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Executive Summary

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TÜSLA

**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

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Introduction

This research originated from a meeting with the Tusla – Child and Family Agency Western Region Area Managers group in 2019 who identified the need for in-depth research in this area.

Following this, the Director of Children's Residential Services identified the West and Dublin Mid-Leinster (DML) Tusla Areas as regions for inclusion in this study due to the numbers of children and young people residing in Private Residential Care in DML (n=68) and in the West (n=57).
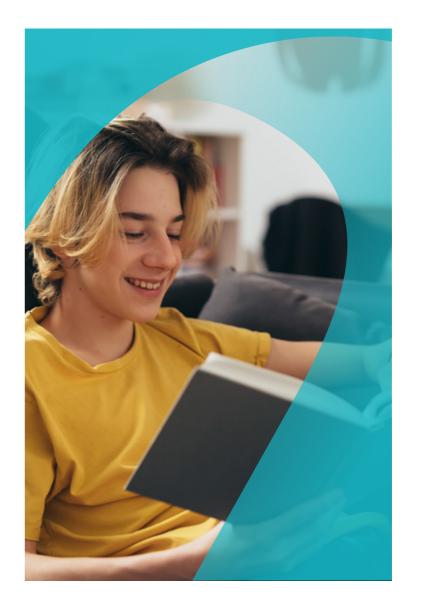
The main concerns identified at that time were:

- The Cost of PRC, impact of centralised management system.

- A Lack of evidence to make case for alternatives.

- An Interest in best practices from elsewhere.

- A need for better statistics and data.

- Concern to improve outcomes for young people in PRC as well as those who may be engaged in its future use.

At this time, the Strategic Plan for Residential Care Services for Children and Young People 2022-2025 was not in place and many themes from this work that resonate and have already been addressed to some extent. Many of the themes and issues highlighted in the Strategic Plan are also reflected here. In addition, this research adds further considerations and dimensions not covered in detail in the Strategic Plan. Some of our recommendations can also inform future planning for the next strategy from 2025.

Overall, the findings from the study highlight the importance of those with planning responsibility to engage in the critical challenges and complexities about use of residential care in general, and private residential care specifically irrespective of the mode of provision.
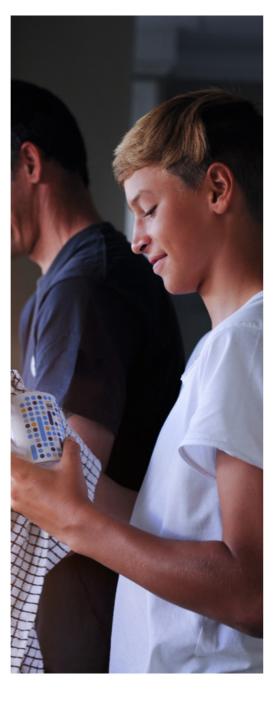
As indicated below, a number of recommendations are made from the research to inform the ongoing development of policy and practice in relation to use of private residential care in particular as well as informing residential care services in general.

Objectives

1. To describe the current usage of private residential care placements for children and young people in Tusla in the two regions (West, North-West and Dublin Mid-Leinster).

2. To identify any relevant trends or patterns in this usage from 2015 to commencement date of research (March 2022), with an emphasis on understanding the decision-making process leading to the use of private placements.

3. To provide a profile of the cohort of children and young people being provided with private placements.

4. To identify any trends or patterns in the case histories of this cohort of children and young people.

5. To identify any missed opportunities for the provision of prevention and early intervention services to this cohort.

6. To summarise what is known about international best practice in supporting permanency for this cohort of children and young people.

Methodology

7. Explore the experiences of children, young people, parents/Guardians, staff social care and social workers, aftercare workers. Tusla management, PRC management and policy actors with responsibility for alternative care will also be consulted for their views.

8. To make recommendations for improving the approach of Tusla to providing the best possible care and support to and outcomes for this cohort.

9. To recommend a framework for ensuring the decision-making process on the use of private placements is as robust as possible.

10. To inform the implementation of the Creative Community Alternatives and Tusla Therapeutic Services as these relate to this cohort. In order to give them an insight into the experiences of PRC and the decision-making processes involved, which is directly related to the work of the CCA as well as the Therapeutic Services.

Ethical approval was granted by Tusla Independent Research Ethics Committee and the University of Galway Ethics Committee.

To achieve objectives 1-7, an international literature review was first carried out. This was followed by the collection of Quantitative (Phase One) and Qualitative Data (Phase Two).

For the quantitative phase, a template was designed by the research team and data was inputted by the Tusla Placement Team Managers and staff. Anonymised data from 127 case files was analysed by the research team. Following this, interviews were carried out with a range of stakeholders including children and young people. Twenty-two Residential Centres were invited to participate in the study. However, only 2 were available to do so. From this, four children participated in the research. Other stakeholders included: one service manager, two PRC managers, four keyworkers and four social workers. The collective findings from the literature, Phase One and Phase Two informed objectives 8-10 to provide recommendations based on the study.
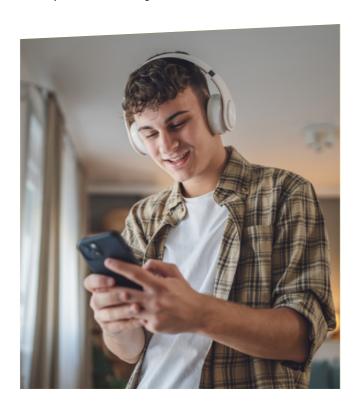
Main messages from the relevant Literature

The findings from the literature review emphasise the importance of ensuring that private residential care, as part of a wider programme of alternative care provision, is appropriately monitored, regulated and fit for purpose for appropriate cohorts of children and young people.

Use of the term 'last resort' needs to be used with great caution as it implies the placement is 'end of the road' for a young person who has not even reached the end of their childhood.

While decision-making about placement in private residential care focuses on the needs and best interests of the child and young person, it is often driven by other external factors such as lack of available alternatives, poor training and support for those providing family based care, lack of suitable policies to address wider socio-economic factors that increase risk of entry to care, provision of services for profit over quality of services, failure to transform services proven to be unsuitable and detrimental to well-being for those accommodated in this way and so on. Young people need to be more actively involved in decision-making in ways that are meaningful and tangible for them.

In many jurisdictions worldwide, private residential care has become a norm, sometimes as a package of services also delivered by state or third sector/voluntary organisations and other times as the main form of residential care. This reflects a wider global trend of marketisation of care and while the contradictions of providing care for profit need to be to the forefront in our critical appraisal of services, the major concern is to ensure that such services are delivered in line with what is known about the best possible practice. They must also be appropriately regulated, supported and integrated into the national and regional alternative care and child welfare and protection systems.

Overall, the evidence strongly emphasises the importance of recognition of the range of complex factors that impact on decision-making regarding use of private residential care towards achieving better outcomes for children and young people. Framing the issues within an ecological relational context enables a system wide lens approach is useful to identify these factors from the point of view of experiences of young people and their families, practitioners, organisational policies and practices, monitoring, regulation and resourcing. Factors should be analysed in the context of changing trends in the use of residential care over time and in different contexts.

There is considerable agreement on the ingredients that contribute to best practice in residential care service provision. These 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. However, the way this is achieved is a result of a complex interplay of factors across ecological systems from macro level historical, legal and social processes to micro- and meso levels of quality of practice, relationships, service, support and continuity. 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.

> **Use of the term 'last resort' needs to be used with great caution as it implies the placement is 'end of the road' for a young person who has not even reached the end of their childhood.**
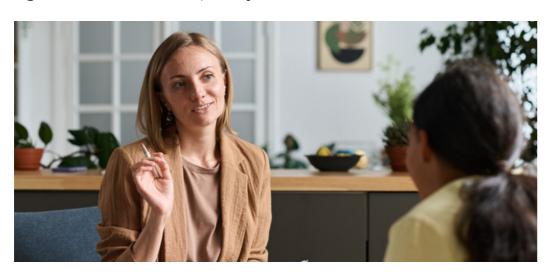
Decision-making involves two core elements: the use of algorithms and data systems alongside professional judgement and relational practice. It is also affected by historical legacy, resources and commitments, integration or lack of it within systems, availability of alternatives, philosophies, participation, legal frameworks and policy imperatives.

Specifically focusing on use private residential care, further complexities arise regarding market imperatives and trends across welfare systems in privatisation and marketisation of care. It involves the balance between meeting need, demand and profits/viabilities on the one hand and achieving appropriate governance and service delivery arrangements across statutory, voluntary and privately run services on the other.

The literature highlights the significance of individual/family 'factors' and 'indicators' that lead to decisions for placement in residential care like 'trauma' and 'behaviour'. However, caution must be exercised because 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.

The research also highlights the importance of awareness of power and power relations in decision-making and the imperative for those leading and practicing in the system to continue to work towards breaking down power-barriers, challenging paternalism and enhancing the power and autonomy of young people.

A review of the literature provided insight into a range of practice approaches used internationally that can inform policy and practice developments within an Irish context. The findings from the international review informed the further design and analysis of the empirical part of this research which took place in two phases and recommendations to follow.

Research Findings

The research involved two phases. Phase One involved case file quantitative analysis of 127 children and young people in PRC from 2015-2022.

Table 1 provides a summary of key messages from Children and Young People's Case Files. Phase two involved interviews with key stakeholders including: children and young people, keyworkers, social workers and Centre Managers; and Chief and National Officers. Tables 1-4 provide a summary of the key messages from the interviews.

Main Findings from Children and Young People's Case Files – Phase One

Table 1

Social Work/Child Protection and Welfare System Involvement	Most young people had a social worker from child protection and welfare services before the age of 10, with a quarter being involved with child protection since birth. There were many missed opportunities for provision of earlier intervention, prevention and family support. 26% of the cases explored had first social worker involvement prior to the birth of the child highlighting existing concerns about those families.
	In addition, the number of meetings recorded prior to decisions being made to place the child in PRC were mostly small in number indicating that more specific, standardised data entry and data collection is needed.
	However, the data analysed did not provide evidence about what was happening in the intervening years e.g. anything at all, early intervention, prevention, supports etc.
Psychiatric/ Psychological Disorder	The majority of children and young people had a recorded psychiatric or psychological disorder which raises questions about what interventions could have been implemented prior to admission to PRC. This is reinforced by further findings of the number of recorded physical and mental health issues. Of the mental health issues noted Self-Harm (33%), Suicide/suicide ideation (27%) and Anxiety/Depression/Stress (25%) were most common.

Research Findings

Parental Drug/ Alcohol use

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.

Behavioural issues of Children and Young People caused previous placement breakdowns

Placement-related breakdowns included foster carers being unable to provide the care the young person needed (n=26) or being unable to keep the young person safe (n=8). Behavioural issues of the young person were cited as the most common reason for placement breakdown: challenging behaviour (n=21), aggressive/abusive behaviour (n=20), negative behaviour (n=18) and sexualised behaviour (n=10), among others.

Distance from place of origin

Most young people were placed outside of their own regions. Of the 71 young people whose origin of residence was DML, 22 (31%) were placed in a PRC in the same region. In the West, of the 56 young people whose origin of residence was the West, 8 (14%) were placed in the same region.

Children and Young People's (CYP) Involvement in Decision-Making

While the data shows that 50% of children and young people were involved in decision-making, the level and type of involvement is mostly absent from the records.

Gaps in School Attendance

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.

Main messages from interviews (Phase Two)

In Phase Two, despite having smaller numbers of participants than originally intended, we were able to collect rich and informative findings to address our research questions.

Each stakeholder highlighted particular issues and some themes resonated throughout the findings. A summary of the main themes from interviews from each stakeholder are provided below. The main themes arising from interviews with children and young people are detailed in Table 2.

Themes arising from interviews with children and young people

Theme	Main Findings
Reasons for placement in residential care	All 4 children/young people interviewed were in PRC following placement breakdown
Relationships with residential care staff and feelings about being in residential care	Positive relationships with residential staff overall but some house rules found to be too rigid
Relationship with social workers	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
Involvement in decision-making	Mostly did not feel involved in decisions regarding placement in PRC, even in situations where acknowledged it was best for them
	The specific need to consult social workers surrounding everyday decisions was a considerable source of stress for the children and young people
	Identified need to balance safety/protection with autonomy, capacity and more independence in decision-making
	Those who had limited contact with their families had some issues around the decisions made in this area
Voice being heard	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

The main areas discussed by keyworkers, Centre Managers and Social Workers are outlined below in Table 3.

Table 3: Key Messages from Interviews with Key Workers, Centre Managers and Social Workers

Theme	Main Finding
Trends and patterns before entry to PRC	Experience of Trauma and younger Children and Young People (CYP) entering PRC in the present compared to past
	Foster care breakdown main reason for entry to PRC
	Lack of support to/experience of foster carers and complex needs of children/young people factors impacting on entry to PRC
	Lack of information about pre-PRC experience by keyworkers and social workers noted as detrimental to providing best supports
	Information to children and young people regarding reasons for PRC placement needs to be improved
Role of prevention and early intervention and family support	Need for greater attention to Early Intervention and Prevention emphasised to avoid so many missed opportunities to intervene
	Need for greater supports to parents post-placement in PRC
	Need for better family support to foster carers once child/young person in care identified
	More critical consideration of balance of emphasis on family life and reunification to recognise residential care can be best option for some children and young people
Decision-making processes	More scope for negotiation and agreement regarding day-to-day decision-making between Centre and Child Protection and Welfare Service (social work) needed –differentiate between day to day and care planning decisions more clearly
	Importance of collaborative decision-making between Centre staff and social workers which is dependent on building good relationships and trust
	Recognise expertise and experience of residential care staff to encourage more devolved decision-making
	Need for more consistency in decision-making and relationship development between Centre workers and social workers emphasised
	More clarity about role of social worker in decision-making
	Need for creative response to problem of lack of availability/shortage of social workers
	Impact of limited support of suitable placements on decision-making
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

Challenges relating to use of PRC	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
Aftercare support	Lack of sufficient attention to preparation and support for aftercare/leaving care highlighted
	Progress made in PRC often 'undone' by lack of support in transition to adulthood

Findings from an organisational perspective (interviews with Chief Officers and National Officers) are reported below in Table 4.

Table 4: Key Messages from Interviews with Chief and National Officers

Theme	Main Finding
Roles and decision-making	Need for awareness of complex roles played by regional and national stakeholders/managers in decision-making about PRC
	Communication of decision-making- and its complexity- to young people needs to be improved
	Importance of greater attention to early intervention and prevention in decision-making highlighted
	Need for more collaboration with CCA coordinators highlighted
	Need for further research and studies to inform improved decision-making
Benefits of use of PRC	PRC helps Tusla meet its statutory obligation regarding provision of alternative care - provides significant additional supply
	National Placement team ensures standards are met through monitoring and inspection
	National approach takes pressure off regions and merits of a central system noted (though limits also highlighted)
	PRC can offer more specialist options for particular care needs, e.g. for children with disabilities
	PRC can be more flexible and responsive than statutory care providers
	Can provide enhanced care placements focusing on therapeutic care provision

Recommendations

Challenges relating to use of PRC

Lack of services such as Children and Adolescent Mental Health Services (CAMHS) puts pressure on the system and may result in use of PRC where it could be prevented

Staff turnover and reduced resources

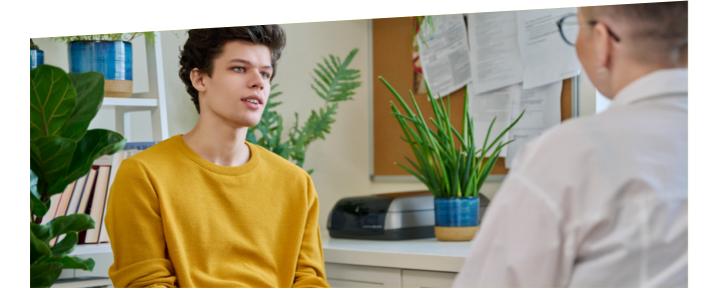Lack of availability of suitable places – demand generally exceeds supply

Too much reliance on PRC, need for more balanced provision between private and statutory

Need to ensure PRC can accommodate and respond to full range of needs presented by young people. Geographical location of great concern due to distance of some children and young people from their own Areas

Need for more regional and integrated planning and provision

Need for more ring-fenced regional PRC places

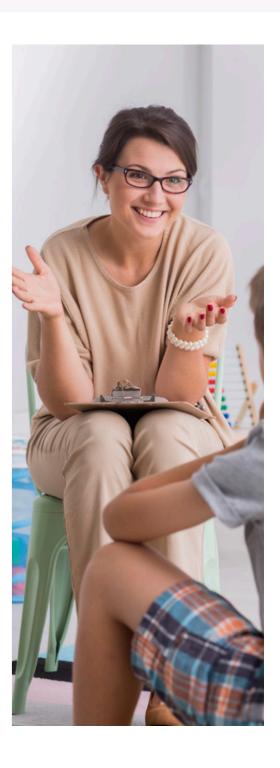Need for strengthening of existing systems of oversight and monitoring of growing number and range of PRC providers

The following section summarises the recommendations made in this study based on the findings from the study combining the literature, quantitative and qualitative data.

Recommendations based on findings from literature, Phase one and Phase two.

Based on the overall findings from the literature and empirical research, we were asked to address the objectives 8-10 of the study:

8. Make recommendations for improving the approach of Tusla to providing the best possible care and support to and outcomes for this cohort.

9. Recommend a framework for ensuring the decision-making process on the use of private placements is as robust as possible

10. Inform the implementation of the Creative Community Alternatives and Tusla Therapeutic Services as these relate to this cohort.

Recommendations regarding improving the approach of Tusla to providing the best possible care and support to and outcomes for this cohort

Theme 1: Need for more extensive prevention and early intervention services for children and young people in Residential Care

- Extend and develop early intervention and prevention supports specifically for children in private residential care reflecting an ethos that it is 'never too late to intervene early' to prevent further harm and support development.

- In developing and enhancing early intervention approaches, ensure prevention is considered across the continuum of care moving from progressive universal to targeted approaches for those at risk of coming into care.

- In developing early intervention, prevention and family support prior to care admission, increase public awareness of the continuum of Tusla's services to promote greater trust and understanding of Tusla's dual role of support and protection.

- In developing early intervention, prevention and family support after care admission, practice improvements could include:

  – Targeting services for young people in care from Tusla Therapeutic services (Tusla Therapy Tusla - Child and Family Agency) and Creative Community Alternatives.

  – Enhancement of availability of and supports to foster carers as set out in the Strategic Plan for Foster Care Services 2022–2025.

  – Promotion of a lifecourse approach that focuses on supporting young people in transition through care placements to positively influence trajectories and achievement of best outcomes through interventions and supports.

  – Engagement with families of young people in care more proactively to enable greater involvement in decision-making throughout the care experience and beyond with particular emphasis on decision-making relating to private residential care placements.

  – Provision of key support services relating to issues such as disability, mental health, and addictions.

Theme 2: Address Attitudes to value and appropriateness of residential care for children and young people

- Tusla should develop a bespoke communication strategy to promote better public and professional understanding of residential care in general and private residential care in particular.

- There needs to be an understanding that provision cannot be uniform and that a range of residential service provision needs to be in place to meet the needs of individual children, and where possible to support home or onward permanency planning.

- Any communication strategy should be linked to the messaging as part of the implementation of the national placement request pathway.

Theme 3: Private Residential Care Provision within overall care provision context

• When implementing recommendations from the Strategic Plan for Residential Care Services, prioritise the ring-fencing of placements within areas to avoid placements geographically distant from young person's family, networks and eco-system, unless a distant private residential placement is specifically in the person's best interest.

Theme 4: Provision, Governance, Management and Monitoring of PRC

• Tusla, under leadership of the Director of Children's Residential Services should continue to implement the recommendation of the Strategic Plan for Residential Care Services regarding supply (R2) and the need for improved governance, accountability and integrated decision-making for residential care services (R4).

• Such implementation should be made in the context of Tusla's planned reform under the Local integrated programme delivery programme and in the context of the national placement request pathway being introduced in 2024 as well as under the local integrated delivery programme.

Theme 5: Involvement of Young People in Decision-Making

• Tusla should review child care planning and review processes to enhance youth participation and organise in a way that is more inclusive and conducive to participation.

• Ensure decision-making frameworks pay particular attention to differentiation between day-to-day decision-making and wider care-planning decisions.

• When updating the Child and Youth Participation Strategy, including the setting of standards recommended by the Tusla Task Force on Special Care (2022) pay particular attention to best practices to promote participation in care contexts.

• Enhance and expand staff training (including joint training for PRC staff and Tusla staff) to maximise practice approaches based on principles of youth participation, with focus on working in partnership to balance protection and risk management with participation and promotion of autonomy.

• The current development of Tusla Service Experience Insights Framework (SEIF) currently in development could pay specific attention to views and experiences of young people in PRC.

Theme 6: Importance of Relationships across the Ecological system

• Tusla to update and develop Practice Guidance for Promoting Permanence and Stability within an ecological context (Tusla-commissioned work, 2017) and update Tusla Permanency Planning Handbook to give a more substantial focus on supporting young people in residential care.

• Promote a relational model of practice in the context of networks of people and systems that can be harnessed and engaged with in order to maximise capacity (e.g. joint fora with community and voluntary sector, youth participation strategy, care planning and practice reform and standard setting).

• Enhance collaborative working across the sector to enhance capacity and joint ownership of shared challenges and solutions.

Theme 7: Aftercare Supports as an integral part of care plan and residential care service

• Support transitions between care placements and from care as a central aspect of permanency planning and include this in relevant agency processes and updates of guidance such as Pathways to Permanence Handbook (Tusla, 2020).

• Ensure the principles informing a model of care implemented (as recommended in the Strategic Plan for Residential Care Services) includes planning and preparation for leaving the residential care placement (at whatever life stage) with emphasis on lifecourse trajectory, continuity and stability.

• Ensure a decision-making approach incorporates 'deciding forward' towards possible family reunification alongside a wider variety of pathways from care including options of 'extended care' for those who are most vulnerable.

• In providing supportive, therapeutic and/or community alternative interventions, pay particular attention to the diverse needs for support in both the psychological and social transition process.

Theme 8: Lack of sufficient data and integrated systems to track decision-making processes

• Promote implementation of the recommendation for integration of data from the Residential Care Strategy to ensure greater consistency and timeliness of data collection and develop key data measurements including: admission to care, waiting lists, numbers of placement breakdowns and reasons for it, geographical distance and length of stay (Tusla, 2022a).

• Work towards a more robust and detailed recording procedure in order to track important decision-making processes that would help with understanding of the pathways that led to the PRC including processes of involvement with child welfare services, review processes, social work involvement. In so doing, consider how the implementation of TCM (Tusla Case Management System) will support this objective.

Theme 9: Assessment and Decision-making processes impacting on Trends and Patterns of placement in PRC especially in relation to 'Reasons' for Entry to Private Residential Care

• Improve data collection, monitoring and reporting of key metrics as set out in Recommendation 11 of the Strategy for Residential Care Services specifically in recording reasons for entry to care and care trajectories from point of entry. Such developments need to be linked with national reporting systems.

• Ensure integrated data systems are designed to collect comprehensive data across the whole ecological system to provide a more robust explanation of the reasons young people are in PRC beyond focus on individual and family issues only.

• Regarding information sharing about reasons for being in care and trajectories:

  – At organisational level, implement the integrated ICT system and infrastructure across children's residential services (R12 of the Strategy for Residential Care)

  – In developing a decision-making framework, pay specific attention to how information sharing and information recording occurs between centres and specific social work teams at practice level, in participation with young people, to ensure the person's lifestory is carried with them through the care process.

Recommendations relating to the development of a framework for ensuring the decision-making process on the use of private placements is as robust as possible

  – In the development of ongoing training, CPD support and development of all staff within Tusla, develop specific focus on risk assessment and decision-making in the context of lifecourse relational approaches to decision-making and support.

  – Use collective youth-engagement strategies, in partnership with advocacy agencies (e.g. EPIC in Ireland), to inform the development of the framework for complex decision-making and maximise children's and young people's engagement with this.

Recommendations relating to Findings to inform implementation of CCA and TTS for young people in PRC

  – Implement the range of strategies towards earlier intervention and prevention before, during and towards leaving residential care based on recommendations from this report.

  – Prioritise urgency of the need to provide better supports for children and young people given that the majority of children and young people in PRC were diagnosed as having either a psychological or psychiatric diagnosis or specific mental or physical health needs.

  – Consider the examples of international practices discussed in Chapter 4 regarding development of innovative responses to providing alternative approaches to support children, young people and their parents including learning from practices in specialist private and other residential and care provision.

  – Develop wraparound services for young people leaving PRC and embed preparation for leaving care into care planning and permanency.

  – Extend collaborative working with those involved in the coordination of CCA coordinators to implement services needed for children to be reunified home from care or back to their communities.

  – Develop further independent advocacy support, in partnership with EPIC and other youth support organisations for young people in PRC.