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# At a Glance

# TÚSLA

An Ghníomhaireacht um  
Leanaí agus an Teaghlach  
Child and Family Agency

## Profiles, Trends and Decision-Making in Private Residential Care in Two Regions in Ireland

AN EXPLORATORY STUDY



OLLSCOIL NA GAILLIMHE  
UNIVERSITY OF GALWAY



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## Contents

Introduction	4
What we've learned from research evidence	5
What we've learned from this research - key messages	6
- For Social Workers	6
- For Aftercare Workers	7
- For Decision-Makers	7
What research participants have asked Tusla to do	8
What Tusla has done so far to respond to this research	9
- Residential Care	9
- Foster Care	9
- Aftercare	10

# Introduction

**This 'At a Glance' research output has been produced by relevant managers in Tusla who have been involved in this research.**

## The purpose of this output is three-fold:

- An easy to read 'at a glance' of some of the main research messages and themes of particular relevance to all staff, social work staff, aftercare staff and decision-makers;
- How Tusla has responded to this research; and;
- A dissemination tool for managers to bring to teams to discuss this research and consider how it can inform practice, service delivery and decision making.

As well as this 'At a Glance', please find the full report, executive summary and literature review on [www.tusla.ie/research](http://www.tusla.ie/research)

## What we've learned from research evidence

- Recognition of the range of complex factors that impact on decision-making regarding use of private residential care.
- Ingredients that contribute to best practice in residential care service provision include: a family oriented, preventative approach; developmentally appropriate care; emphasis on services to address behavioural issues, mental health and trauma related issues; participatory approaches and attention to diversity.
- Too great an emphasis on family-oriented practices and family reunification can prevent awareness that for some children and young people, other routes to permanence and stability during and after care are in their best interests.
- Significance of individual/family 'factors' and 'indicators' that lead to decisions for placement in residential care like 'trauma' and 'behaviour'. Too much focus on these individual factors can unfairly label young people or their families. There is a need for greater acknowledgement that additional factors related to organisational factors such as lack of support, supply and sufficient earlier services also impact strongly on decision-making and outcomes regarding care placements.
- Good practice in aftercare is highlighted in EU countries with residential staff following up in aftercare with support, counselling and coaching or allowing young people to remain until 21 years voluntarily.



## What we've learned from this research – key messages

<b>Psychiatric/ Psychological Disorder</b>	The majority of children and young people had a recorded psychiatric or psychological disorder. This is reinforced by further findings of the number of recorded physical and mental health issues. <b>Of the mental health issues noted Self-Harm (33%), Suicide/suicide ideation (27%) and Anxiety/Depression/Stress (25%) were most common.</b>
<b>Parental Drug/ Alcohol use</b>	Drug and Alcohol use by either parent or child is another notable trend indicating that interventions could be targeted at an earlier stage. The data shows that reasons to place a child in care and the nature of first concern portray issues that could be a focus of early intervention.
<b>Distance from place of origin</b>	Most young people were placed outside of their own regions.
<b>Gaps in School Attendance</b>	<b>57% of children and young people were identified as having gaps in their education. The reasons for those gaps are not accurately recorded in the case files. Of the reasons recorded school refusal (14%) and being suspended or expelled from school (13%) were the most common.</b>

### For Social Workers

<b>Relationships with residential care staff and feelings about being in residential care</b>	Positive relationships with residential staff overall but some house rules found to be too rigid.
<b>Relationship with social workers</b>	All had multiple social workers and turnover of workers made it difficult to build trust. Infrequency of contact and lack of consistency affected ability to build positive relationships. Relationship building is most difficult when social workers are in the area of origin and the young person is placed outside of the area.
<b>Voice being heard</b>	Age related decision-making can be too much 'by the book' Need for care services to listen more to young people especially those who are teenagers.

### Voices of children and young people

Unanimous recognition by all staff of importance of hearing voice and involving children and young people in decision-making.

Formal/structured processes in place to facilitate involvement in decision-making.

Barriers to better involvement of children and young people in decision-making include: lack of good relationship built up with social worker, time taken to make some decisions, lack of information to children and young people about reasons for some decisions around placements.

### Availability of and relationships with social workers

Geographical distance (when placed out of own area) had major impact on availability and relationship with social workers for Centre staff and young people.

Lack of available social work input adds pressure to Centre staff.

### For Aftercare Workers

<b>Aftercare support</b>	Lack of sufficient attention to preparation and support for aftercare/leaving care highlighted. Progress made in private residential care (PRC) often 'undone' by lack of support in transition to adulthood.
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### For Decision-Makers

<b>Decision-making</b>	Importance of greater attention to early intervention and prevention in decision-making highlighted. Need for more collaboration with Creative Community Alternatives (CCA) coordinators highlighted.
<b>Benefits of use of PRC</b>	PRC can offer more specialist options for particular care needs, e.g. for children with disabilities.

## What research participants have asked Tusla to do

- Provide more extensive Prevention and Early Intervention Services.
- Address attitudes to the value and appropriateness of Residential Care for Children and Young People.
- Address Private Residential Care Provision within the overall care provision context.
- Address provision, governance, management and monitoring.
- Involve Young People in Decision-Making.
- Address the importance of Relationships across the Ecological System.
- Provide Aftercare Supports as an integral Part of Care Plan and Residential Care Service.
- Improve Data and Integrated Systems to Track Decision-Making Processes.
- Include assessment and Decision-Making Processes that impact on Trends and Patterns of placements in PRC especially in relation to 'Reasons' for Entry to Private Residential Care.

### As well as:

- Ensuring that the framework for ensuring Decision-Making on the Use of Private Placements is as robust as possible.
- Implementation of CCA and Tusla Therapeutic Services (TTS) for Young People in PRC.

## What Tusla has done so far to respond to this research

### The research commenced in March 2022.

The three-year Strategic Plan for Residential Care Services for Children and Young People and the three-year Strategic Plan for Foster Care Services for Children and Young People also commenced in 2022. The three-year Strategic Plan for Aftercare Services for Young People and Young Adults commenced in 2023. Much has been done in these strategies which complement the findings of the research and the research will be shared with teams to see how it can continue to inform Tusla services.

### Residential Care

- Increased budget in 2022 for Tusla commissioned Preventative and Early Learning services by 4%.
- Cost benefit analysis of CCA completed in 2022 and 2023.
- Commencing a review of our current practice in maintaining children at home and in their communities.
- Implementation of one model of care across our statutory residential provision.
- Recruitment of six therapeutic teams in learning sites to provide trauma informed assessments and interventions for children coming into care.
- Employed a dedicated Educational Welfare Officer for children in residential care.
- Upgraded all our residential centres to support higher level ICT and connectivity.

### Foster Care

- Recruited a national lead for foster care to lead the foster care strategy.
- Increased allowances for foster carers to help in our retention strategy.
- Communication Charter developed for staff and foster carers.
- Employed six foster carers as Peer Support workers.
- Induction and Training Needs Analysis introduced for foster carers.
- Communication Charter for staff and parents of children in care (residential and fostering - to improve relationships and better outcomes for children).
- Funded National Advocacy pilot in Waterford/Wexford and Dublin North for parents of children in care.

## What Tusla has done so far to respond to this research - cont.

### Aftercare

- Established an aftercare awareness sub-group.
- Education sub-group that has formed links with Higher Education establishments and agreed dedicated support for care leavers if required.
- Accommodation sub-group established to agree pathways for care leavers to meet their housing needs.
- Engaged with the DCEDIY on the Care Experiences Programme including a longitudinal study for young people and young adults with care experience.



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