Irish Association of Social Workers

2023 AGM Motions

Motion 1	
Proposed by: Frank Browne	**Seconded by: Sinead McKenna**

That the IASW call upon the Minister of State for Mental Health to review the proposed implementation of that part of the Report of the Expert Group on the Review of the Mental Health Act 2001, regarding criteria for involuntary detention, because implementation of that recommendation could lead to the unnecessary delay in a person receiving treatment and to premature discharge when a patient is only beginning to recover.

Explanation: Recommendation 13b, within the **Report of the Expert Group on the Mental Health Act 2001** (2014) is of particular concern and despite the well-meaning intention of the Expert Group to raise the threshold for involuntary detention, it is not in the interest of persons with severe and enduring mental illness who lack insight into their condition, to **change the criteria for detention as proposed.**

We welcome many of the recommendations of the **Report of the Expert Group on the Review of the Mental Health Act 2001,** and we support in particular those recommendations that will protect voluntary patients who may lack the capacity to consent to treatment (Recommendations 22 to 33.)

However, we argue that the human rights of patients are protected within the existing wording of the involuntary criteria (Section 3 (1) a and b, without the need to change the wording in Section 3 (1) a, and b, of the Mental Health Act, specifically in relation to risk to the patient and others. Indeed, every person should have the right to live in the community free from serious mental illness that could put them and others at serious risk.

So, we are calling in our motion that the specific wording below as it is written in the current Act is not changed.

'Serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons…and …would be likely to lead to a serious deterioration in his or her condition,' is not changed to.

Recommended change in wording (13b)
'Is immediately necessary for the protection of life of the person, for protection from a serious and imminent threat to the health of the person, or for the protection of other persons'.

The fact that the Expert Group recommendation 36 re. Authorised Officers (AOs), all future applications should be made by a trained mental health professional who is actively seeking the least alternative to involuntary admission, while trying to limit risk to the patient and others and ensure timely treatment, this will enhance the protection of the rights of patients.

The proposed wording '**imminent threat to the health of the person' (**as opposed to the existing 'serious deterioration**)** is unhelpful, as the reality for those of us (Mental Health Act AOs Sec 9 MH Act) who make an assessment for an application for involuntary admission is that patients who

are mentally ill can neglect themselves as a result of psychotic or paranoid thinking in terms of diet, isolation and self-care. This does not happen 'imminently but gradually over a period of weeks and months to a '**serious deterioration'** when action needs to be taken. Also, of concern to the many mental health professionals who work with patients who have severe and enduring mental illness, lack insight, and have numerous previous admissions, is that the proposed Report of the Expert Group recommendation 14, recommends that detention should only be as long as…***the person continues to satisfy all the stated criteria***. The cause of concern is that when the patient is beginning to recover but still lacks insight, they may be discharged from detention because there is no longer an imminent threat to their health, or life. The risk of premature discharge is that patients may disengage from treatment and working with mental health professionals in the community, there will be no time also, to support the patient in improving their psycho -social needs, this could result in financial difficulties, relationship problems and even homelessness.

Ref: ***Report of the Expert Group on the Review of the Mental Health Act 2001 (DOH.2014)***
Criteria for Detention (p89)

12. Detention of a person with a mental illness cannot be permitted simply by virtue of the fact that the person may have such an illness or because his or her views or behaviour deviate from the norms of the prevailing society.

13. ***The recommended new criteria for detention are****:*

a. the individual is suffering from mental illness of a nature or degree of severity which makes it necessary for him or her to receive treatment in an approved centre which cannot be given in the community; and

b. it is ***immediately necessary for the protection of life of the person****, for protection from a serious and* ***imminent threat to the health of the person****, or for the protection of other persons that he or she should receive such treatment and it cannot be provided unless he or she is detained in an approved centre under the Act; and*

c. the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit the condition of that person to a material extent.

14. Detention should only be for as long as absolutely necessary, and the person continues to satisfy all the stated criteria.

15. Immediately a person no longer satisfies any one of these criteria, the admission or renewal order must be revoked. In those circumstances, the person may only remain in the approved centre on a voluntary

The current wording of the Mental Health Act 2001: Section 3 of the 2001 Act *relating to mental disorder reads as follows: '3.—(1) In this Act "mental disorder" means mental illness, severe dementia or significant intellectual disability where— (a) because of the illness, disability or dementia, there is a* ***serious likelihood of the person concerned causing immediate and serious harm to himself or herself or to other persons****, or (b) (i) because of the severity of the illness, disability or dementia, the judgment of the person concerned is so impaired that failure to admit the person to an approved centre would be likely to* ***lead to a serious deterioration in his or her condition or would prevent the administration*** *of appropriate treatment that could be given only by such admission, and (ii) the reception, detention and treatment of the person concerned in an approved centre would be likely to benefit or alleviate the condition of that person to a material extent.*

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Motion 2

Proposed by: Aoife Bairéad	**Seconded by: Kate Gillen**

That the IASW calls for Tusla to protect and promote the role of social work as the key profession to deliver relevant services to children and families in all children's services and to explicitly recognise that relationship building, support, advocacy and critical thinking are key elements of the social work role.

Explanation: Due to the chronic issues in retention in Tusla, unfilled social work vacancies are being replaced by other professions. These professions appear to be utilised to offer direct support to children and families while social workers are being asked to act by way of case managers, providing a helicopter service rather than direct intervention. This undermines the integrity of the social work profession which is, primarily, centred around relationships and assessments and targeted response and interventions? In addition, it ignores the voices of children and families who in various bodies of research, most recently the 'Through the Eyes of the Child' report, have expressed their view that having a consistent social worker with whom they can build a relationship result in a more positive experience of the service provided within the Child and Family Agency. While services to children must continue in times of constraint, eroding the role of social workers will do serious harm to the quality and safety of all our children's services.

Motion 3

Proposed by: Caroline Boyd	**Seconded by: Aoife Bairéad**

This AGM agrees that the IASW advocate to the Department of Health and DCEDIY for a review of the use of "special arrangements" to provide accommodation and care to young people in lieu of an appropriate residential placement. This practice should be ceased in a planned way and alternative arrangements be put in place to ensure consistency and quality of care for any child who requires it.

Explanation: In April 2022 the IASW raised our concerns regarding the crisis in residential care to Tusla. This letter also set out some of the core issues we believed were integral to resolving this emergency. This crisis has not abated, and in many parts of the country appears to have worsened. Given this we believe there is a need for the Department of Health and DCEDIY to review this as a matter of urgency.

Central Residential Services is to provide residential placements for children and young people who are requiring this type of care. There is a well-documented shortage of placements and the increasing use of "special" arrangements to provide this care. These arrangements have included the use of hotels, homeless hostels, and apartments.

The staff are from agencies who are privately set up. Young people have no stability in these types of placements, often being placed outside their own geographical area, some distance from supports and birth family. They are cared for, often on their own, with a staff team who at times are not able to provide the boundaries and guidance needed.

Settings like hotels are an alien environment when we think about what a home situation should look like and how the needs of a vulnerable young person should be met. Often these young people are out of mainstream education and with the moving from one area to another it can be difficult and time consuming trying to get timely access to supports for a young person e.g., tutor, CAMHS, GP. Social Workers are aften driving long distances to see young people. Family visits are a huge challenge in this situation.

There needs to be an analysis of why so many young people are now needing residential care as opposed to foster care, are there gaps in the current system of residential care and the wider system that mean young people end up being discharged from placements prematurely and that consideration be given to the issues that should be considered in resolving this crisis as raised by the IASW in 2022.

Motion 4

Proposed by: Kate Gillen	**Seconded by: Caroline Boyd**

That the IASW advocate to the Department of Health and DCEDIY for adequate resourcing of Children's Disability Network Teams including the recruitment of social workers in order that wait lists for assessment and service provision are reduced and ultimately waiting lists are eliminated.

Explanation: Children's Disability Network Teams are struggling with provision of assessment and service due to difficulties in recruiting and retaining multi - disciplinary teams with some teams able to provide universal services only while others have extensive waiting lists e.g., one area currently has 650 children on its waiting list.

While the implementation of Progressing Disability services for children and young people was meant to ensure fairer access to services regardless of location, this model was not properly resourced or supported from inception and there are huge gaps in the quality of assessment and service provision across the country. This has resulted in a high number of children not receiving an adequate service and their needs not been met by key services. These children are already vulnerable by virtue of their additional needs. This absence of support only serves to exacerbate this and cause additional stress to them their school settings if they have one and the families who are caring for them.

Motion 5

Proposed by: Aoife Bairéad	**Seconded by: Marie McGloughlin**

This AGM supports the IASW is seeking the establishment of a government working group for planning the creation of a dedicated trauma informed support service to support care experienced children and their families. This working group should include stakeholders from all relevant government departments including the DCEDIY, the HSE, the Department of Justice and the Department of Education, alongside key stakeholders from the voluntary sector including care experienced families and foster carers.

Explanation: The recent publication *'They shouldn't have to ask': Exploring the need for specialist mental health services for care-experienced and adopted children and their families' by Coulter et al (2022*) gives a robust analysis of the complex emotional, behaviour and mental health needs

that many care experienced people present with. It further looked at the implications of these needs on the wider family system, particularly due to the difficulty in not only accessing therapeutic services, but more importantly accessing those with the knowledge and expertise to meet their child's 'complex and multiple needs'. Equally the lack of integrated, holistic services that supported the child and the family system was a huge barrier to children's recovery from the trauma and adversity experienced. The article concluded that a specific attachment and trauma service that children and their families can access in a timely and coherent manner was required.

The authors call for the following.

1. Increase support for foster carers and adoptive parents.
2. Provide routine early mental health screening for care-experienced and adopted children.
3. Provide additional trauma and attachment training opportunities for CAMHS, child welfare and education practitioners. 4. Increase capacity to provide specialist therapeutic services.
4. Improve inter-agency communication and collaboration.
5. Adopt a 'whole-family'/household 'ordinary care' approach in relation to addressing the mental health needs of care-experienced and adopted children.
6. Instigate a degree of assessment priority within CAMHS in light of the high risk of harm faced by children in care and those who are adopted.
7. Create a dedicated specialist attachment- and trauma-informed therapeutic service for care-experienced and adopted children and their families.

Motion 6

Proposed by: Marie McGloughlin	**Seconded by: Caroline Boyd**

This AGM is calling on Tusla to establish a more comprehensive and holistic support system for foster carers. This includes a significant increase in the rates of subvention paid for carers and a significant expansion of support services for carers. The contribution of foster carers should be formally recognised when it comes to other matters for example pensions.

Explanation: For the last 2 years the use of Special Residential Emergency arrangements evidence that there are not sufficient fostering or residential placements. Now children under 10 years old are regularly in a position where there is no foster placement available and placed in emergency arrangements that may not be suitable to their needs.

It has been long established that foster homes should be homes for life especially where children remain living in care on a long-term basis. Increasingly at least one of the parents who are fostering are expected to stay at home and there is a financial burden in caring that is not recognised. This is not reflective of most family home where children are not in alternative care and additionally creates a barrier for new foster carers from diverse backgrounds entering the pool of foster carers available. The increase in subvention is important in that the current allowance has not been increased in the last decade and this is causing stress to carers rather than recognising the value of the caring as it did when last increased. It is recognised that having the stability of a carer available at all times is important but this needs to be a financially viable arrangement for families.

Foster Parents in parts of the country and/or with agencies where good support services are available report that this is really valued by them, and they find that this is important in maintaining them in their role are carers. It is also recognised that timely early intervention that

meets the needs of the children can have a significant role in preventing placements ending in an unplanned premature way.