (46.2%)
Section 13 Application (ECO)	1 (7.7%)	Section 13 Application (ECO)	1 (7.7%)
Returned to foster carer	0 (0.0%)	Returned to foster carer	1 (7.7%)
Disability/HSE/ hospital/ mental health service	0 (0.0%)	Disability/HSE/ hospital/ mental health service	1 (7.7%)
Alternative foster care/ Residential Unit	1 (7.7%)	Alternative foster care/ Residential Unit	2 (15.3%)
Voluntary care	1 (7.7%)	Voluntary care	1 (7.7%)
Not recorded	3 (23.1%)	Not recorded	1 (7.7%)
Total	**13 (100%)**	**Total**	**13 (100%)**

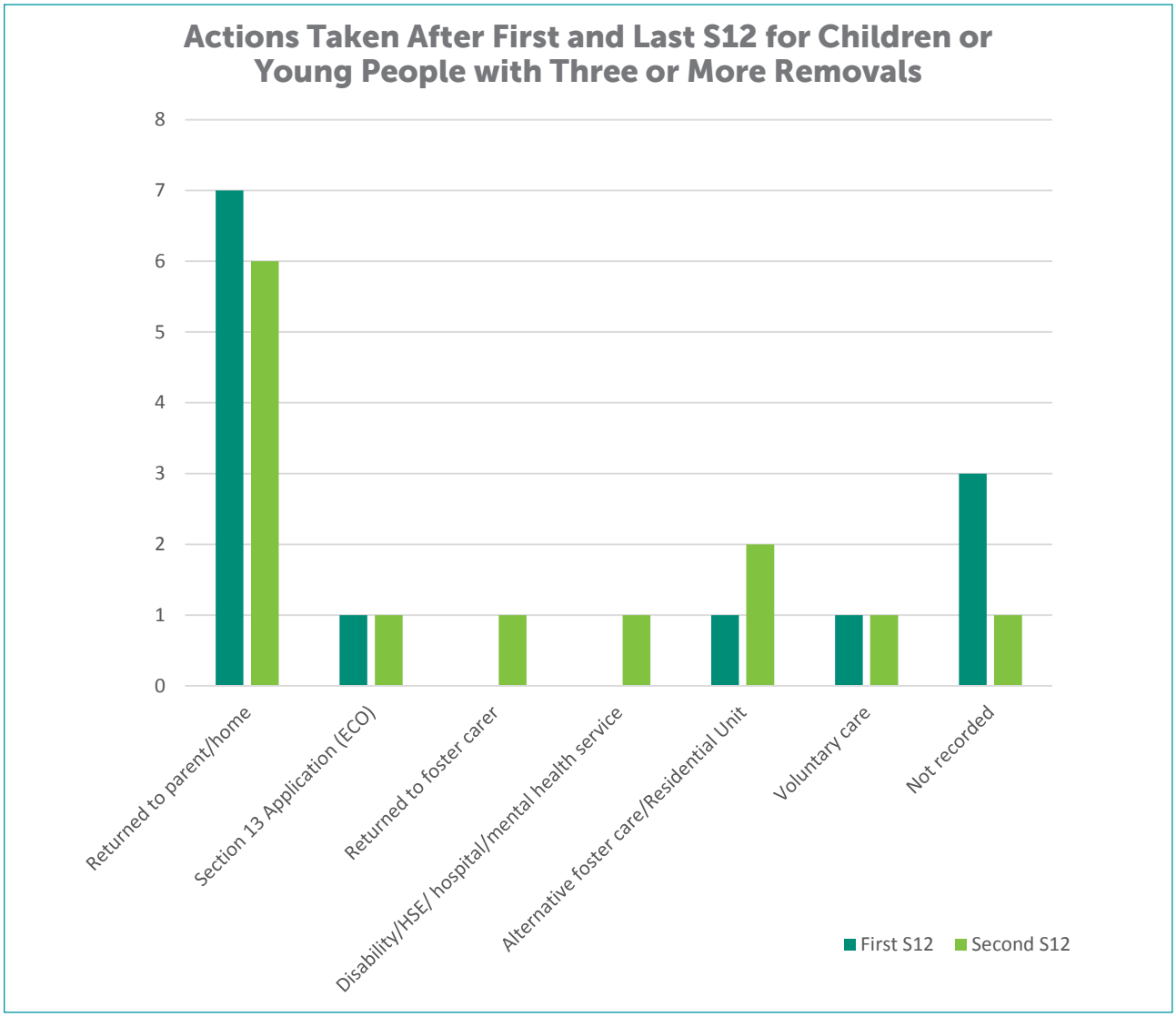


Figure 33: Actions taken after first and last removal for children and young people removed at least three times between 1 July 2016 and 30 June 2017

4.1.7 Further Analysis

Multivariate analyses were carried out to identify the variables that contributed to multiple S12s being invoked for a child. Specifically, preliminary analyses were carried out to identify whether age, gender, presence of a social worker, allocation of a social worker, Tusla region, or Garda region had an impact on the number of S12s reported for each of the 392 children in the sample. No significant associations were observed. Further details can be found in Appendix 6.

4.2 Qualitative Interview Findings

This section of the report contains the respondents' views on the relevant policies and guidelines, typical reasons for S12, and the processes and procedures followed after S12 is invoked. It also reports on repeat S12s, interagency working, and the role of the OOHS. Improvements in this area since the period under investigation, and views on areas that require further improvement are also considered. As outlined in Section 3.1 above, the qualitative data collection in this study involved interviews with practitioners working in a variety of roles in child protection social work within Tusla. It includes the views of 28 respondents only and is not representative of the wider social work teams. The data generated different types of perspectives reflecting a range of experiences. This section reflects some of this variety across the country and indicates the issues faced by respondents. In some cases, there was strong consensus on points made and issues raised, on others less so. Key points from the data are summarised in table form at the beginning of each section for ease of reading and clarity.

4.2.1 S12: Legislation, Policy, Procedures, and Guidelines

- The Child Care Act 1991 and Children First: National Guidance for the Protection and Welfare of Children (DCYA, 2017)
- The Child Protection and Welfare Handbook
- The National Out-of-Hours Protocol
- The Joint Working Protocol for An Garda Síochána and Tusla - Child and Family Agency

Table 23: What guides practice when a social worker receives a child into Tusla care following S12 – key points from respondents

In relation to the question of policy, legislation, procedures, and guidelines followed by social work practitioners in the event of S12s being invoked, the main sources of guidance referred to by respondents were the Child Care Act 1991 and Children First: National Guidance for the Protection and Welfare of Children. Other respondents cited the Child Protection and Welfare Handbook, the National Out-of-Hours Protocol, and the Joint Working Protocol for An Garda Síochána/Tusla - Child and Family Agency as additional points of reference:

> *I'd also adhere to the joint working protocol between An Garda Síochána, and it was HSE, now Tusla. So, we would adhere to that with the working relationships with An Garda Síochána in relation to S12s. (P.14)*

One respondent identified a local initiative in the form of a step-by-step guide to S12s which they found particularly useful for new staff:

> *I have inducted staff [and] we would have clear ways we manage things and clear steps that have to be taken. (P.EOHS2)*

There was awareness among interviewees about the development of Tusla national-level policy, which in some cases is perceived not to be completed:

> *We kind of started back in 2016–17 to think about do we need to develop a local protocol, but were kind of advised by the national office not to do that because the national policy was on its way … I think certainly in the alternative care handbook it's kind of referenced S12 policy, but one was never developed. (P.16)*

While available guidance documents were perceived positively by many, a few respondents indicated that expansion of the Joint Working Protocol would be helpful, as would a local guidance document:

> *I think there's scope for more to be added to it, or I think maybe something locally might be helpful as well. I don't think there's enough in the joint protocol in relation to S12, to be honest. I think that that could be expanded and explored a little bit more. (P.9)*

4.2.2 Invoking S12s

This section details respondents' views on the process involved in An Garda Síochána's use of S12s. It details views on the frequency of S12s, typical reasons for S12s and repeat S12s. It also explores the procedures followed during and after the use of this legislation by An Garda Síochána, in terms of contact, notifications, placements, communication, and decisions, as well as post-S12 information exchanges, communication, and decisions.

4.2.2.1 Frequency of S12s

- There are differences in the frequency of S12s across areas.
- There is a question as to the reliability of the available Tusla data for the period covered in the study.

Table 24: Frequency of S12s – key points from respondents

Respondents' views on the frequency of S12s indicate that there are differences between areas.[35] For some it is hard to quantify instances of S12s due to questions on the accuracy of data captured in relation to the number of S12s:

> *There's always been a real problem in just how reliable are the stats … I'm just wondering if we're capturing them all … So it's always been a concern about are we getting all the S12s … because it's not a Tusla action. (P.16)*

According to one respondent, there is no nationally agreed standard for collection of such statistics, and there is perceived inconsistent use of available Garda Síochána templates:

> *I don't think we have a proper nationally agreed standard for collection, and we don't have nationally agreed templates. We have one or two templates. There's S12 form that the guards fill in, but I don't think the use of it has been properly implemented, which means its use is inconsistent. (NO1)*

This respondent also maintains that such inconsistencies do not do justice to the effort of all of those involved in resolving cases of S12s:

> *I think there was lots and lots of good work done with families and with the young people who came through the system using S12 or as a result of S12. But I don't think the outcomes for those children were effectively recorded. And for that reason, I don't think what's recorded on files has done justice to the work of our social workers or residential care staff or foster parents and An Garda Síochána, because it wasn't effectively recorded. (NO1)*

35 See Figure 4 and Figure 7 respectively for frequency of S12s per Tusla area and AGS region.

4.2.2.2 Reasons for S12s

- Reasons for S12s can be divided into two categories: reasons for S12s on children (identified as 0–12 years) and on young people (identified as 13–17 years).
- The most cited reasons for S12s on children are parental mental health and parental substance misuse.
- The most cited reasons for S12s on young people are teenage behavioural issues and parents' refusal to allow young people home.

Table 25: Reasons for S12s – key points from respondents

Reasons identified by respondents for the use of S12s can generally be divided into two categories: those that pertain to children and those that pertain to young people. However, the quantitative findings identified parental difficulties as the most common reason for invoking S12, followed by behavioural difficulties in both the younger and older age group of children and young people. Regarding parental circumstances, parental mental health issues and parental substance misuse were the most cited reasons for S12s being invoked:

> *In relation to younger children, I suppose S12s would be invoked in relation to parents maybe drug-using, alcohol misuse, or you know the welfare needs not being met. (P.14)*

In relation to younger children, respondents cited separated children seeking asylum, death of a parent, arrest of a parent, parental mental health concerns, domestic violence, and various forms of abuse by parents as reasons why S12 is invoked for this cohort.

A significant number of respondents identified issues with young people themselves as reasons for S12s being invoked in their area. Young people's mental health, young people who refuse to return home, parental refusal to allow young people to remain in the home, and behavioural issues with young people were cited in these instances:

> *The majority of what we have is parents having difficulty managing young people at home. Behavioural issues at home is the biggest one. (P.10)*

The OOHS interviewees were of the view that while the typical profile of S12 recipients nationally were young people, this was not the case in Dublin, Kildare, and Wicklow.[36] The reason for this is identified as direct involvement of social workers on the ground in the areas surrounding the OOHS office (i.e., Dublin, Kildare, and Wicklow) who can deal with issues in person without the need for S12:

> *No, it would be much less of the young people that are acting out [i.e., in Dublin, Kildare, and Wicklow]. They would just contact us and say, listen; we've this kid down here [who] says he can't go home. So we'll go down and we'll deal with that, so there's no need for anybody to mention S12. (OOHS.2)*

Areas nationwide that do not have this direct contact with young people out-of-hours or at weekends are more likely to have S12s with young people with behavioural difficulties.

36 An Out-of-Hours Social Work Service is available in Dublin, Kildare, and Wicklow after regular Tusla office hours and at the weekends. This is a complete social work service similar to that which operates in all areas of the country during office hours. It is separate to the National Out-of-Hours Service, which is available in all other areas of the country.

4.2.2.3 Repeat S12s

- Differences in Tusla areas in relation to frequency of repeat S12s
- Repeat S12s mostly carried out on young people (i.e. 13–17 years)
- Similar reasons for repeat S12s as for initial S12s
- Tusla practice, in terms of ineffective or inappropriate plans and delays in securing placements, is also identified as a reason for repeat S12s

Table 26: Repeat S12s – key points from respondents

According to respondents, being removed more than once under S12 pertained predominately to behavioural issues among young people. Of those interviewed, only two said that there had been no instances of children or young people being removed more than once in their areas, with other respondents highlighting instances where this had occurred. Other reasons for being removed more than once noted in interviews were concerns about parental substance misuse, mental health of young people, and parental refusal to allow young people home. Two respondents cited the social work process as a factor in the need for repeat S12s in terms of delays in securing appropriate placements:

> *I don't know if you know, that process is kind of quite lengthy. You might be successful in your application, but there's no bed, there's no bed in a special care unit, so you're in this awful situation of this serious significant risk but no placement. (P.16)*

4.2.3 Processes and Procedures Followed After S12 is invoked

This section details respondents' answers to the question of processes and procedures followed in instances where S12s had been invoked. It begins with details of cases where there is a possibility of the need for S12s during office hours, and is divided into cases where An Garda Síochána initiate contact with Tusla, then conversely where Tusla initiate contact with An Garda Síochána. Processes and procedures that occur out-of-hours are detailed in Section 4.2.3.3 and include views on the time lag between the day service and the night service, process, and placements.

4.2.3.1 Contact between AGS and Tusla during Office Hours

- Consensus that if at all possible S12s should not be invoked during Tusla office hours.
- Acknowledging that S12s are invoked where there is immediate and serious risk to a child or young person, participants suggested, where possible it may be helpful to contact Tusla prior to invoking S12.
- Longstanding relationships between AGS and Tusla in some areas ensure that contact with Tusla is made where there is child protection concern before invoking S12, which in many instances negates the need for S12.

Table 27: AGS contact with Tusla during office hours – key points from respondents

The consensus among respondents is that while it is An Garda Síochána that has the power to determine if and when S12 should be invoked, there is a view that if possible and where appropriate this power should not be used during social work office hours, due to the availability of social workers:[37]

37 Invoking S12 is sometimes necessary during office hours, as they result from emergency situations that have just arisen, and it is not appropriate to wait.

> *So the policy would be that if it's between nine and five, they would contact us to say, we have a scenario and we're quite concerned, so you need to step in. … So the S12 shouldn't really be utilised between nine and five unless it's very close to five o'clock … But I'd say the majority is at night-time. (P.1)*

For others, this type of situation has never arisen, and longstanding relationships with An Garda Síochána seem to be a factor in avoiding such situations. It would be common practice for An Garda Síochána to contact Tusla in the event of any query of concern about a child or young person:

> *I've been eight years now in […], you'd know the guards in the locality quite well, so you'd pick up the phone or they'll ring you and you'll talk it through. That working relationship around it … During working hours, they would contact you to discuss it before that would happen, or if they're known to us, to look at what we can do to resolve it before doing that. That would be my experience of it. (P.8)*

4.2.3.2 Contact between Tusla and AGS during office hours

- Tusla may contact An Garda Síochána to assess the need for S12 during office hours if they consider there to be a concern for child safety and there is a need to gain access to a property.
- Tusla may also contact An Garda Síochána if time for a resolution of a high-risk situation is limited (e.g., in late afternoon, or when social workers cannot access a sitting court), and therefore AGS may assess the situation to determine the need for S12.

Table 28: Tusla contact with AGS during office hours – key points from respondents

Similarly, Tusla social work practitioners often have no need to contact An Garda Síochána during office hours in relation to S12s, as most situations are dealt with by the social work practitioners. However, some respondents spoke about contacting An Garda Síochána where there was concern for a child's safety or for a practitioner's safety, to gain access to a property in such circumstances. Contact with An Garda Síochána on S12s during social work office hours predominately happens in cases where time is limited, e.g., close of business is approaching and it is not possible to assess the situation before 5 p.m., and in cases where there may not be a court available:

> *If it's very late in the day and done [sic] a joint piece of work where the guards might take S12 but we will take that child with us straightaway. We'll have found the placement and everything like that, but in terms of the legality of having that child, the guards will do that. (P.6)*

4.2.3.3 Out-of-Hours Contact by AGS

- A range of practices were reported on the collaboration by AGS with OOHS about S12s. In some cases contact is made prior to S12 being invoked, and in others contact is made after. Acknowledging that S12s are invoked where there is immediate and serious risk to a child or young person, participants suggested that where possible it may be helpful to contact OOHS prior to invoking S12.
- It is perceived that AGS (particularly those members based outside of Dublin, Kildare, and Wicklow) are of the view that contact with OOHS can be made only after S12 has been invoked.
- Responses to contact from AGS are different depending on location. In Dublin, Kildare, and Wicklow, social workers attend to situations in person. Outside of those areas calls are

predominately dealt with over the phone.

- Varied awareness and use of on-call social workers. A referral to the on-call social worker is made only in exceptional circumstances.

Table 29: Use of OOHS by AGS – key points from respondents

In most cases respondents maintained that where there was a concern for a child, An Garda Síochána would contact the OOHS to discuss the case, particularly as the OOHS may have access to information that is not available to An Garda Síochána, and a decision is made collaboratively:

> *If the guards deem that S12 is required, they will contact the out-of-hours social work and they will seek advice from the out-of-hours social work and a placement will be sought via the out-of-hours. Between the Gardaí and the out-of-hours social work they will come up with a plan together. (P.4)*

Others maintain that contact is made with the OOHS only after S12 has been invoked; one respondent indicated that S12s are being invoked after hours without any contact being made with the OOHS service:[38]

> *… ringing to say that we've actually done it. We've carried out S12. Yeah, so again it's more about that there's a social worker there for that child who has actually been removed from the home, you know, by the guards … In some cases, the Gardaí may carry out the S12, contact the fostering, the emergency fostering service, and it could be done without them actually ever making any contact with the emergency out-of-hours, but that does not happen that often. (P.25)*

A few respondents believed there is an impression by some in An Garda Síochána that contact with OOHS can only be made after S12 has been invoked, particularly among those outside of the area covered by the OOHS (i.e., Dublin, Kildare, and Wicklow):

> *They seem to be at times under the impression that the only time they can contact us is when they have invoked S12, particularly nationally. Whereas the agreed protocol is that they can call us at any time to discuss and work through the situation and see what the best way to go with something is. (OOHS.2)*[39]

The next step in the process of the S12 is area-dependent. If a call comes to the OOHS from Dublin, Kildare, or Wicklow, then a social worker attends in person to meet with the child or young person:

> *In terms of the Dublin-based teams, obviously immediately they would be going to the Garda station or maybe they have advised for the child to be brought to hospital, but they would be going and meeting with their referrers. So that's a big difference. I suppose when you're meeting with the referrer and then you're going through the concerns and coming up with a plan then. (OOHS.3)*

If a call comes to the OOHS from outside of the aforementioned three counties, the situation is dealt with on the phone and a plan is put in place:

> *If it's a national case, we don't attend in person, obviously, and we would talk through the situation and come to a decision over the phone with the guards. (OOHS.2)*

The use of on-call social workers after hours is varied. Some respondents maintained that no such service exists in their area, while

38 It is important to again note that there is no requirement on the AGS to contact the OOHS in cases of S12.

39 At present there is a DRAFT protocol between AGS and Tusla for the operation of OOHS.

others were aware of the service but were of the view that it was never used. Other respondents, particularly in areas where EOHS is located (Dublin, Kildare, and Wicklow), were aware of the service and maintained that it is in use. Outside of these areas the view is mainly that the OOHS should refer to on-call locally but that this is not happening and that it should be happening:

> *Rarely would the on-call social worker actually attend the incident … My own opinion on it is if we're going to provide an out-of-hours social work service, then it needs to be provided … It doesn't seem to be used the way it is intended to be used. (P.6)*

Predominately the view of the on-call service nationally is that it is used in serious cases where a social worker presence is required, such as an allegation of sexual abuse or a serious incident of trauma or harm:

> *… the on-call social worker is not contacted unless absolutely necessary. But if a child requires an immediate visit with social workers, there's been a serious incident of harm to the child, well, our on-call social work then will go and assist the Gardaí. (P.4)*

4.2.3.4 Out-of-Hours – placements and places of safety

- Collaboration between AGS and OOHS prior to invoking S12 seen as best option to assist with decision-making.
- Various options for placements available, but limited for young people (i.e., 13–17 years).
- Hospitals being used for social admissions[40] (predominately for 13–17-year-olds) causes difficulties for AGS and Tusla in terms of supervision, and difficulties for hospitals in terms of space and resources. Some hospitals are refusing social admissions.
- Other difficulties pertaining to placements include time limit on emergency foster placements and location of placements (sometimes these are a significant distance from the locality).

Table 30: Placements and places of safety – key points from respondents

Information provided to An Garda Síochána by the OOHS and collaboration between An Garda Síochána and the OOHS can help to inform appropriate decisions on the best course of action to take in cases of perceived risk:

> *So, depending on information, and looking at the age and the vulnerability of the children, I suppose you're working with the guards, they may decide that they're going to invoke S12. Or alternatively they may decide that there's another option that we can come up with, because they may be able to go to a family member, they may be able to put in a safety plan. So it's really in terms of how we work together, I suppose. (OOHS.2)*

Based on such information and collaboration, if S12 has been invoked, decisions are then made on where best to place the child. There are various options available depending on the circumstances. Respondents described how emergency foster care placements are the main type of placements sought by the OOHS team, and due to limited availability of Tusla placements, private placements (funded by Tusla) are predominately used.

Respondents maintain however that these types of placements are often unfeasible for young people with behavioural issues,

40 Where there is an admission of a child or young person to hospital as result of their social circumstances rather than a medical need.

and therefore other types of placements are sought, such as temporary accommodation or with the voluntary organisations who are commissioned to provide placements by Tusla. Although it is not required in all instances, some respondents indicated that there is very limited availability of emergency beds in residential units. One respondent indicated that children are kept in the Garda station overnight, which can cause pressure for the social work team:

> *They'll be kept in the Garda station overnight. And then the next day the guards are on very quickly to contact us to say they need to leave; this is not appropriate. So that kind of creates more of a crisis for us then, because you're trying to work very quickly to assess the situation and decide whether that child needs to go home or where do we need to place them. So there's an urgency to get them out of the Garda station because they've been there all night. (P.8)*

In several cases, hospital placements are being used regarding the social admission of children where there is a child protection concern. Respondents indicated that these are predominately used for young people:

> *The guards would place directly. And sometimes that's following a discussion with the out-of-hours team. So a reason for not placing with [name] might be they're sixteen or seventeen, they're intoxicated, they're viewed to be kind of a danger in a foster placement, so they're placed straight into the hospital. (P.16)*

Respondents identified several issues regarding placements. Given the time limit placed on emergency foster placements, social work teams are under significant pressure to make alternative arrangements before the time limit (24 hours on weekdays, and 72 hours at weekends) runs out.[41] Such placements are often outside the locality and a significant distance away. Social workers say this decreases their time frame further:

> *And just another issue we have with the placements is that we're constantly under pressure from [placement provider] the next day to get the child out of there … It's just you're under substantial pressure, particularly if the placement is a distance away, to make a decision or to make an assessment as to what your next steps are for the child. (P.5)*

Location of placements was also perceived by respondents to be a significant difficulty for AGS, in terms of delivering the child to the placement. One respondent said this may lead to a reluctance by AGS to invoke S12:

> *I think that could also be one of the reasons why the guards are a bit reluctant to invoke S12s. They might do the backdoor policy: Ah, sure Nan is across the road, or we can pop them in to a neighbour. I can see where they're coming from. At the end of their shift, they don't want to drive down to Limerick City, you know, to deliver a child to a placement. (P.1)*

Respondents also identified issues with hospital placements. Some believed that some hospitals are reluctant to take children under a social admission and that social admissions cause difficulty for both AGS and the social work departments due to the need for supervision:

> *I know there can be social admissions and that, but we don't have that support from our local hospital. The guards have on occasion brought young people there and sat the whole night with them maybe in A&E, and they never*

41 The time limit is the statutory period for making an ECO, as outlined in Section 1.2 of this report.

> *get a bed and then the time lapses or whatever. So the HSE don't seem aware or the hospitals don't seem aware that they are part of this protocol. (P.10)*

Related to this is the view of some respondents that some hospitals are refusing to act as places of safety:

> *I know that there is an issue now with the hospital. I think the hospital has stopped being a place of safety, their own policy and procedure. They're saying that they're no longer a place of safety because they'd end up getting a child placed with them and if we weren't able to find a foster placement that's a bed tied up for them. (P.13)*

4.2.3.5 Next-Day Decision-Making

- A number of methods are used to inform Tusla social work departments of S12s.
- Reports from OOHS are perceived as detailed and timely by social workers. However, in some cases the reports from AGS can be less detailed, which necessitates social work contacting AGS directly for information.
- Contacting AGS following S12 is difficult for many Tusla social workers (due mainly to shift patterns).
- It can be particularly problematic where AGS are required to give direct evidence in cases of ECOs, although this is not a requirement by the court in every location.
- Long-established relationships, dedicated Garda liaison officers, and Child Protection Units make this contact easier.

Table 31: Next-day decision-making – key points from respondents

The first working day following S12, the OOHS prepares a written report containing information for the relevant social work department in the locality where the S12 has been invoked, and communicates this via fax,[42] email, or the Tusla portal. According to most of the respondents, this report is detailed and timely:

> *That has always happened in quite a timely manner … It does come through fast. The reports are detailed. Again, you know, I know a lot of their information comes from the Gardaí to them, then to us. So I suppose that we would feel that while it is good to have that information from out-of-hours, you know, I suppose a contact from the guards would still be useful in certain cases. (P.9)*

There is additional support for the social work teams from the OOHS following S12. The role of the OOHS the next working day after S12 has been invoked is to follow up to ensure that pertinent social work teams have all the information and paperwork they need to make informed decisions:

> *I will check firstly that everything has gone to where it needs to go, including any relevant paperwork attached to the social work report … For S12s I generally will follow up with a phone call along with my team, follow up with a phone call to the relevant social work department just to say, Look, flag this with you, there may be a potential need to go to court, is there anything else that you need in terms of does the information make sense, all of that kind of thing. (CIS.1)*

Based on all the information received, social work practitioners proceed with their assessment:

42 Since 2018 the fax mode is no longer in use.

> *Then whoever the allocated social worker or duty social worker, if they're not known to us, would make contact with the young person either in the hospital or talk to the staff or the emergency foster placement, just to try and get some sort of more information to make an assessment about whether it would be safe for them to go home, and also link in with their parents and family. (P.21)*

While the OOHS provided detailed information overall, and there is acknowledgement of the information provided by An Garda Síochána as outlined above, there is a perception that the specifics provided by the Gardaí in the OOHS report are often less detailed. While there is recognition of the workload and shift patterns of An Garda Síochána, the lack of information received means that social work practitioners spend valuable time trying to contact An Garda Síochána:

> *If we needed to establish anything further in trying to contact that guard, due to units going on and off duty, that can be quite difficult. We might need to go into court. Then there's a delay. And it's no fault of the guards if you ring and they've just completed their ten- or eleven-hour shift, they're gone home. (P.9)*

While this was the most cited difficulty by respondents, the process is often easier where there are well-established relationships between An Garda Síochána and the social work department, where a dedicated liaison guard or sergeant is in place, or where there is a dedicated child protection unit in the Garda Síochána area:

> *It's kind of different in the different Garda districts. So, in [...] they've developed a Garda protective services unit ... where they kind of specialise in dealing with child protection and vulnerable adults. That's worked well ... So I have a kind of a go-to person in the guards in [...], who is very available. You know, if I need to find something out about a situation, he's always available and always comes back to me. (P.16)*

Where this collaborative infrastructure does not exist, there can be difficulties obtaining information, particularly in certain cases, for example, where an Emergency Care Order (ECO) is deemed necessary and An Garda Síochána are required to give direct evidence:

> *I mean the difficulty can be ... Say if we have to go into court, we need to have a guard that was part of the S12. They have to come in and give direct evidence. And sometimes the difficulty can be, the guards that dealt directly with the case, they're off work because they've been working through the night. (P.22)*

It is worth noting that direct evidence from An Garda Síochána is not perceived to be required in all areas, but depends on judicial preference:

> *It's not a requirement. They take it as fact that this happened, and this is the situation ... To my knowledge the guards haven't been there. Now if a judge directs that they give evidence, they would be there. They would be giving evidence. (P.13)*

According to respondents, social work assessments of S12s most often result in a return to the family unit rather than any other form of action including Emergency Care Orders (ECO):

> *They would go home, a lot of them go home the next day ... If we look at that list, 2016–17, not an awful lot of ECOs were required. A lot returned home. (P.6)*

4.2.3.6 Perception of the OOHS

- The OOHS is perceived positively by respondents and negative perceptions relate to issues with lack of knowledge of local cases.
- View that increased use of local on-call social workers would improve the service overall.

Table 32: Perceptions of the OOHS – key points from respondents

There was a mixed view generally as to the effectiveness of the OOHS service. Some maintain that it works well, in that there have been improvements over time and the service is efficient:

> *You know, the out-of-hours referrals are very in-depth … So the details of the referrals are very detailed, which is very good … You do get a lot of information … So I would say in my opinion and my professional involvement with it I would find them very efficient. (P.14)*

Conversely there is the view that the lack of knowledge of local cases[43] leads to advice that differs from what might be offered by the local social work department. There is a perception that local on-call services should be used more, to avoid frustration for both the social work departments and An Garda Síochána:

> *The problem is the out-of-hours service are then giving advice on cases that they're not familiar with … It's just quite confusing for everyone involved … I think out-of-hours sounds good in theory, but I think it's extremely limited … You know, often the guards would like a social worker to come to the station to help them with that assessment, but that doesn't happen. So that stuff is quite frustrating, I know, for the Gardaí. (P.24)*

4.2.4 Interagency Working

- Most Tusla areas hold regular formal meetings with AGS both on a case-by-case basis and for strategic development.
- The Joint Working Protocol between AGS and Tusla is followed in most cases as part of interagency work.
- Regular informal contact between Tusla and AGS often occurs, particularly where there are well-established relationships between the two agencies.
- Several issues were identified as making interagency work difficult in some areas.
- Perceived difficulties for AGS in relation to S12 include: managing behaviour of young people, lack of appropriate placements for young people, lack of use of local on-call social work.
- Perceived difficulties for Tusla include: poor communication on the part of AGS, perception that S12s are being invoked in cases where they are not warranted, and not being invoked in cases where they are warranted.
- There were mixed views on the relationships between AGS and Tusla.

Table 33: Interagency working – key points from respondents

Most respondents said they had regular formal meetings with An Garda Síochána. These occurred every one, two, three, or four months. In most cases meetings

43 It is worth noting that one respondent indicated that EOHS access to day service records may have improved with the introduction of the National Child Care Information System (NCCIS).

vary and are organised by rank in terms of meetings between principal social workers and superintendents, team leaders and district sergeants, and team leaders and Garda liaison sergeants. Some were described as strategy meetings, others as case-by-case where there is a concern and a need for joint action:

> *I suppose to share information we would have regular strategy meetings if they were required outside of the formal meetings; that would be every three months. If we felt that meetings needed to happen more frequently than that, then yeah, that would be happening. (P.5)*

One area however did not have any formal meetings; meetings happened only in situations where a child was regularly missing in care:

> *The only time you would have your meetings with the Gardaí was if a child was actually in residential care and they were consistently going missing … But it would have to be that a child is consistently missing in care for us then to go and meet with the Gardaí as a part of the protocol, the missing-in-care protocol. (P.19)*

Policy and procedures used in the course of interagency work mentioned by two respondents include the Joint Working Protocol between An Garda Síochána and Tusla:

> *We follow the Tusla - Garda Síochána strategy policy and procedures. So it's a joint working between the Gardaí and Tusla … You know, it's maintaining communication and providing mutual updates on the case and if there's any concerns. (P.22)*

As well as formal meetings with An Garda Síochána, some respondents spoke about informal contact that social work departments would have with local Gardaí:

> *But I think we have a good rapport with the majority of the guards, that you can actually pick up the phone … And I think it kind of works both ways. Sometimes you're ringing them to say, I know this particular family but I have a feeling that they might be known by the neighbours. And you're trying to kind of do a bit of connection. But they might give you just kind of soft information. (P.1)*

Social work respondents identified a number of issues that they perceived as being difficult for AGS in relation to S12s. These include: managing teenage behaviour effectively; the return to home of young people following social work assessment; and the lack of placements for young people. A lack of appropriate placements is identified as contributing to a cycle of children being removed more than once.

Poor communication was identified by some respondents as an area of difficulty for social work teams:

> *I feel the contact is and always has been in this area is quite poor … They wouldn't really know our role a lot of the time … I feel that sometimes some of the guards feel that they've done that, now it's up to us to pick up the pieces, I suppose, following that. And then I suppose sometimes if on the odd occasion when you have got in contact with the guard and you've kind of questioned around evidence for keeping a child in care, that there can be a lot of defensive kind of practice around it. (P.2)*

A prevalent theme throughout the research is a perception among respondents that there are instances of S12s are being used in cases where they are not warranted, particularly in cases of teenage behaviour:[44]

44 It is acknowledged that out-of-control behaviour by teenagers can be a serious and immediate risk to themselves and/or others and may necessitate the Gardaí invoking S12. It is further acknowledged that the Gardaí are required to make 'on-the-spot' decisions in relation to S12 and that only those present at the time have the full facts necessary to make such decisions.

> *I think there's quite a discrepancy in terms of what we would consider the need for S12 and what at times the Gardaí would consider a need for S12 . Something we're seeing in the last maybe twelve months or so in this area in relation to young people … teenage boys who would be displaying behaviour difficulties … The guards have opted to S12 [on] a number of those children, removed them from their home, but it wouldn't be for a child protection reason. It would be because of their out-of-control behaviour, you know, and they're displaying that within the home. (P.9)*

However, conversely two respondents indicated that there were situations where S12s should have been invoked by An Garda Síochána and were not:

> *You know, why didn't you invoke S12? … I think the majority is the other way around, you know, why didn't you? (P.1)*

Many respondents see joint training between An Garda Síochána and Tusla as a potential solution to such issues. Some respondents said they had never participated in such training, while others said that while they did participate in joint training, it was a long time ago. Joint training is on the agenda for the future in some areas:

> *There used to be more joint training. The meeting that I'm going to next [week] with the Guards is a training day. The whole programme is training around how we work together better and what are the new policies and what are the implications. So the whole day is on practice issues, thresholds, signs of safety, liaison management structures, good practice messages for interagency working. That's what the day is about. (P.21)*

Indeed, those who have participated in joint training felt it was very helpful and positive:

> *It was training delivered by Tusla and the guards … So I thought that was helpful … So that was positive to get to see where they were coming from, I suppose … So no, I thought it was very good. It definitely … I would say things between social workers and guards have been a bit easier since then, because I suppose there would have been a bit of tension as well coming in around the mandatory reporting … So yeah, it was very positive, I would say. (P.18)*

Despite frustrations and communication issues, it is worth noting that over half of the respondents indicated that relationships between social work teams and An Garda Síochána were generally positive. The size of the area, respect, trust, regular meetings, long-established relationships, and low staff-turnover levels were all identified as contributing to the development of positive relationships:

> *Definitely, I do think it's the workers that have that relationship and [those] that are here the longest tend to have the best relationships with the guards, and vice versa. So yeah, definitely, the longevity is a big part in that. Yeah, relationships are very good here. I know that isn't the case in other areas, but here I would have to say they are. Yeah, they're excellent, and I think that's due to the fact that we meet so regularly. (P.5)*

For others, the types of relationship with An Garda Síochána are personnel dependent:

> *It depends on the kind of rapport you would have with that particular guard and the Garda station. We would find in […] that you kind of know, Oh, if it's south we're kind of fine. If it's north, not so fine. If*

> *it's some part of the north, you're either good or not. So, it kind of depends on the culture, I guess, in the local station, unfortunately. (P.1)*

4.2.5 Recent Improvements

- Improvements noted since July 2017 include joint meetings, joint training, protocols, and models of practice. Such improvements are perceived to be contributing to improved relationships between AGS and Tusla.
- Use of email as a form of communication is perceived to be contributing to improved contact between AGS and Tusla in some areas.
- Child Protection Units (where developed) are perceived to be making communication between the two agencies more effective and efficient.

Table 34: Recent improvements – key points from respondents

A number of improvements were cited in the area of S12s since the period under investigation (1 July 2016–30 June 2017). Some respondents said that joint training between An Garda Síochána and Tusla social work teams has helped to improve relationships. Others spoke about the usefulness of the joint protocol and Signs of Safety model of practice, which is perceived to help with understanding in terms of having a uniform model:

> *I suppose the other big piece is around the new Signs of Safety model. I mean there has been a lot of work with advising the guards around that. You know, that we're kind of using the same language and that we have the same understanding. (EOHS.3)*

Ability to contact particular Gardaí in some localities has also improved, according to a few respondents; this was attributed in part to the use of email as a means of communication:

> *We've our own systems then. We are in contact with the guards. I suppose there has been improvements in relation to that. I think the joint working protocol; we're emailing the guards … So their email addresses are on the referrals now, so we can correspond with email. So it makes things a little bit more efficient … So we're getting to review stuff really regularly with the guards, which in the past it could take much longer because of the working hours situations. (P.8)*

In some areas an increase in the amount of information provided by An Garda Síochána on AGS notification forms was identified as an issue that has in some cases improved in recent times. Increased joint meetings were cited by some as contributing to this improvement:

> *There would have been a time maybe they would have been maybe lacking in information or maybe one or two lines. And then there was a piece of work done around that as well within these meetings. We were saying from the social work point of view the information that was lacking and what we needed for us to be able to go out and meet these families. So I suppose that has improved greatly in the information that is in the notifications. (P.4)*

Increases in joint meetings have occurred in some areas, which has led to improved collaborative relationships, according to some respondents:

> *I think the guards definitely put a lot of time and resource into working with the social work department rather than us being two separate agencies. And similarly, for social workers as well, that we're having the face-to-face time. I think that the social work department probably are putting a lot more time and having those joint action*

> *meetings where we're touching base. (P.13)*

The improvement most cited by respondents pertains to the development of child protection units. These are seen to make communication more effective and timelier:

> *You see that's hard, because we cover two counties. I feel it's good. Like I said, I do find when the station has a child protection unit, I find it fantastic. But when a station doesn't have it, I find it difficult. I feel the communication is there, but it needs a lot of work. (P.14)*

4.2.6 Ongoing Challenges

Since the period of investigation (i.e. since July 2017) several ongoing challenges have been identified in relation to S12s. These include:

- Sparse information and inaccuracies on Garda notifications/referrals.
- Ongoing difficulty in contacting relevant members of AGS.
- Some S12s that are perceived by Tusla as being unwarranted.
- Lack of appropriate placements for young people, issues also around time (for transport) and location of placements.
- Joint training is seen as a potential solution to a number of these issues. Joint training is positively perceived and very helpful for those who have participated in it.

Table 35: Ongoing challenges – key points from respondents

While there have been many improvements in this area, as outlined above, respondents identified ongoing challenges in relation to S12s that have continued beyond the period of investigation. These include issues with sparse information on referrals, which sometimes lack required detail and accuracy; delays in referral; difficulties in contacting pertinent Gardaí; and a lack of reliable statistics on the prevalence of S12s. There is a perception that some Gardaí are invoking S12s in cases where respondents do not believe they are warranted, and this is identified as particularly prevalent in the case of teenage children.

Placements for young people are also identified as a continuing difficulty, especially where there is substance misuse or aggression. Some respondents said that due to placements being some distance away from the locality, Gardaí in some cases refuse to transport the children and place them instead in the hospital as a social admission:

> *You know, that could be, say, guards in [...]. It could be guards in [...], and out-of-hours are in Dublin, and they're saying, We have a placement. You need to bring the child to the placement. Sometimes guards refuse and then the child is brought to hospital on a social admission. (P.14)*

Joint training for members of both agencies is seen as a solution to a number of these issues; there is a sense that there were more opportunities for training in the past and that the lack of joint training needs to be rectified.

4.2.7 Issues for Consideration

Various strategies were identified to improve practice regarding S12s, which include:

- Guidance documents required for completing joint action sheets and for social workers on how to best deal with S12s.
- More information from AGS needed on Garda notifications/referrals, improved ways to communicate, and joint training on roles and responsibilities.
- A need for alternative responses to the issue of young people's behaviour and

appropriate placements for this group.

- CPUs are having a positive effect on practice and therefore should be rolled out in all areas.
- Need for a national standardised approach to effective ethical recording of data to improve the reliability of statistics and information.

Table 36: Issues for consideration – key points from respondents

Respondents identified a range of things that in their view are needed in order to improve the practices and decision-making procedures followed in cases of S12. Some identified the need for guidance in filling out joint action sheets and a step-by-step guide for social work teams on how to deal with S12s.[45] Training specifically for Gardaí on S12s and joint training on roles and responsibilities were identified by some as requiring action.[46] More information from AGS, quicker notifications, and better ways to communicate were highlighted as needing improvement:

> *A better handover with the guards coming off shift, you know, that there is somebody able to follow on from what it is. I suppose a lot of it should maybe come down at local level. If we could have some sort of agreement locally between the guards and Tusla that we have a backup plan, that it doesn't get as tetchy as it sometimes can. (P.10)*

Placements were highlighted by some as an issue, particularly in terms of the need for suitable placements for young people:

> *It just depends what is going on at that given time. And that is maybe something that the like of the repeated young person, you know, maybe there's not a placement, we're maybe gonna have to look at something out of the area … But yeah, there's times now it would be a struggle with placements if there's a lot going on. (P.4)*

The issue of young people was also spoken about in terms of the need for supports to address the needs of this particular cohort:

> *I suppose for us I think especially locally here, we do find that it's something that could possibly be addressed around that specific cohort of young people who are, I suppose, maybe coming to the attention to the guards in other ways – not for child protection reasons, but they cross over with us then as well. (P.9)*

Dedicated child protection teams or units are perceived to be a good way of improving collaborative work between An Garda Síochána and Tusla social work teams, particularly if the Gardaí are specialised in the area of child protection:

> *I think if there was a dedicated child protection team … a specialist unit who deal with child protection issues and sexual assaults and things like that … I suppose if they become specialised in it would be much better. (P.15)*

One respondent identified the need for a national standardised approach to effective and ethical recording in order to address the problem of reliability of statistics:

> *I think it's going back to basics as far as effective and ethical recording is concerned. We need to devise a system for records management which is effective and ethical, and then we need to insist that it's implemented … I think it needs to be agreed nationally. It needs to be implemented*

45 AGS and Tusla are currently working on the integration of PULSE and NCCIS to support immediate real-time notification. This is designed to replace the joint action sheets. Also, the joint Section 12 protocol is currently in draft format.

46 Training on Section 12 commenced in the Garda College in 2017.

> *nationally, and that a standardised and consistent approach to record-keeping needs to be established and maintained. (NO1)*

4.3 Overall Findings

This section is a combination of the findings provided by the qualitative and quantitative data. Commonalities between the two types of finding emerged and these commonalities provide strong evidence for these findings in particular. Due to the nature of the data collection and analysis, the quantitative and qualitative findings also make individual contributions to the findings and conclusions of this report.

4.3.1 Legislation, Policy Procedures, and Guidelines

The qualitative phase of this study found that research participants have a high level of awareness of the national policies and procedures in place for working with An Garda Síochána (the Joint Working Protocol for An Garda Síochána and Tusla - the Child and Family Agency) and for responding to child protection concerns (Children First: National Guidance for the Protection and Welfare of Children 2017). Evidence was provided in the qualitative data that local guidance has been developed in a number of areas based on the national policies and guidelines

4.3.2 Invoking S12s

Most S12s reported involved young people between the ages of 15 and 17 years with the quantitative and qualitative findings confirming that this is the cohort with the most S12s invoked at a national level. Quantitative and qualitative findings however showed that this is not the case in the areas covered by the EOHS (Dublin, Kildare, and Wicklow). Specifically, quantitative findings indicated that DNE (49%) and DML (47%) reported higher percentages of their S12s happening in the age group 0–10 years, compared to the South (29%) and West (24%). Conversely, the South (35%) and West (31%) appeared to report a higher percentage of S12s involving young people aged 16–17 years than the DNE (21%) and DML (15%) regions (See detailed analysis in Appendix 6).

Incidents of S12s were distributed almost equally by gender (51.8% male and 46.5% female) and the majority (63.3%) happened between 6 p.m. and 7 a.m. The fact that most S12s occur outside of office hours highlights appropriate use of the legislation and the impact of a comprehensive social work service during office hours. An Garda Síochána contacted Tusla in the majority of cases (81.4%) prior to invoking S12, highlighting a high level of communication and cooperation between the two agencies. Both the quantitative and qualitative findings confirm that the most prominent reasons for children and young people being removed under S12 are parental difficulties, including mental health issues, and also parental alcohol and drug abuse. Behavioural difficulties among young people were identified as the third most common reason for invoking S12.

The analysis identified that 248 cases were open to Tusla at the time of the S12 with 90.3% of these cases having an allocated social worker. Foster care placements were the most common places where children and young people were brought to safety following S12 (62.4%); however, hospitals were also used (20.1%). Post-S12 Emergency Care Orders under Section 13 of the Child Care Act were applied for in 19.5% of cases.

Children and Young People Removed More than Once

Of the 392 children and young people included in this study, 16 were found to have experienced S12 prior to 1 July 2016. The majority of these experienced a previous S12 due to child welfare concerns, and the most common outcome of these prior S12s was that the child was returned to the parent. In addition, 56 children and young people in this sample were found to have experienced more than one removal between the period 1 July 2016 to 30 June 2017. Of these, 11% (n = 43) of children or young people had two S12s, 2% (n = 8) had three, and 1.3% (n = 5) had four

or more S12s. The majority of these children and young people were from the South and West Tusla regions (41.1% respectively) and were aged 15–17 years (n = 33, 58.9%). A large portion of these children and young people were found to have more than one S12 invoked for similar reasons.

A multivariate statistical analysis was carried out on cases where single or multiple S12s were invoked for a child or young person exploring the circumstances that may predict the number of times a child is removed. Reported child age, child gender, Tusla region, Garda region, allocated social worker, and the presence of a social worker were all evaluated to determine if these variables had any predictive power on the number of times a child was removed. No significant associations were observed.

4.3.3 Processes and Procedures Followed

The quantitative findings showed that An Garda Síochána contacted Tulsa prior to invoking S12 in 368 out of 452 (81.4%) cases. Most of this contact was with the OOHS (82.6%). This is explained by the fact that 63.3% of S12s were invoked between 6 p.m. and 7 a.m., and 14.3% during normal office hours (9 a.m. to 5 p.m.). The qualitative findings highlighted mixed practices, with the level of An Garda Síochána contact with Tusla very much dependent on local relationships.

The qualitative interviews provided a range of possible explanations for Tusla contacting AGS in relation to S12s during office hours. An Garda Síochána is typically contacted during the day if there is an imminent risk to a child, if social workers have difficulties accessing a property, if there is a safety concern for a practitioner, or if it is late in the day and it is unlikely Tusla will be able to obtain a court order to ensure the safety of the child: 'If it's very late in the day and done a [sic] joint piece of work where the guards might take S12 but we will take that child with us straight away' (P.6).

The qualitative findings identified mixed practices in the initial contact with OOHS by An Garda Síochána. Most respondents suggested that contact would be made with OOHS to obtain information and make collaborative decisions about a child they are concerned about. This is supported by the quantitative findings, as 76.3% of cases were known to Tusla, so it is possible that information about them was available and could be used to make informed decisions. Other participants suggested that S12s happen out-of-hours without informing OOHS: 'In some cases, the Gardaí may carry out the S12, contact the fostering, the emergency fostering service and it could be done without them actually ever making any contact with the emergency out-of-hours, but that does not happen that often' (P.25). However, it is important to note that there is no legal or procedural requirement for An Garda Síochána to contact the OOHS in cases of S12, and An Garda Síochána did notify Tusla of S12 in the vast majority of cases during the period under investigation. The fact that most S12s occur during the operational hours of the OOHS indicates a need for a consistent nationwide approach to contacting the service.

The qualitative findings also identified different types of engagement with OOHS services. Some respondents indicated that the OOHS was contacted by An Garda Síochána prior to S12 being invoked, and some indicated that the contact is after S12 is invoked.

The interviews yielded mixed views about the OOHS. Some participants argued that OOHS cannot be expected to have the capacity to provide accurate information about local cases, and therefore the local on-call social work services should be used. Others view the service as effective and working well: 'I would say in my opinion and my professional involvement with it I would find them very efficient' (P.14). These conflicting findings may suggest the need to further explore the current use of OOHS services to ensure that their full potential is being used to safeguard the well-being of children and young people.

The research found discrepancies in the way S12s are communicated to the Tusla local areas and in the quality of information

provided. This may explain why important differences were found in the type and amount of information available for S12s in the local areas. Qualitatively, participants explained that information received from Gardaí can, in some cases, be sparse and that time is invested trying to contact Gardaí to obtain additional information.

> *If we need to establish anything further in trying to contact that guard due to units going on and off duty, that can be quite difficult. We might need to go into court. Then there's a delay. And it's no fault of the guards if you ring and they've just completed their ten- or eleven-hour shift, they're gone home (P.9).*

Qualitative and quantitative data found that in most cases when S12s are invoked, children are returned home to a parent or family member (n = 200, 44.2%) with a further 57 (12.6%) returning to a foster placement or a going to a relative or family friend. In the majority of cases S12s do not result in an application for an ECO: 'If we look at that list, 2016–17, not an awful lot of ECOs were required. A lot returned home' (P.6). The quantitative data shows that 88 applications (19.5%) were made for an Emergency Care Order following S12.

Regarding placements, both the quantitative and qualitative findings agree that private foster care providers are the most common option used (62.4% are placed in foster care). Regarding temporary places of safety, there is also a consensus that hospitals tend to be the most frequent places used (20.1%) with Garda stations recorded for a small number of cases (3.8%). However, the qualitative findings describe several limitations to having Garda stations and hospitals as places of safety, due to their being inappropriate for a child or young person: 'They'll be kept in the Garda station overnight. And then the next day the guards are on very quickly to contact us to say they need to leave, this is not appropriate, so that kind of creates more of a crisis for us then because you're trying to work very quickly to assess the situation' (P.8).

Several limitations were also mentioned in relation to finding emergency placements for children (particularly young people). These limitations included placement location outside of the locality where the S12 has been invoked in many cases, and restricted availability of appropriate placements. The prominent reason identified in the interviews for delays in placements pertains to the inappropriateness of private emergency placements for young people with behavioural issues, with other types of placements therefore being sought. Moves were immediate (within 90 minutes) in most cases (68.6%), but not in 15.7% of cases. This suggests the need to evaluate the process between invoking S12, finding a place of safety for the child or young person, and having an emergency placement for them. The research evidence suggests that this is not currently a seamless process.

4.3.4 Interagency Working

Qualitative findings found that formal meetings between Tusla and An Garda Síochána are happening on a regular basis in the majority of cases, including higher-level strategic meetings as well as child-focused meetings where joint action is taking place; however, this is not consistently happening in all areas. Local relationships between Tusla and An Garda Síochána are generally perceived as positive, but, as mentioned earlier, even though participants are aware of a Joint Working Protocol, quantitative findings show that work is not always carried out jointly between Tusla and AGS.

The impact of poor communication is significant, as some participants perceive that it is leading to incorrect use of S12s: 'I think there's quite a discrepancy in terms of what we would consider the need for S12 and what at times the Gardaí would consider a need for S12' (P.9), where an alternative type of action may be more appropriate, particularly in regard to the behaviour of a young person.[47] A need for regular training between An Garda

47 It is noted that AGS decide on the need to invoke S12.

Síochána and local Tusla teams is highlighted as a key requirement to further improve collaboration and communication between the agencies. Evidence of wider interagency collaboration is limited in the quantitative findings; however, contact with other services is happening, particularly post-S12 to coordinate services based on the needs of the children and young people.

4.3.5 Ongoing Challenges

In a minority of cases difficulties of access to required information and the quality of available information were identified in the qualitative findings. Participants mentioned issues around lack of detail and accuracy in information provided in referrals, delays in referrals, difficulty contacting An Garda Síochána personnel, and lack of reliable statistics: 'There's always been a real problem in just how reliable are the stats' (P.16).

In addition, there is a perception by some respondents that in some instances Gardaí are invoking S12s in cases where they are not warranted, and that these S12s could be avoided if there was increased consultation and discussion with Tusla.

4.3.6 Issues for Consideration

It is suggested that where possible and appropriate, practices and communication between An Garda Síochána and Tusla before S12s are invoked could be strengthened. There is also evidence that in certain areas there is a need for improved communication both before and after invoking S12. Dedicated child protection units in An Garda Síochána, liaison Gardaí who are available during office hours, and joint training are suggested as useful in this regard.

The predominance of young people aged 15–17 in the figures for S12s identifies this cohort as high risk and suggests a need for more supports and alternative types of supports and policies for responding to the needs of this age group and their parents.

The issues raised in this study are discussed in the next section, with specific areas that warrant further consideration detailed.

05

Discussion

This investigation set out to provide an in-depth understanding of Tusla's actions and decision-making processes following An Garda Síochána's application of Section 12 of the Child Care Act 1991. The study used a concurrent mixed-method approach comprising both qualitative and quantitative data as well as desk-based research to answer the objectives. The study aimed to identify the pathways for children and families who have been subject to S12 of the Child Care Act 1991 between 1 July 2016 and 30 June 2017. In addition, this study sought to explore the rationale and decision-making process of social workers in the aftermath of S12, and to detail the characteristics of communication on S12s between the two agencies. Moreover, the study explored the circumstances pertaining to the number of removals that children experienced and the role of the OOHS in responding to S12s. This section of the report discusses the main themes to emerge from the research.

The Child Care Act 1991 fundamentally promotes the welfare of children who may not receive adequate care and protection. S12 of the Act gives An Garda Síochána the power to remove a child urgently from a situation for his or her safety and welfare. It is expected that every S12 that is invoked by An Garda Síochána follows the same process and provides the highest standard of support and care for any child who experiences situations where they are at immediate and serious risk.

This study has identified examples of very good practice and decision-making processes, based on this legislation and the associated policies, which ultimately support a child or young person in the best way possible. The research emphasises the strengths of such practices but also highlights areas where practice can improve to ensure the safeguarding of vulnerable children, young people, and their families.

5.1 Legislation and Policy

This study affirms the need to ensure that appropriate actions and decision-making on S12s are informed by a thorough knowledge of relevant policy and legislation, while taking account of the specific circumstances of a child or young person at a particular time. Munro (2010) explored the importance of 'professional judgement' in decision-making processes and emphasised that this judgement needs to be solid and informed by knowledge of frameworks and policies, and understanding of the processes involved (Fraser et al., 2010; Pietrantonio et al., 2013). This investigation identified that overall Tusla staff have a high level of awareness about the Child Care Act in terms of its implications for social work practice and about the relevant national policies, particularly Children First 2017, as they pertain to S12s. Practitioners noted both over-reliance and under-reliance on the use of S12 by An Garda Síochána, along with many instances of appropriate use of this section of the Act. This is markedly different from the findings by Shannon (2017), who noted 'evidence of a potentially problematic reluctance among some members to remove children even where good grounds exist' (p. 243). Nonetheless, as identified by Shannon (2017), this finding may suggest the absence of a standardised and consistently appropriate response to children and young people in need of emergency protection. Ongoing opportunities for interagency meetings and joint training is emphasised as a means of addressing such perceived inconsistencies.

5.2 Interagency Collaboration

This research provides evidence of best practice in joint work and collaboration between Tusla and the Gardaí. Specifically, strategic meetings and individual family meetings, which identify joint child-centred

decision-making processes reflective of good social work practice (Barnes, 2018), are noted as standard practice. This suggests that joint working between the two agencies forms an integral part of the child protection and welfare service and that in many instances An Garda Síochána and Tusla adhere to the Joint Working Protocol. This is of particular relevance for cases that are already known to Tusla. However, there are also instances highlighted where this type of joint working is not happening consistently.

Where they exist, the impact and benefit of well-established professional relationships between An Garda Síochána and Tusla cannot be overestimated. These relationships are shown to facilitate the timely sharing and exchange of information and knowledge between the two agencies, before, during, and after S12 is invoked. This suggests a strong need for more opportunities for Tusla and Garda Síochána members to establish local relationships, leading to a fluid exchange of knowledge and professional expertise locally.

The potential benefits of joint expertise and collaboration on decision-making are a significant focus of academic literature in the area of child protection. Research has found that interagency working can improve access to services, accelerate response times, increase the number of prosecutions or convictions, and provide stronger knowledge of children's needs (Tomlinson, 2003; Cross et al., 2005; Statham, 2011). An Garda Síochána and Tusla bring separate sets of skills and expertise that can be used collaboratively to further improve decision-making processes to ultimately benefit children, young people, and families. Previous research in other jurisdictions has also identified that the level and type of collaboration can vary, even though national protocols on how joint investigations should be carried out are in place (Tonmyr and Gonzalez, 2015).

An important finding of this study concerns how processes and decision-making are influenced by the timing of and location in which S12s happen. The level of collaboration between Tusla and An Garda Síochána with regard to S12s varies according to time of day and most notably the area in which the S12 occurs. Such inconsistencies relate to the presence or absence of the aforementioned relationships between members of An Garda Síochána and Tusla. However, there are also instances where contact between An Garda Síochána and Tusla is not appropriate or possible.

Follow-up and ongoing notifications and communication between An Garda Síochána and Tusla were not perceived as seamless by all practitioners. The nature and regularity of this contact are very much area-dependent and are reported as being better where there are well-established professional relationships. The policies and practices on S12s that occur during office hours are also area-dependent. As evidenced in the qualitative data, in some areas An Garda Síochána will discuss cases with Tusla before invoking S12, while in others they will notify them afterwards. This finding concurs with Shannon's (2017) finding that in some cases there is 'a lack of information-sharing between agencies involved in child protection' (p. 245). However, this study also highlighted that An Garda Síochána contacts Tusla prior to invoking S12 in the majority of cases and that this contact is mainly with the OOHS. This study highlights that overall, the communication and notification processes between An Garda Síochána and Tusla range from adequate to excellent, with a need for standardised approaches evident. This research implies a need for further collaborative approaches between Tusla and An Garda Síochána to enrich decision-making on the needs of children and young people, particularly those who are known to Tusla.

5.3 The National Out-of-Hours Service and On-Call Social Work Service

The National Out-of-Hours Service (previously known as the EOHS) is emphasised as a resource available to An Garda Síochána which can assist them in their decision-making on S12. Tusla has clearly indicated its availability and willingness to be contacted by

An Garda Síochána in advance of S12 being invoked to offer professional assessment and provide any information that is known through the National Child Care Information System (NCCIS). Tusla's availability to support An Garda Síochána is in contrast to Shannon's (2017) finding that 'most respondents in the various stages of the audit were stationed in regions of Ireland that did not have access to a Tusla out-of-hours service' (p. 249). This study emphasises that the OOHS is available as a resource to all members of the An Garda Síochána in relation to their decision-making processes with regard to invoking S12. Overall, research participants reported very positively on the procedures and practices followed by the OOHS in terms of its efficiency and the level of information provided to the area-based social work teams. The one specific area that requires consideration is the role and use of the on-call social worker. There is varied awareness and understanding of the on-call service in Tusla areas nationwide. Areas which are familiar with the service and are using it are doing so in very specific circumstances as laid out in Tusla's Emergency Out-of-Hours Service briefing information (Tusla, n.d). However, many areas have little awareness of the role and despite the fact that social workers are on call nightly, this resource is not being accessed. There is perceived potential in expanding the role and use of the on-call social worker. It is anticipated that the introduction of the NCCIS will help broaden this as a resource to OOHS and An Garda Síochána. This type of response to emergency removals operates in some other jurisdictions. In Victoria, Australia, for example, the role of the police in child protection emergency situations after hours ends when the Child Protection Emergency Service is contacted by the police and assumes responsibility for the protection of the child (State Government Victoria, 2012). Such findings may merit further investigation in the future to determine the use of on-call social workers in the OOHS nationally, as the purpose of this service is to actively support decision-making on a child or young person at a very critical time in their life.

5.4 Joint Training

Regular joint training between An Garda Síochána and Tusla is highly recommended as an effective way to ensure an appropriate and consistent interpretation of the Child Care Act and S12 in particular. This study has emphasised the need for consistent ongoing professional relationships between An Garda Síochána and Tusla with regard to all of their joint working responsibilities, and specifically S12. Long-lasting, positive impact on practice arising from joint training events was emphasised. Such training initiatives could also reduce role ambiguity, such as that identified by Shannon (2017), whereby 'Gardaí are uncertain about certain specificities of their role and powers in child protection' (p. 243), a finding that is supported by this study. Regular training updates and formal induction for new members of Tusla and An Garda Síochána (including those new to a particular area or region) are suggested.

The literature shows that providing joint training, arranging time and opportunities to develop interagency working, and agreeing joint aims or objectives are paramount to successful collaborations (Atkinson et al., 2007). Joint working and collaboration between An Garda Síochána and Tusla are expected at policy level, but this needs to be facilitated and encouraged in a meaningful way by the relevant managers. The introduction of other supports such as Child Protection Units and Liaison Garda Sergeants during office hours has contributed to building relationships and facilitating increased collaboration in those areas where they operate. This reflects international research which highlighted that liaison officers have been seen to improve the knowledge and understanding of both groups (Bromfield and Higgins, 2005). Indeed, interagency working generally can improve agencies' efficiency, reduce duplication, and provide greater involvement of service users when carried out correctly (Statham, 2011). It is beneficial for groups with unique skills to collaborate and complement each other's expertise (Cross et al., 2005). Successful interagency work demands clear communication, adequate

resources, strong leadership, and support from senior management (Atkinson et al., 2007; Statham, 2011). If police and child protection systems fail to support each other's work, then it may lead to poor outcomes for children (Cross et al., 2005).

5.5 Places of Safety

This research found strong evidence to suggest that children and young people are provided with a place where they can be safe within a short period of time. This shows that processes and decision-making are being successfully driven by the goal of safeguarding children and young people. There is scope for improvement, although much of the required improvement relates to circumstances outside the control of Tusla staff. One such factor is the lack of available places of safety for children and young people, preferably in their own locality (see also Shannon, 2017, p. 248). The research found that some children and young people are sent to places of safety outside of their locality or are placed in hospitals or Garda stations in their local area. It is widely accepted that it is preferable that children and young people be placed close to their familial and social environments and that this will facilitate a return to the care of a family member as soon as possible (Devaney, 2017). This study highlights that Garda stations or hospitals (even in the case of a social admission) are not appropriate placements for children and young people. The responses in this report concur with those of the Shannon (2017) report, which also maintained that Garda stations and hospitals were not appropriate locations to which to remove highly vulnerable children. Furthermore, this study reports interagency tensions arising between hospital staff and AGS or Tusla as practitioners debate the appropriateness of such placements.

Such incidents highlight how decision-making can be affected by the reality of available resources and by circumstances outside the control of either agency. This confirms the need to increase the resources and supports available nationally for children and young people in emergency circumstances in order for decisions to be made in their best interests.

It is suggested that ongoing liaison between An Garda Síochána, Tusla and the relevant hospital staff should be put in place to ensure a full understanding of S12 and an awareness of the circumstances children and young people are likely to be in when they require an emergency social admission. While acknowledging that hospital is not a suitable medium-term placement, it is worth considering developing a protocol that applies to all three agencies and that specifically relates to short-term emergency social admissions. Joint training with An Garda Síochána, Tusla and the relevant hospital staff is also suggested.

It is also important to evaluate the nationwide operation of the National Out-of-Hours Service, which was created in 2009 to support An Garda Síochána in the execution of their duties, for example, by providing emergency foster care placements for children and young people removed under S12.

5.6 Prevention and Early Intervention

This research provides evidence of the main circumstances which lead to S12s being invoked. For the majority of children and young people the need for S12 is created by parental issues and behaviours. This evidence justifies the provision of early intervention parent and family support services for children, young people, and families, to reduce vulnerability and respond to needs in a timely manner, thus avoiding the need for one or more S12s. Similarly to the Shannon report (2017, p. 247) the findings from this research also provide justification for Tusla to provide increased prevention and early intervention approaches to families involved in the child protection and welfare system. In particular, it is necessary to offer an array of supportive responses to parents, particularly those who experience mental health issues or addiction to alcohol or drugs. Similar to the Prevention, Partnership, and Family Support (PPFS) programme implemented by Tusla,

prevention and early intervention models have been implemented in other countries. For example, Australia created the National Framework (2009–2020), which consists of the integration of services to target services for vulnerable families and those where abuse or neglect had occurred in order to reduce further recurrence (Oates, 2018). The national evaluation of Tusla's PPFS programme has shown positive evidence of its impact on supporting vulnerable children and young people and recommended a standardised and mainstreamed approach to the national support model, Meitheal.

A vulnerable group identified in the course of this research was young people, specifically those aged 15–17. Such findings necessitate further exploration of the needs of this age group (who have the highest incidence of S12s) and provision of appropriate resources and training for staff of both Tusla and An Garda Síochána on responding to the needs of this group. It is evident that there is a need for increased prevention and early intervention supports for this cohort and their parents. Increased one-to-one supports for these young people and their parents at an earlier stage in the genesis of these difficulties could potentially avoid the need for some of these S12s. There is also a need for increased specialist services (such as Psychology, Child and Adolescent Mental Health, and Disability Supports) as the evidence highlights the level of behavioural problems among this cohort. The findings from this study also indicate a need for an increased range of appropriate placements for young people with behavioural difficulties. The lack of statutory obligation on private providers of care to provide placements for those with challenging behaviour creates what Shannon (2017) describes as a 'significant and troubling gap in the child protection infrastructure in Ireland' (p. 251). This lack of appropriate placements specifically for this cohort requires urgent consideration.

5.7 Record-Keeping Systems

While acknowledging that decisions in relation to invoking S12 are made by An Garda Síochána, processes and decision-making can be further supported with the introduction of a standardised system of record-keeping, whereby information on S12s can be recorded accurately and efficiently in each Tusla area. Consistent collection of an increased level of and more types of data is necessary in order to accurately profile children and young people who are subject to S12 and to detail the circumstances that led to the S12 and its subsequent outcome. The Tusla database and the database used by An Garda Síochána (PULSE) need to align to ensure consistent gathering of relevant data. Protecting the identity and ensuring the anonymity of these children and young people should also be of central concern in terms of how data is accessed and managed. This database, informed by GDPR requirement,[48] should compile the same information across all regions based on clear guidelines regarding what level of detail is required. This will also improve access and accuracy of information and statistics, which can inform process and decision-making based on policy and practice. It is essential that NCCIS be used consistently by Tusla to ensure that accurate information is available to Tusla and AGS when necessary.

Of note, An Garda Síochána and Tusla are currently exploring the integration of their PULSE and NCCIS IT systems to allow for real-time child abuse notification and enhanced communications for Gardaí and social workers. This will essentially mean the automatic completion of joint Garda/Tusla liaison records during child abuse investigations. It is also anticipated that Section 12 incidents recorded on the Garda PULSE system will be automatically recorded on Tusla's NCCIS system and that all communications and actions between the two agencies will be recorded on their respective systems as appropriate.

48 The EU General Data Protection Regulation (GDPR) came into being in May 2018. The aim of the GDPR is to protect all EU citizens from privacy and data breaches. See https://www.dataprotection.ie/ for more information.

5.8 Issues for Consideration

This final section of the report outlines a number of key issues for consideration based on the findings from the research and the literature. For clarity, the section is divided into four parts. Section 5.9 details issues for consideration in policy, procedures, and guidance. Section 5.10 details issues for consideration in social work practice. Section 5.11 outlines issues for consideration in training, and Section 5.12 details issues for consideration in further research and record management.

5.8.1 Policies, Procedures, and Guidance

At an overall level, further national guidance based on best practice is suggested for both Tusla and Garda Síochána personnel to ensure a consistent, standardised approach to responding to S12s.[49] Guidelines such as this are being successfully used in countries such as Australia (Australian Government, 2018). Of note, a number of initiatives in this regard including joint Local Senior Management Liaison Forums are in the process of being established.

Standardised processes of communication and collaboration between Tusla and An Garda Síochána are recommended. Such processes must relate to all aspects of joint working, particularly during decision-making associated with S12s and after S12 has been invoked. The literature referred to in this report shows that effective interagency working can lead to improved access to services, faster response times, improved knowledge (particularly necessary regarding local knowledge), and stronger knowledge of children's needs (Tomlinson, 2003; Statham, 2011). Moreover, interagency working can lead to improved efficiency for agencies (Statham, 2011). A number of initiatives in this regard under the Joint Working Protocol are currently being established.

Despite the remit of the OOHS service to provide places of safety for children and young people in cases where S12 has been invoked, the findings from this research show that there are difficulties in this regard. Clear procedures are required to determine appropriate places of safety for children and young people, to avoid the use of inappropriate placements. This is particularly relevant where hospitals are being used as places of safety under social admissions.

Consideration should be given to developing a joint protocol combined with regular information sessions with relevant hospital staff and members of An Garda Síochána and Tusla in order to improve interagency collaboration when emergency social admissions are necessary.

Assigning legal powers to An Garda Síochána to utilise appropriate family and friends as places of safety following S12s should be considered. This recommendation is based on the evidence presented that S12s often result in a return to the family unit rather than an application for an ECO and the difficulties in sourcing appropriate places of safety (particularly for young people) as outlined in the report.

Research findings suggest the need to review and update the policies and procedures regarding on-call social workers, as there is a lack of awareness of the role and potential use of the on-call social worker. This resource is currently underutilised, being used only in situations of serious incident, such as the death of a parent or an allegation of child sexual abuse. This contrasts with practices in other jurisdictions. In the UK and NI, for example, emergency duty social workers are available to deal with a wide range of child welfare and protection concerns (Clifford and Williams, 2002). A change in practice in this area, combined with the use of the National Child Care Information System (NCCIS), could address several issues identified with Garda Síochána practices and the EOHS. This includes: insufficient and inaccurate information on children and young people, decision-making processes, local knowledge, and access to transport.

49 AGS and Tusla are currently working on a Joint Interviewing Protocol and a Section 12 protocol.

Delays in receiving information from An Garda Síochána is an issue for Tusla practitioners. The research found that there is a range of timeframes for a social work department's receipt of Garda notifications. An improved system for providing all the relevant information to Tusla following S12 is required. The operation of shift work within An Garda Síochána demonstrates both the necessity and challenges in this regard.

5.8.2 Practice

The research identified mixed views on An Garda Síochána's use of the OOHS. In order to increase and standardise its use of OOHS services nationwide, it is suggested that all Gardaí contact the OOHS as standard practice (when possible and appropriate) prior to invoking S12. This will allow the members of An Garda Síochána to obtain any additional information available and to discuss possible options and the best course of action with the social work practitioners.

Because most S12s are invoked for reasons of parental well-being or a child or young person's behaviour, this research supports the need for ongoing development of preventative initiatives in the area of family and parenting support in advance of and in response to S12 interventions. Such an approach is advocated in child protection and welfare systems that promote prevention, early intervention, and family support. There is an increasing evidence base on the impact of adopting such approaches (Burns et al., 2017; Devaney, 2017; Rodriguez et al., 2018). Signs of Safety and the Meitheal model are highlighted as a useful practice model and this research supports the need for the availability of training in this approach to be provided to relevant Tusla and Garda Síochána members.

Increased partnership with parents over follow-up plans after S12 has been invoked and to prevent repeat S12s is suggested. This will help promote awareness and understanding of both statutory and non-statutory options of support for families where this level of need exists. Such an approach is prevalent in child welfare systems that are categorised as service-orientated (Gilbert, 1997; Gilbert et al., 2011) and is evident in Meitheal, Tusla's national support model of prevention and early intervention. Further exploration of the potential of the Meitheal model and its impact on families will assist with potential development in this area (see Rodriguez et al., 2018).

The particular needs of young people who have behavioural issues, young people where substance misuse is an issue, and young people who have a disability require specific attention. This is particularly pertinent as the findings show that most S12s collated for this study pertain to young people between the ages of 15 and 17 years.

Earlier intervention on a one-to-one basis with children and young people is also suggested. Models of advocacy, mentoring and youth work could be used to support this cohort at an early stage. There is also a need for increased specialist services (such as Psychology, Child and Adolescent Mental Health, and Disability Supports) as the evidence highlights the level of behavioural problems among the 15–17-year-olds who are most likely to be involved in S12.

Places of safety are required at a local level to avoid additional stress or burden on children arising from being transported over long distances or to environments that they are completely unfamiliar with. The findings from this study also indicate a need for an increased range of appropriate placements for young people with behavioural difficulties. A wider use of supported lodgings as an option for the 15–17-year cohort is worth considering.

Increased partnership with children and young people is also suggested in exploring the circumstances surrounding S12s. There is a wide range of evidence on the possibilities and potential of including the views of children and young people in responding to issues affecting them (Winters, 2015). A number of initiatives are now in place in Tusla to ensure a participatory approach, with young people and practitioners trained in this regard. It is suggested that such an

approach be applied to the 15–17-year-old cohort specifically in an effort to give them an appropriate level of involvement and ownership in their role in the need for S12 and the safety plan following S12.

Dedicated Child Protection Units are perceived to be a welcome structure in An Garda Síochána. This study shows that the development of these units is the most cited improvement in the area of S12s since the period under investigation (1 July 2016–30 June 2017). Therefore, it is advised that roll-out of these units across all areas be considered.

With a view to adopting a more consistent approach, An Garda Síochána have, since 2017, been establishing Divisional Protective Services Units in each Garda division. These units will be staffed by Detective Sergeant and Detective Gardaí with access to specialist interviewers for child abuse investigations, and will be managed by an Inspector. Newly designed training courses are being delivered on an ongoing basis in various areas including sexual crime, online child exploitation, domestic abuse and child protection/welfare. Tusla personnel assist in the child protection and welfare training. It was anticipated that Divisional Protective Services Units would be established in each division by the end of 2019 but some units will not be established until Q1 2020.

5.8.3 Training

Regular meetings and joint training sessions were identified as key to the development and maintenance of positive relationships and communication between An Garda Síochána and Tusla. It is therefore necessary to support this type of engagement in all areas and across all teams. Joint training and education on S12 procedures, thresholds, and roles and responsibilities will have the additional benefit of clarifying best practice. Successful interagency work demands clear communication, adequate resources, strong leadership, and support from senior management (Atkinson et al., 2007; Statham, 2011).

Of note, it has been recommended in a review of joint Senior Local Management Liaison Forums that each Senior Local Management Liaison Forum will lead on a joint training programme.

Refresher training; training specifically for Gardaí on S12s; and joint training on roles, responsibilities, and procedures in relation to S12s are recommended. These types of training can increase accuracy in identifying the need for S12s and help to develop an understanding of and appreciation for the different roles of agencies and individuals, as evidenced in the US, for example (Holder et al., 2014), and such training is paramount to the success of interagency work (Atkinson et al., 2007).

5.8.4 Further Research and Record Management

This research found a need for a standardised approach to record-keeping on S12s in all Tusla areas. Aligned with this, interview respondents identified a need for an effective, ethical system of record management that is mandatory for all areas. To that end, all information on paper files should be digitalised to facilitate access, accuracy, and standardisation nationwide. Data recording should follow current data-protection guidelines and policies, such as GDPR.

To improve the accuracy of data collected, national templates that feed into data systems are required to ensure that standardised information is recorded and available nationwide. This is substantiated by the fact that there is no nationally agreed standard for collection of such statistics and that there is a perceived inconsistent use of available Garda Síochána templates.

The findings provide additional support for the need to record complete profile information as part of the NCCIS. This information can be used to ensure that the best possible response is provided to children and young people in need of protection.

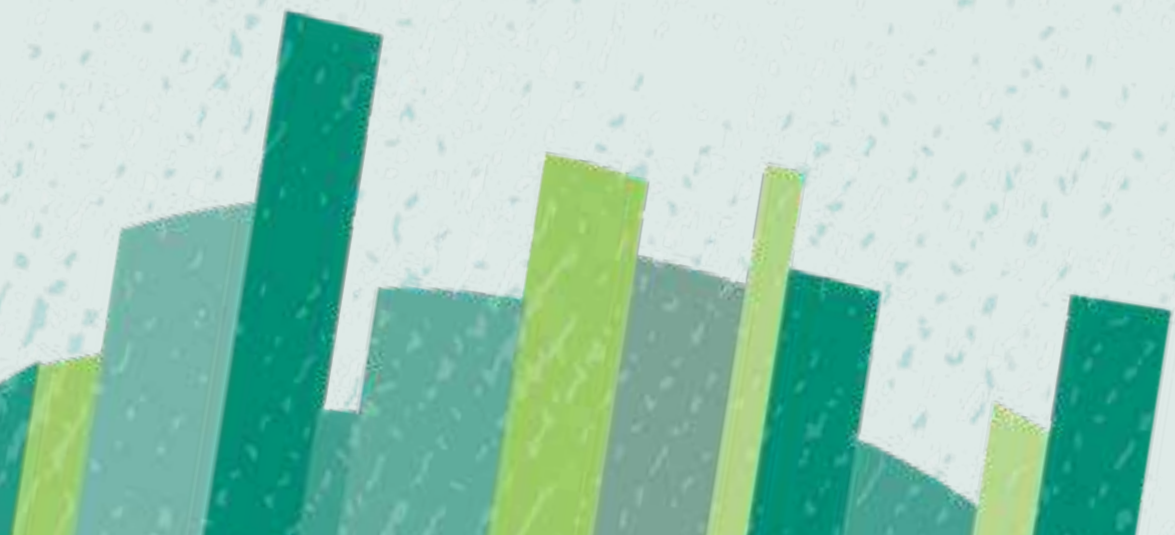
Further research is required to further understand the circumstances that lead to

children being removed under S12, particularly those who are removed more than once. This may include qualitative in-depth research with children and families in the form of case studies. Further understanding of parents circumstances and the necessary supports to respond to such circumstances is also essential as it was found that parental difficulties were the main issues leading to S12s being invoked.

5.9 Conclusion

This report provides an understanding of Tusla's actions and decision-making processes following An Garda Síochána's application of Section 12 of the Child Care Act 1991. While limited in terms of the available quantitative and qualitative data, the study highlights many examples of good practice and decision-making in relation to S12 that ultimately support and protect a child or young person in an emergency situation. The study has also identified areas where practices and procedures can be improved to strengthen and improve the response to children and young people both at the time of, and following, S12. In particular, increased joint training between An Garda Síochána and Tusla; further resourcing of appropriate places of safety following S12 and appropriate follow-on placements; and an increased focus on supporting the 15–17-year-old cohort and their families are emphasised. The particular needs of young people who have behavioural issues, young people where substance misuse is an issue, and young people who have a disability require specific attention. Consideration is also required as to the best use of the Tusla on-call social work service to support An Garda Síochána in relation to S12.

This report is based on a point-in-time study and notes a number of welcome updates and changes that are in progress in relation to many of the areas identified for consideration. Nonetheless, there is a need for further in-depth research on current practices and procedures in relation to S12 and their impact on the safety, well-being, and experiences of children, young people, and their families.



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Appendices

Appendix 1: Literature Review

Search Terms Used

Various search terms were used to identify research on international legislation, policy, and research on the practice areas relating to equivalent S12s where available, in line with the aims and objectives of the study. Search terms can be categorised into three broad areas: policy, legislation and guidelines; decision-making; and interagency working.

Policy/Legislation/Guidelines	Decision-Making	Interagency Working
Child protection policies/ procedures/guidelines; /UK/USA/ Canada/New Zealand/Australia	Child protection and decision-making; / UK/USA/Canada/New Zealand/Australia	Collaboration and police and child protection officers; /UK/ USA/Canada/New Zealand/ Australia
Policy and legislative instruments emergency removals; /UK/USA/ Canada/New Zealand/Australia	Practice framework and child protection/ UK/USA/Canada/New Zealand/Australia;	Challenges of interagency working/UK/USA/Canada/New Zealand/Australia
International instruments emergency removals; /UK/USA/ Canada/New Zealand/Australia	Decisions and emergency removals / UK/USA/Canada/New Zealand/Australia;	Benefits of interagency working; /UK/USA/Canada/ New Zealand/Australia
Child protection emergency removals; /UK/USA/Canada/New Zealand/Australia	Out-of-hours child protection services; / UK/USA/Canada/New Zealand/Australia	Approaches to interagency working; /UK/USA/Canada/ New Zealand/Australia
Child protection and emergency situations; /UK/USA/Canada/New Zealand/Australia		Collaboration police and child protection emergency removals. /UK/USA/Canada/ New Zealand/Australia
Emergency care and child protection; /UK/USA/Canada/ New Zealand/Australia		

Appendix 1: Literature Review

Searches Conducted

The scoping review used in this study consisted of searching for a range of academic literature, which was sourced through a comprehensive academic database via the James Hardiman library catalogue at NUIG. The database provides access to over 70,000 scholarly journals, books, and ebooks as well as various databases such as Web of Science and Academic Search Complete. Search engines were also used, as were relevant government and non-governmental agency websites, both national and international, all of which are listed below.

Academic/Search Engines	Government Departments	Agency Websites
NUIG Library Catalogue	Department for Education UK	JR Foundation NSPCC
Google Scholar	US Department of Health and Human Services	Child Welfare Information Gateway
Google	Department of Families, Housing, Community Services and Indigenous Affairs Australia	Australian Institute of Family Studies Child Family Community Australia
	Ministry for Children Ministry for Social Development New Zealand	Child Youth and Family Social Policy Evaluation and Research Unit
	Employment and Social Development Canada	The Canadian child welfare research portal

Appendix 2: Data Extraction Tool Glossary of Terms

Section 12/13 Events: Data Extraction Template

Section A: Information about the Child		
A1	**Unique Research Reference No.**	**Created at point of data extraction**
A2	Tusla File No.	Created at point of data extraction
A3	Surname/Family Name	Tusla file number – used by areas and regions to organise files prior to new system introduced by NCCIS (usually devised and created locally and not linked to any national system or identifier). Now replaced by NCCIS identifier
A4	First Name	As stated
A5	Middle or other names	As stated
A6	Gender	Male or female
A7	DOB	Date of Birth
A8	Age when Sect 12 Taken (will calculate automatically if DOB and Date of Section 12 are inserted)	As stated. Within database will automatically be calculated if DOB and date of incident are entered into their respective fields
A9	Disability	Intellectual, physical, or sensory impairment.
A10	Ethnicity	As stated and if recorded in records
A11	Nationality	As stated and if recorded in records
A12	Religion	As stated and if recorded in records
A13	Tusla Region	DML/DNE/South/West
A14	Tusla Area	One of 17 Tusla geographical and functional areas
A15	Garda Region	As stated and if recorded in Tusla records
A16	Garda Division	As stated and if recorded in Tusla records
A17	Garda Station	As stated and if recorded in Tusla records
A18	Garda PULSE ID (if known)	As stated and if recorded in Tusla records

Section B: Information about Section 12 event (1 July 2016–30 June 2017)		
	When was this Section 12 carried out?	
B1	Date Section 12 invoked or taken	As stated
B2	Time Section 12 invoked or taken	As stated and when recorded
B3	Was social worker present at time of Section 12?	Social Workers are occasionally present during office hours (9–5). Out of normal office hours social workers are present only occasionally, and this is usually as a result of a request by AGS in rural areas or more frequently in the greater Dublin and Cork areas, where there is a service available between 6 p.m. and 8 a.m. and over the weekends.
B4	Did Tusla staff request assistance of AGS?	As stated. Usually happens during normal office hours when there is an immediate risk to the child and/or where there may be a difficulty making a court application.
B5	If yes, please provide details of time involved and assistance provided.	This section is to provide commentary to explain rationale for B4.
B6	Describe briefly the circumstances of the child when the Section 12 was invoked.	This was intended to provide a space to outline the circumstances at the time of the invoking of the section 12.
B7	Did An Garda Síochána contact Tusla immediately prior to invoking Sect 12?	As stated
B8	What was the nature of the contact between AGS and Tusla?	Type of contact: Telephone call to EOHS or to local Tusla office, etc.
B9	What was the reason given for using Section 12?	This was based upon the categories outlined in the legislation and guidance: i.e. Physical Abuse, Sexual Abuse, Emotional Abuse, or Neglect. It also included Child Welfare as another category to capture more generic difficulties. Further descriptions were used by AGS and Tusla staff in practice.
B10	Was case previously known to Tusla?	As stated and as could be ascertained by the records available.
B11	If previously known, date last referred.	As stated and as could be ascertained by the records available.
B12	If previously known, was the case open to Tusla Child Protection Services prior to Section 12 being taken? (Yes/No)	As stated and as could be ascertained by the records available.
B13	If case was open, was case allocated to a social worker?	As stated and as could be ascertained by the records available.

Section B: Information about Section 12 event (1 July 2016–30 June 2017)		
	When was this Section 12 carried out?	
B14	If case wasn't open, was case closed/ diverted to other services (closed /diverted to another service/other)	As stated and as could be ascertained by the records available.
B15	Additional information, i.e. where diverted or other	As stated and as could be ascertained by the records available.
B16	If case was closed, when was case closed (date)?	As stated and as could be ascertained by the records available.
B17	If the child was in the care of Tusla immediately prior to S12, please specify type of placement. (Foster Care, Residential Care, Special Care, or Other).	As stated and as could be ascertained by the records available.
B18	Was the child's name listed on the CPNS at time of invoking S12?	As stated and as could be ascertained by the records available. The Child Protection Notification System is the system used to record the names of children who are deemed to have reached the threshold of risk to have a formal child protection plan in place and to have the plan regularly reviewed in a formal Child Protection Conference.
B19	Where was the child placed after invoking the Section 12? (Place of Safety)	As stated and as could be ascertained by the records available.
B20	Rationale for Placement (include details of location if placed outside area of domicile)	The reason the placement was deemed appropriate at the time of invoking the Section 12.
B21	How was the child transported to the Place of Safety?	As stated and as could be ascertained by the records available. Usually either by AGS or by the social worker if in attendance.
B22	Was the move to placement immediate after invoking Section 12?	Up to 90 minutes from invoking the Section 12 was interpreted as immediate. After 90 minutes was noted by the time involved where it was recorded.
B23	If not, where did the child go in the interim?	As stated and as could be ascertained by the records available.
B24	How long did it take from invoking the Section 12 to the child being placed in the place of safety?	As stated and as could be ascertained by the records available.

Section C: previous Section 12 events relating to this child		
C1	Had a Section 12 been invoked before in relation to this child?	As stated and as could be ascertained by the records available.
C2	If yes, when? Date	The date on which the previous Section 12 was invoked.
C3	Reason given for previous Section 12	As stated and as could be ascertained by the records available.
C4	Outcome of previous Section 12	As stated and as could be ascertained by the records available. Could be a Section 13 court application, return home, or any other outcome.
C5	Rationale for this choice of action	The reason for the decision taken.
C6	Repeat for Each Section 12	As stated and as could be ascertained by the records available.

Section D: Information regarding contact between AGS and Tusla relating to latest Section 12 event (1 July 2016–30 June 2017)		
D1	Was there contact from AGS to Tusla regarding this case immediately prior to the Section 12 being invoked?	As stated and as could be ascertained by the records available.
D2	When was the Section 12 notified to Tusla?	Date and time as stated and as could be ascertained from the records available.
D3	How was Section 12 notified to Tusla?	As stated and as could be ascertained by the records available. Options include telephone call, written report, meeting, etc.
D4	Was there evidence on file that Tusla informed AGS of action taken following assessment of the child's situation at the time of the Section 12 event?	As stated and as could be ascertained by the records available.
D5	If yes, details of feedback:	
D6	Repeat for each Section 12	

Section E: Information about Tulsa's child protection actions following latest Section 12 event (1 July 2016–30 June 2017)		
E1	What action was taken by Tusla following latest Section 12?	As stated and as could be ascertained by the records available. Section 13 application; return home, etc.
E2	Is case currently open (at time of data extraction)?	As stated and as could be ascertained by the records available
E3	If case closed – date case closed	As stated and as could be ascertained by the records available
E4	Has case been reopened since?	As stated and as could be ascertained by the records available
E5	Reason for reopening	As stated and as could be ascertained by the records available
E6	Date of reopening	As stated and as could be ascertained by the records available
If Section 13 application was made		
E7	Reason for application	As stated and as could be ascertained by the records available
E8	Outcome of application	As stated and as could be ascertained by the records available, i.e. application granted, declined, adjourned, or alternative order made.

Appendix 3: Participant Information Letter

An investigation into the Child and Family Agency's (Tusla) actions and decision-making process following An Garda Síochána's application of S12 of the Child Care Act 1991.

This research study aims to evaluate the application of S12 by Tusla in response to the limitations and challenges yielded by an audit of the use of the Child Care Act, specifically S12, by An Garda Síochána carried out in 2017 (Shannon, 2017). It also aims to evaluate the practices and procedures followed when a child or young person comes into Tusla custody following the application of S12 of the Child Care Act 1991 by An Garda Síochána from the perspective of Tusla.

What does it involve?

The UNESCO Child and Family Research Centre (UCFRC) at NUI Galway, and Tusla, the Child and Family Agency, are doing a study into the Child and Family Agency's (Tusla) actions and decision-making processes following An Garda Síochána's application of S12 of the Child Care Act 1991. This study will provide insights into the successes but also the challenges that professionals experience in the S12 process. This will help improve the experience of professionals, and facilitate communication and interagency collaboration with the goal of improving the experiences of children and families.

What do we need from you?

We need Tusla social workers with experience in invoking S12 in 17 areas to actively take part in this study and invite one duty social worker and one duty team leader to take part. Data collection will start in September 2018. Participants will be asked to complete a semi-structured interview face to face or by telephone with a maximum duration of one hour. The interview will be carried out and recorded by a member of the research team at the UCFRC at a day, time, and location that suits them. This interview will explore their experience with the S12 process.

Could you please nominate one duty social worker and one duty team leader in your area with experience in invoking S12 to take part in this study? Could you please provide us with their contact details, including their names, email addresses, and phone numbers? Thank you for your support. We are reliant on your input for this study and appreciate your time and effort.

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Appendix 4: Participant Consent Form

United Nations Educational, Scientific and Cultural Organization · UNESCO Chair in Children, Youth and Civic Engagement Ireland · CHILD AND FAMILY RESEARCH CENTRE

TUSLA An Ghníomhaireacht um Leanaí agus an Teaghlach Child and Family Agency

CONSENT FORM

An investigation into the Child and Family Agency's (Tusla) actions and decision-making processes following An Garda Síochána's application of S12 of the Child Care Act 1991.

If you agree to take part in the study, you must tick the boxes below. Please read the Participant Information Sheet before you agree/do not agree to take part in the research.

This research was approved by the Research Ethics Committee of the National University of Ireland Galway and Tusla's Research Ethics Review Group.

If you have any questions or concerns about your rights as a participant in this study, please contact the Chairperson of the NUI Galway Research Ethics Committee, c/o Office of Vice President for Research, NUI Galway. You can also email them at ethics@nuigalway.ie

If you wish to ask any questions or to discuss any concerns about the research, please contact Carmel, Project Researcher, at 091 495733 or via email at carmel.devaney@nuigalway.ie

Please tick the boxes below if you agree to take part in the study:

- ☐ I have read the Participant Information Sheet for the study
- ☐ I have had the opportunity to ask questions
- ☐ My participation in this study is voluntary
- ☐ I understand that I can withdraw from the study until the end of data analysis (September 2018)
- ☐ I agree to take part of the audio recorded interview
- ☐ I consent to the researcher holding my data in the UCFRC for five years

Please sign your name here: _____ Date: _____

Please provide your contact details, and the researchers will be in contact with you.

Email address: _____ Contact number: _____

Appendix 5: Interview Schedule

Interview Schedule

Topics	Questions
Introduction	The aim of this research is to identify the practices and decision-making procedures followed when a child or young person comes into Tusla care following the invoking of S12 of the Child Care Act 1991 by An Garda Síochána (AGS) between ***1 July 2016 and 30 June 2017***. **Objectives** 1. Identify the reasons for children and young people being subject to S12 of the Child Care Act 1991 between ***1 July 2016 and 30 June 2017***. 2. Explore the rationale and decision-making process of social workers in the aftermath of S12. 3. Describe the characteristics of communications between Tusla and An Garda Síochána in relation to S12 notifications and follow-up. 4. Ascertain the role of the Out-of-Hours Service regarding Tusla's actions when S12 is taken. 5. Examine and determine the circumstances relating to the repeated use of S12.
Policies, procedures, guidelines, and supports	In the period in question were you aware of national procedures/ guidelines to help guide your practices in relation to S12? Did you have local procedures/guidelines to help guide your practices in relation to S12? Do these procedures/guidelines refer to what happens post S12? (i.e. the need for a Section 13/return home/voluntary care)? If so, **please outline** and highlight **what works** well/is helpful and **areas in need of improvement** (if any)? Guidelines/procedures now? - what works well/is helpful and areas in need of improvement?

Topics	Questions
Invoking S12	What are the **typical reasons** for S12 and the **circumstances** involved? **Could you describe your experience of responding to the invoking of S12 by AGS?** (Please use examples of a case/cases you were involved in if helpful to outline the process). **Please consider the process in cases where (1) AGS initiate the contact and (2) Tusla initiate the contact:** - the steps that are followed - the decision-making process? Who is involved? - What influences the decision (understanding of risk and protective factors/agency culture/previous experience/resources)? - How is the decision recorded? - Who is notified? - Is this decision-making process different in circumstances where the child (ren) are already known to Tusla? - How was/is this information accessed? - Making contact with AGS? - Contact with the children who are at risk? How would you describe your **contact with AGS** in communicating about the possible need for S12? What is the nature of the contact? - What is the decision-making process? - How is the decision recorded? - Who is notified? - Describe the process of information-sharing. Are there barriers to this process? If so, please outline... What facilitates this process? Please outline... Where are child (ren) typically placed following S12 ? Who makes this decision? What are the issues involved in finding suitable placement (type/location)? How do the different placement types work? Does where the child/young person is placed impact on the notification process between AGS and Tusla? Are you aware of circumstance where S12 should not have been invoked by AGS? If so, please outline.

Topics	Questions
Post S12/Section 13	Please describe **the nature of contact with AGS once a child is removed** to a place of safety? Who initiates this contact? Is there a process for recording the Section 12 and decisions made? Do you follow up with AGS after a Section 12 is invoked to update them on the circumstances of the child/children? Please describe the **process of decision-making** in relation to the needs and welfare of child(ren) **after S12 is invoked**? (i.e. is there a need for **Section 13/voluntary care order)** - the decision-making process? - the steps that are followed? - What influences the decision (understanding of risk and protective factors/thresholds/agency culture/previous experience/resources) - Who is involved in this? - How is the decision recorded - Who is notified? Are AGS notified? What has been your/Tusla's experience of making an application for an Emergency Care Order (ECO) as a result of a S. 12 being invoked? • Generally have the Gardaí submitted, or been requested to submit, any type of report/evidence to support Tusla's application? • Have the Gardaí attended Court on any such applications? If so who suggested that? • What is the primary type of Harm that underpins the application by Tusla to the District Court, in these cases? • Generally, what has been the outcome of such applications before the District Court? What are the strengths and the limitations of this process? Are there changes/improvements required? In cases where children were removed under S12, would you on reflection always feel that the evidence available to An Garda Síochána warranted S12 intervention?

Topics	Questions
Circumstances relating to S12 being used more than once	Have you experience of instances where S12 was used more than once with the same child/children? If so, please outline typical reasons for this/circumstances involved? circumstances involved Do you have a process/procedure to reflect on and consider the use of S12 more than once? (i.e. the decision-making process post previous S12) If so, please outline... - What is working well in this process? - What aspects of the process can be improved? What do you see as the issues involved in using Section 12s more than once? Repeated use of S12s? (3 or more times) What are the challenges involved?
Interagency working	Have you had training/information briefings with members of AGS in relation to invoking S12? - Formally or informally (joint team meetings) - Who attends/what are the typical agenda items How would you describe the contact between Tusla and AGS during the invoking of a Section 12? What is working well? (the main strengths in this process) What are the challenges involved? Areas for improvement (then & now)
Out-of-Hours Service	What **role does EOHS play** when you are involved in S12? - Please **outline the process** involved (in the study time period/now) - What is your experience of the On Call SW system? - Please describe/outline **strengths and limitations** of this process - Does the time lag between normal hours of SW service and out-of-hours service commencement has an impact How are you notified about 'out-of-hours' S12s (those outside of the time frame of EOHS in the study time period/now)? Please describe/outline strengths and limitations of this process ...

Topics	Questions
Additional comments	With regard to invoking S12 and decision-making post S12 has the guidance /policy used in the period 1 July 2016 and 30 June 2017 improved (or disapproved) when you reflect now on current practice? Do you see a need for a need for change/improvements to the: - Policies and procedures - Practices and - Supports for practitioners Have you any additional comments/suggestions that you would like to add on either Sec 12 or Sec 13 of the CC Act?

Thank you

Emergency Out-of-Hours Interview Schedule
Interview Schedule EOHS

Topics	Questions
Introduction	The aim of this research is to identify the practices and decision-making procedures followed when a child or young person comes into Tusla care following the invoking of S12 of the Child Care Act 1991 by An Garda Síochána (AGS) between ***1 July 2016 and 30 June 2017***. **Objectives** 1. Identify the reasons for children, young people who have been subject to S12 of the Child Care Act 1991 between ***1 July 2016 and 30 June 2017***. 2. Explore the rationale and decision-making process of social workers in the aftermath of S12. 3. Describe the characteristics of communications between Tusla and An Garda Síochána in relation to S12 notifications and follow-up 4. Ascertain the role of the Out-of-Hours Service regarding Tusla's actions when S12 is taken Examine and determine the circumstances relating to the repeated use of S12.
Policies, procedures, guidelines, and supports	In the period in question, did you have local 0s/guidelines to help guide your practices in relation to S12? If so, **please outline** and highlight **what works** well/is helpful and **areas in need of improvement** (if any)? Guidelines/procedures now? - what works well/is helpful and areas in need of improvement? Do these procedures/guidelines refer to what happens post S12? (i.e. the need for ECO/return home/voluntary care)?

Topics	Questions
Invoking S12	In your experience, what are the **typical reasons** for S12 and the **circumstances** involved? **Could you describe your experience of responding to a call from AGS?** (Please use examples of a case/cases you were involved in if helpful to outline the process). Please consider: - the steps that are followed? - the decision-making process? Who is involved? - What influences the decision (understanding of risk and protective factors/agency culture/previous experience/resources) - What is the process involved and decisions made recorded? - Who is notified? - Is this decision-making process different in circumstances where the child(ren) are already known to Tusla?
On-Call Social Work System	- How was/is this information accessed Contact with On-Call Social Worker? - What determines whether to contact the On-Call worker/not - How does this system work when used? - Overall hat is your experience of the On-Call SW system? - Please describe/outline **strengths and limitations** of this process Where are child(ren)typically placed following S12 ? Who makes this decision? What are the issues involved in finding suitable placement (type/ location) Does the time lag between normal hours of SW service and out-of-hours service have an impact on the service overall? If so, please outline Are you aware of circumstance where S12 may not have been warranted? If so, please outline

Topics	Questions
Post S12/Section 13	Please describe the nature of contact with AGS and area-based SW team once a child is removed to a place of safety? Do you follow up with AGS and area Social Work team after child is in place of safety? What form does that communication take? How is it communicated? Is there a process for recording the contact between groups? Please outline Do you have involvement if an ECO is required If so please outline how this process works Overall, what are the strengths and the limitations of this process Are there changes/improvements required?
Circumstances relating to S12 being used more than once	Have you experience of instances where S12 was used more than once with the same child/children? If so, please outline typical reasons for this/circumstances involved? circumstances involved
Interagency working	Have you had training/information briefings with members of AGS in relation to invoking S12? - Formally or informally (joint team meetings) - Who attends/what are the typical agenda items How would you describe the contact between EOHS and AGS during the invoking of a sec 12? What is working well? (the main strengths in this process) What are the challenges involved? Areas for improvement (then & now)
Additional comments	With regard to invoking S12 and decision-making post S12, has the practice changed since ***1 July 2016 and 30 June 2017? If so in what way?*** Do you see a need for further change to: - Policies and procedures - Practices and - Supports for practitioners Have you any additional comments/suggestions that you would like to add on either S12 or S13 of the Child Care Act?

Thank you

Appendix 6: Additional Quantitative Analysis

1. Data on Disability, Ethnicity, Nationality and Religion

This section provides details of disability, ethnicity, nationality, and religion. This information is not collected by Tusla, and this is the reason why a large percentage of this information is missing.

Disability

No disability was reported for approximately 56% of children and young people (or cases). However, this information was missing for approximately 37% of cases/children and young people. Intellectual or learning disability was the most common disability reported (see tables below).

Disability (Per Section 12)	Number (Percent)
None	253 (56%)
Intellectual or Learning	27 (6%)
Physical/Sensory Impairment	7 (1.5%)
Not Recorded	165 (36.5%)
Total	**452 (100%)**

Disability (Per Individual)	Number (Percent)
None	218 (55.6%)
Intellectual or Learning	24 (6.2%)
Physical/Sensory Impairment	6 (1.5%)
Not Recorded	144 (36.7%)
Total	**392 (100%)**

Ethnicity

Ethnicity data was not recorded for the majority of children and young people/cases. Youth with an Irish ethnicity made up 25.2% of cases, which refers to 90 (23%) individual children or young people. Approximately 8.2% of individual children or young people, and 7.7% of Section 12 incidents, involved Irish Travellers. According to DCYA (2016), in 2011 there were 14,245 Traveller children in Ireland.

Ethnicity (Per Section 12)	Number (Percent)
Irish	114 (25.2%)
African	31 (6.9%)
Irish Traveller	35 (7.7%)
Other	31 (6.8%)
Not Recorded	241 (53.4%)
Total	**452 (100%)**

Ethnicity (Per Individual)	Number (Percent)
Irish	90 (23%)
African	27 (6.8%)
Irish Traveller	32 (8.2%)
Other	26 (6.7%)
Not Recorded	217 (55.3%)
Total	**392 (100%)**

Nationality

In terms of nationality, 35.5% of cases were Irish and 6.2% of cases were Polish. Respectively, 34.2% of individual children and young people were Irish, while 4.6% of children/young people were Polish (see Tables below).

Nationality (Per Section 12)	Number (Percent)
Irish	161 (35.5%)
Polish	28 (6.2%)
Nigerian	18 (4%)
Other	39 (9%)
Not Recorded	206 (45.6%)
Total	**452 (100%)**

Nationality (Per Individual)	Number (Percent)
Irish	134 (34.2%)
Polish	18 (4.6%)
Nigerian	16 (4.1%)
Other	37 (9.5%)
Not Recorded	187 (47.6%)
Total	**392 (100%)**

Religion

Religion was not recorded for approximately 87% of children/young people and cases. Where information about religion was available, findings indicated that approximately 10% of cases/children or young people were Roman Catholic, and approximately 1% were Muslim (see tables below).

Religion (Per Section 12)	Number (Percent)
Roman Catholic	46 (10.2%)
Other	11 (2.4%)
Not recorded	395 (87.4%)
Total	**452 (100%)**

Religion (Per Individual)	Number (Percent)
Roman Catholic	38 (9.7%)
Other	11 (2.8%)
Not recorded	343 (87.5%)
Total	**392 (100%)**

2. Circumstances of the child according to their age group

This section explores in more detail the circumstances of the child according to the age group they belong to. This only includes the first reason for invoking Section 12; as illustrated above some children or young people had up to four reasons.

Circumstance	0–10 years	11–15 years	16–17 years
Domestic violence	13	10	5
Child drug/alcohol use	0	5	17
Inappropriate behaviour	3	1	0
Parenting difficulties	5	11	9
Disability	0	0	3
Behaviour difficulties	4	21	28
Physical assault	0	17	3
Child neglect	29	16	8
Care breakdown	1	22	12
Parental alcohol/drug use	46	8	1
Parental mental health issues (self-harm)	15	5	0
Child physical abuse	9	16	3
Parental misbehaviour (criminal)	7	0	0
Parental physical illness	8	2	0
Deportation	1	0	1
Child missing/Refuse to return home	3	13	9
Child self-harm/suicide attempt/mental health issues	0	2	7
Care breakdown (missing/absconded)	4	8	13
Child welfare	1	1	1
Parental death	1	0	0
Total*	**150**	**158**	**120**

*Note: For 13 Section 12s this information was missing/not recorded.

From this analysis it can be identified that the most common circumstance at the time of S12 for children aged 0–10 years was parental alcohol and drug abuse (n = 46), followed by child neglect (n = 29). In the 11–15-year-old group the most common circumstance was care breakdown (n = 22), closely followed by child behavioural difficulties (n = 21). In the 16–17 year-old group the most common circumstances identified were the child's behavioural difficulties (n = 28) and the child's drug and alcohol abuse (n = 17).

Analyses were also conducted to examine the number of S12s reported (between 1 July 2016 and 30 June 2017) in each Tusla region, which involved a young person aged 0–10 years, 11–15 years, or 16–17 years. As can be seen in the table below, of the 158 cases involving young persons aged 0–10 years, 54 were recorded in the DNE region and 46 in the South region. Of the 168 cases involving young people aged 11–15 years, 58 were recorded in the South region and 25 in the DML region. For the 125 cases involving young people aged 16–17

years, almost half (n = 57) were recorded in the South, and the DML region recorded the lowest number of cases (n = 10).

Tusla Region	0–10 years	11–15 years	16–17 years	Total
DNE*	54 (49%)	33 (30%)	23 (21%)	110 (100%)
DML	31 (47%)	25 (38%)	10 (15%)	66 (100%)
South	46 (29%)	58 (36%)	57 (35%)	161 (100%)
West	27 (24%)	52 (45%)	35 (31%)	114 (100%)
Total	**158**	**168**	**125**	**451***

*Note: Information about age group was not recorded for one case in the DNE region and is therefore not included in this analysis and is missing from the total reported here

Multivariate Analyses

Further multivariate analyses were carried out to determine whether the number of times a child was removed was significantly associated with certain background characteristics. Specifically, a series of analyses, including t-tests and ANOVAs, were carried out to examine whether differences in the number of Section 12s[50] invoked for each child were affected by differences in child gender, child age, presence of a social worker, allocation of a social worker, Tusla region, or Garda region. In order to test for these associations, all analyses were carried out on the data collected from individual children (n = 392).

T-Tests

	T	P Value	Effect Size
Gender	0.97	NS	--
Social worker present	1.09	NS	--
Allocated social worker	-2.53	NS	--

Note: NS = non-significant

ANOVAs

	F	P Value	Effect Size
Age group	1.70	NS	--
Tusla region	0.36	NS	--
Garda region	0.56	NS	--

Note: NS = non-significant

Findings from these analyses indicated no significant associations (after controlling for the family-wise error rate). The number of Section 12s invoked for a child was not significantly associated with child gender, child age, presence of a social worker, allocation of a social worker, Tusla region, or Garda region.

50 Number of Section 12s refers to the number of Section 12s invoked for each child during the study period (1 July 2016 to 30 June 2017).

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