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Literature Review

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TUSLA
An Ghníomhaireacht um Leanaí agus an Teaghlach
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Profiles, Trends and Decision-Making in Private Residential Care in Two Regions in Ireland

AN EXPLORATORY STUDY

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Introduction

One of the objectives of Phase One was to provide a summary of what is known about international best practice in supporting permanency for children and young people in residential care.

A scoping literature review approach (Munn et al. 2018) was used for this study. The review focused on literature relating to the use of different types of care including cost of care and models of care. Search terms included residential, special residential, private care services and private residential care services for children and young people. The review also explored decision-making in children's residential care settings, and the processes, policies and procedures for decision-making and other supports for same. Research relating to alternative models of care for children and young people was also reviewed. Search terms included alternatives to residential (special) care, alternatives to institutional care, community models of care, foster care models and family placement models. A number of related themes relevant to decision-making in relation to residential care placements were explored including policies and legislation regarding the use of residential care, philosophies and principles informing use of residential care, and factors that ensure permanence and stability within a residential care process.

The research included the literature review in recognition of the importance of looking to international practices, in particular seeking out 'best practices'. Generally, the purpose of looking at practices in other countries is to gain an understanding of what might help to reform the policies, systems and practices at home (Gilbert et al. 2011; Parton 2017; Furey and Canavan 2019; Merkel-Holguin et al. 2019; Berrick et al. 2022). Cross-national comparison is complex given the range of contextual, socio-historical and cultural differences that inform and shape child welfare institutional systems worldwide (Whittaker et al, 2022, b, Thoburn, 2022). For this literature review, direct comparisons are not made. Instead, a range of illustrative examples are discussed that help to inform our understanding of developing best practice relating to decision-making, support and permanency planning with children in residential care in general, and private residential care in particular.

Overall, the research evidence is compelling in its messaging regarding use of residential care that a 'one size fits all' approach is simply not possible (Whittaker et al, 2022a). There are complex reasons why different types of residential care are used and the range of residential care 'options' is varied and difficult to summarise given the variations across countries and time (Whittaker et al, 2022a). The range of purposes evolves over time, and in line with major factors influenced by economics, politics, history, social context, philosophy of care and societal context (ibid). As Thoburn (2022) suggests, this complexity should not discourage practitioners and policy makers from learning from other countries, but in learning from them, practitioners should realise there is no single country that has the 'right answer' (p. 24). The bottom line, she argues, is that 'there is no "right size" for the residential care sector' and that an overarching policy of keeping children out of residential care (residential care as a 'last resort') is no more appropriate than a blanket policy of routinely placing children in residential care when they first enter 'out-of-home' care (2022, 24).

While there is no single right answer, the research evidence reviewed is convincing that largescale institutional care should not generally be used. Where institutional care is in use, a clear deinstitutionalisation process should be in place. Where residential care is the dominant form of care, it should be provided in smaller group and family-based units and usually alongside the dedicated development of a welfare system based on prevention and early intervention. This system should be focused towards reducing the need for alternative care in the first instance, and then, where care is inevitably needed in certain circumstances, decision-making about the placement should be informed by the needs and best interests of the child or young person. However, evidence shows that often decisions are 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, failure to transform services proven to be unsuitable and detrimental to wellbeing for those accommodated in this way, and so on.

It is also clear that in many jurisdictions worldwide, private residential care has become a norm. The care may be part of a package of services also delivered by state or third sector/voluntary organisations as the main provider. This reflects a wider global trend towards the 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. Providers must also be appropriately regulated, supported and integrated into the national and regional alternative care and child welfare and protection systems. While we cannot establish one model of 'best practice', there are many key principles and practices to learn from that can inform our goal of 'best' practice to achieve best outcomes for children, young people and their families. To capture the complexity, we set out discussion in the context of a systems approach. We use Uri Bronfenbrenner's ecological model, which has been applied to a range of relevant contexts relating to child protection and welfare services in general, and practice and policy relating to alternative care specifically (see for example Moran et al. 2017a). This includes reference to his original presentation of the ecological model to understand context (Bronfenbrenner 1979) in terms of micro, meso, exo and macro levels. In this context, micro refers to individual characteristics and experiences, meso refers to immediate interactions and relationships, exo refers to wider organisational relationships and processes, and macro refers to legislation, policy and procedures. In later work, chrono was added; this relates to changing trends over time such as changes in demand for care for children and young people and growth in the private residential care sector. Another important aspect of the ecological model, later developed as the bio-ecological model (Bronfenbrenner and Morris 1998, 2006), is the PPCT, relating to Person, Process, Context (as above) and Time. This aspect allows greater focus on interactions at different levels of the system: focus on the person and the process, for example, a young person and their key worker or social worker, and a focus on time, which helps with recognition of the relevance of past and present. In this chapter, we will draw attention to specific aspects of the ecological context in particular as relevant. For example, it is clear from key messages from research outlined below that issues to consider are:

- micro- and meso-focused issues regarding the child, young person and their immediate environment,
- exo issues associated with organisational polices and services,
- macro issues regarding law, policy and procedure, and
- chrono issues regarding changing trends over time.

However, it is important not to simplistically 'split' these between micro and macro for example, as in many instances the issues are interconnected. For example, policies and procedures at exo level impact on the capacity of an individual social worker to build relationships at the meso level with young people. Or, micro factors affecting a person, like their behaviour, often result from relationships with family (meso) or inadequacies of services (exo). In the discussion, we consider the application and adaptation of an ecological model in more detail and return to other aspects of the ecological system and related literature to demonstrate how it can be used to inform a decision-making framework based on the learning from this research.

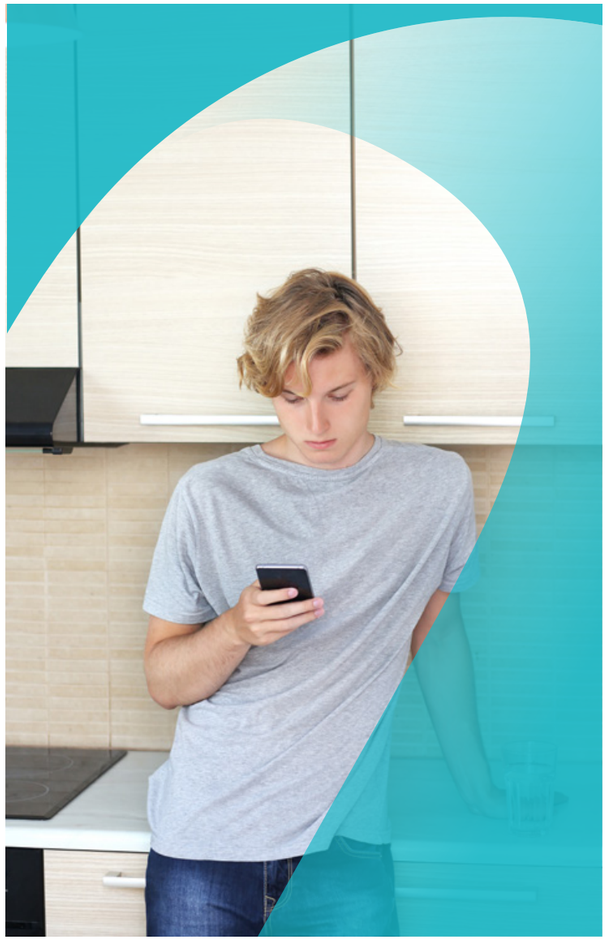
The chapter is presented in two inter-related main sections to inform the research objectives. In each section, attention is paid to issues arising across the eco-system as relevant throughout. The two sections are:

- Overview of models and approaches to residential care
- Decision-making processes and practices to support permanency and stability for children in residential care.

Section 1

Overview of Models and Approaches to Residential Care

- Key messages from research
- Overview of usage of residential care in selected international contexts
- Use of residential care for specific identified purposes and needs
- Specific issues relating to the use of private residential care.



Key Messages from Research

Residential care is frequently referred to in international literature as a last-resort placement when problems are so severe that other options have failed or are unavailable. However, there are a variety of rationales for the use of residential care that are supported internationally. For example, the UN Guidelines for the Alternative Care of Children (UN 2010) asserts that:

the use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests (2010, 5).

Recognising that 'residential care facilities and family-based care complement each other in meeting the needs of children', the guidance asserts that 'where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination' (2010, 5). This means that, internationally, use of large institutions should be eliminated and smaller-scale group care and/or family-based foster and kinship care prioritised.

The diversity of reasons for persons coming into care is clearly articulated in the research (see Whittaker et al. 2022a). While many reasons are cited, the most common reasons for use of residential care across many countries are: abuse, neglect and lack of parental care, followed by behavioural reasons and foster care placement breakdown. Other factors relating to educational needs, developmental issues, and wider family (substance abuse and mental health issues) and socio-economic issues also feature. Many reasons for placement are from within the child's micro- and meso-level context, especially their lives, care, support and safety within their families. As demonstrated in Whittaker et al. (2022a), wider exo- (organisational) and macro-level factors include lack of services and resources, lack of regulation, overreliance on outsourcing and the private sector, over-representation of indigenous communities and ethnic minorities, staff recruitment and shortages, and lack of care on leaving services.

Residential care is frequently referred to in international literature as a last-resort placement

Overview of Usage of Residential Care in Selected International Contexts

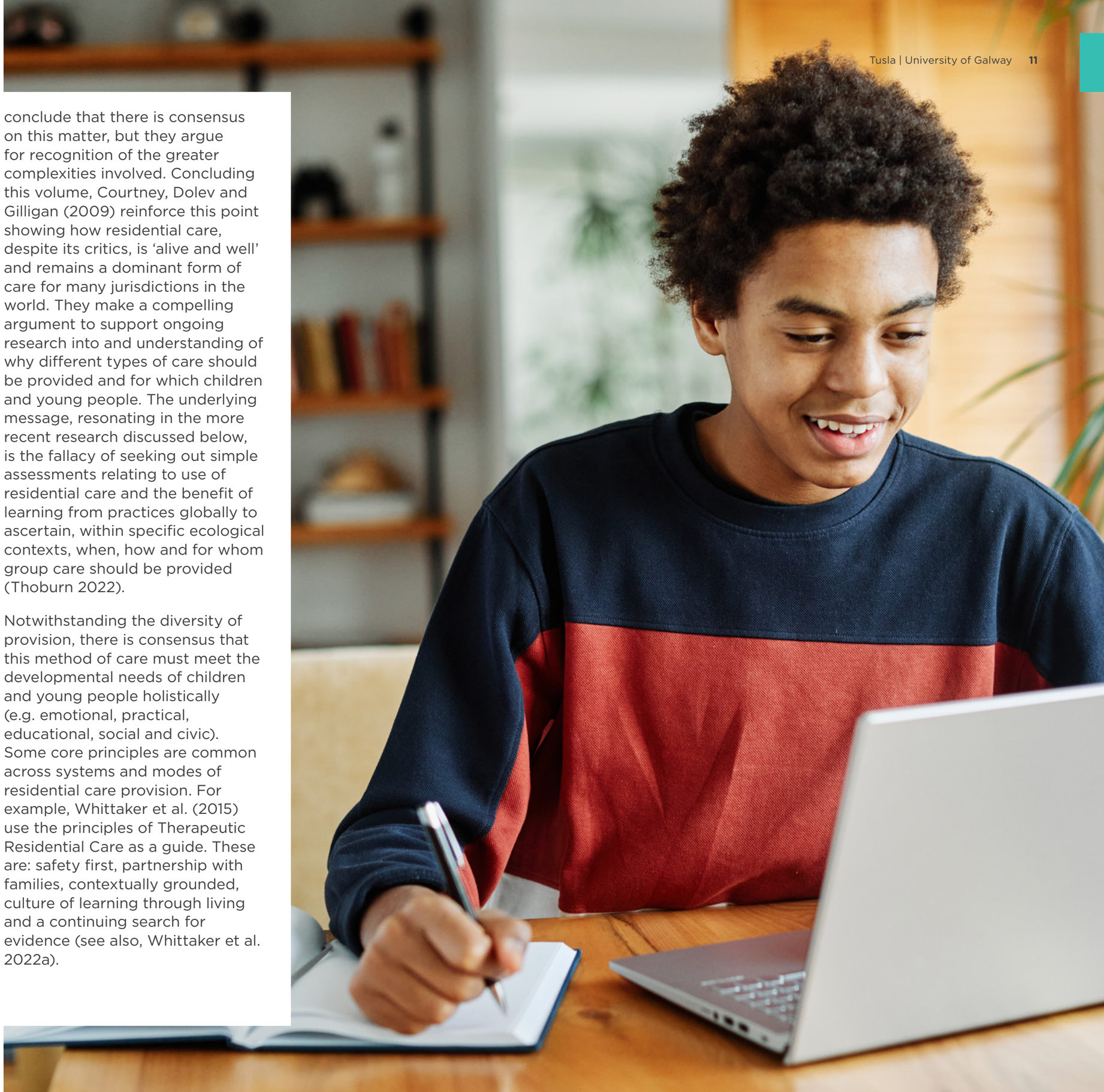
Whittaker et al. (2022a) provide a current international profile of residential care. Their book reported on residential care use in 16 countries. They include countries where use of residential care ranges from 7% (Ireland and Australia) to 97% (Portugal). Countries in the low-usage category (England, Scotland, Ireland, Canada, Australia and the United States) have various legislative initiatives to reduce residential care rates. Medium to high usage countries (Argentina, Denmark, France, Italy, Finland, Spain, Netherlands, Israel, Portugal and Germany) have been engaged in reforms towards improving and strengthening the quality of residential care combined with refocusing towards more family-based care options. It is important to recognise from the outset that decision-making is influenced in the first instance by the legislative and policy drivers that determine the amount, nature and orientation of alternative care provision.

Throughout most child welfare and protection systems, the development of family foster care and community-based programmes is a common response for reducing the use of residential care (Courtney and Iwaniec 2009; Whittaker et al.

2015, 2022). For countries with low usage of residential care, the emphasis is specifically on delivering prevention, early intervention and family-based foster and kinship care as the primary form of alternative care (see for example Scottish Government 2022). In these contexts, residential care is recognised as necessary for certain cohorts. For example, referring to England, where 11% of children are in residential placements, a residential placement may be used for children with complex needs, (emotional and behavioural) who require larger and more specialised teams to support them. The young person may choose to be placed in residential care as they no longer wish to live in their family environment, or children are placed in residential care when other placements have been unsuccessful (MacAlister 2022; Holmes et al. 2022).

The 'Stockholm Declaration on Children and Residential Care', established by representatives from 80 countries in 2003, has been influential in establishing principles for provision of residential care in international contexts. The Declaration recognised the negative consequences of residential care, and called for community-based alternatives, reduction in the use of institutional care and the setting of standards for group care (Courtney and Iwaneic 2009 xi). In their introduction to an international overview of use of residential care, Courtney and Iwaniec (2009) suggested a reader of this Declaration may conclude that there is consensus on this matter, but they argue for recognition of the greater complexities involved. Concluding this volume, Courtney, Dolev and Gilligan (2009) reinforce this point showing how residential care, despite its critics, is 'alive and well' and remains a dominant form of care for many jurisdictions in the world. They make a compelling argument to support ongoing research into and understanding of why different types of care should be provided and for which children and young people. The underlying message, resonating in the more recent research discussed below, is the fallacy of seeking out simple assessments relating to use of residential care and the benefit of learning from practices globally to ascertain, within specific ecological contexts, when, how and for whom group care should be provided (Thoburn 2022).

Notwithstanding the diversity of provision, there is consensus that this method of care must meet the developmental needs of children and young people holistically (e.g. emotional, practical, educational, social and civic). Some core principles are common across systems and modes of residential care provision. For example, Whittaker et al. (2015) use the principles of Therapeutic Residential Care as a guide. These are: safety first, partnership with families, contextually grounded, culture of learning through living and a continuing search for evidence (see also, Whittaker et al. 2022a).



In the United States, similarly, the philosophy is towards family-based care, and where residential care is used, an emphasis is placed on therapeutic foster care models (Fisher and Gilliam 2012). The role of residential care in the United States child welfare system is shaped by federal legislation and its use varies across states. Under the Family First Prevention Services Act (FFPSA) 2018, funding was moved towards family-based care to try to prevent overuse of residential facilities. Residential care placements for young people have become more and more uncommon in the US with emphasis being placed more on community-based services, evidence-based interventions and family support services in order to reduce the need for out-of-home placements.

In Australia, the emphasis is also on family-based care; in 2020, 91% of children in care were in home-based placements such as with relatives or kinship carers (54%) or in foster care (37%). Seven per cent of children and young people placed in out-of-home care in Australia are placed in residential care (AIHW 2021). These settings are funded by the state and territorial government departments and are delivered mostly by non-governmental community service organisations with a few centres which are privately resourced (McPherson et al. 2021). Policy states that children entering residential care should be at least 12 years but some may be as young as 8 years, with most staying for approximately two years but some remaining up to five years or more or until they leave care (McNamara and Wall 2022).

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For countries with heavier reliance on residential care, a clear commitment to prevention and early intervention is evident in many policies and related legislation. For example, in the Netherlands, half of children in care by December 2020 were in residential care. Following the Youth Act of 2015, there has been an increasing focus on preventative care, strengths-based care and customised care. If out-of-home care is required, it must now be small-scale and family based. This has led to a significant decrease in secure residential care placements and the creation of more family foster care placements. A shortage of residential care services for child with more complex needs, due to the costs involved for municipalities, has been reported (Knorth and Harder 2022). In Denmark, there has also been a large shift from the use of residential care to family foster care; it decreased from 56% in 1982 to 32% in 2020 (Lausten 2022). A major strength of Danish residential care units was the establishment of a Social Supervisory Authority in 2014 whereby all units were re-evaluated, leading to the closure of several units that did not meet the required standards. All residential care units in Denmark are supervised and re-evaluated regularly (Palsson et al. 2022).

Some countries with a very high level of residential care usage are under pressure to strengthen family-based care and reduce residential care, especially units that accommodate relatively larger numbers of children and young people. In Portugal, for example, 97% of children in out-of-home care are in residential care (Instituto de Seguranca Social 2021). Care facilities are relatively large, ranging between 15 and 40 children, and most children aged under 6 are placed in larger residential care centres averaging 30 children per home. As asserted by Barbosa-Ducharne and Soares (2022) 'the whole child and youth care system in Portugal needs to undergo an overall and profound renovation' (p. 261). In the last decade, because Portugal has had an increase in the use of residential care, the Committee on the Rights of the Child (2014) warned of the need to strengthen family-based care and progressively eliminate institutions. Decision-making has come under particular scrutiny in Portugal. For example, Delgado, Pinto and Carvalho (2017) conducted research to understand what influences and determines the decision-making process among 200 professionals responsible for providing care assessments and recommendations for interventions in the Portuguese child protection system, to verify if they contribute to decisions that privilege foster or residential care.

They found that decision-making within the child protection system is influenced by factors such as case characteristics, professional team size, training, resources, guidelines, experience, legal framework, critical events and community involvement. One of the most significant issues arising in this and related research was the need for children's participation, which professionals supported, but noted needed to be developed with regard to both child and parental participation. Indeed, as discussed later, this aspect of decision-making is central across all systems.

Israel is another country that relies heavily on residential care and children are accommodated from age 0 up to the age of 17 for care and educational purposes. Of the 12,439 children and young people in out-of-home care in Israel in 2018, 63% stayed in a residential placement, 23.6% in family foster care and the remainder (13.2%) in emergency centres or other settings such as a shelter or transition apartment (NCC 2019). Care includes needs-based support programmes based on mental and behavioural requirements, comprised of: rehabilitation programmes (for children with learning disabilities, learning gaps or emotional difficulties); therapeutic programmes (for children with behavioural dysfunction or mental health impairments); post-psychiatric hospitalisation programmes (for children following psychiatric hospitalisation with severe behavioural disorders and complex problems) and educational residential facilities and youth villages.

Some of the main challenges in Israel's residential care system are: the absence of a national database; placements based on professional decision-making procedures (with or without a Court Order); and the need for greater organisation and coordination between governmental offices of the welfare and educational systems (Zeira and Grupper 2022).

For all countries, how systems develop aftercare for those in residential care is complex and challenging. There is long-established international research on the nature, diversity and challenges of supporting young people through care into adulthood (see Stein and Munro 2008). The risks of social exclusion, the need for stability in care placements to support transition, the importance of preparation, the need to focus on identity and identity formation and education are evident (e.g. Stein 2008). Recognition of the diversity of responses by young people to leaving care is important. Stein's three classifications of those who 'move on' (thrive), 'survive' or struggle remain current (Stein 2008). While micro factors, like a person's resilience and psychological readiness for leaving care, are significant, how a person transitions is highly influenced by the extent of stability and support available to them. Those who struggle most, and who are most disadvantaged, are those who have had the most damaging pre-care experiences and the least stable experience of care (e.g. multiple moves) (Stein 2008). Medes and Snow (2016) pay particular attention to the needs of those who are particularly disadvantaged leaving care, including those involved in the youth/criminal justice system and young people with disabilities. Pinkerton (2021) demonstrates the value of Bronfenbrenner's ecological model in relation to understanding and responding to the needs of persons leaving care. He reinforces the importance of focusing on changing historical influences at the 'chrono level' and reminds us that:

the chronosystem also directs attention to biographical change at the micro level—both normative and non-normative. The changes in a care-experienced young person's life are not historically determined. Those changes cannot be accounted for without considering the young person's own particular starting point precare, the care pathway followed, and the aftercare experiences and the dynamic for change within that journey (Pinkerton 2021, 227).

Generally, aftercare services have been much slower to develop globally and continue to be a major deficit even in the most well developed child welfare and protection systems (see Medes and Snow 2016; Medes and McCurdy 2019). Van Breda et al. (2020) summarise the two main messages from research. The first is that 'care-leavers experience a range of outcomes, with some but not all experiencing serious difficulty in adjusting to the transition from the care system at age 18, especially in the absence of needed supports' (2020, 2). The second is that there is a 'need for a range of innovative support measures tailored to the specific and varied needs of care-leavers and which go above and beyond any supports that may be provided to the general population of youth of the same age', reflecting the State's responsibility as 'corporate parent' (2020, 2). However, as Van Breda et al. (2020) and others acknowledge, the answer to how best to support remains elusive, complicated, context driven and constrained and challenging. While the importance of a systemic and global perspective has long been argued for (e.g. Pinkerton 2006) with an emphasis on social ecology (e.g. Pinkerton 2011), it seems that aftercare, 'post-care' and transition from care remain particularly underdeveloped aspects of the care system in general and residential care systems in particular, even though research and evidence in relation to this has flourished, influenced in particular by the work of the INTRAC network (INTRAC n.d.).

Indeed, in many countries it is only in recent years that governments have been required to develop services for those reaching the age of 18 years, such as economic support, accommodation, study resources, and psychological and legal advice on leaving residential care (e.g. Van Breda et al. 2020; Stein 2019). This is not universal, and there is very limited or no legal or policy provision for leaving care in a number of jurisdictions. There are however examples of good practice as summarised by Stein (2019) regarding support for leaving residential care. Stein (2019) describes approaches in Germany, Switzerland and the Netherlands, all of which have a high dependency on residential care provision. For example, in Germany, residential homes continue to be provided after young people leave care. Residential workers visit and support young people to secure follow-on accommodation in order to maintain stability and security of place and relationships (see also Cameron et al. 2018). Stein (2019) also describes how in Switzerland young people are gradually moved to accommodation where they can start by spending a few evenings before moving on to become tenants in independent living arrangements. Telephone contact, counselling and coaching are also provided. Another example from Stein (2019) is the Netherlands, where individual mentoring is provided for young people aged 18–24 who are returning home after care. While reinforcing the message of the complexity of translating approaches across different contexts, Stein (2019)

emphasises the importance of a lifecourse perspective with a view to pre-care experiences and personal characteristics, gender, ethnicity and needs. He identifies five key messages to inform best practice regarding supports for young people leaving care. These are:

- recognise the importance of stability for promoting resilience and achieving positive adult outcomes in physical and mental health, education and employment,
- support educational opportunity and success, which are so closely correlated with resilience,
- involve people actively in decision-making about their own lives and wider policy issues, including engagement in peer research,
- offer support with preparation for leaving care, and
- recognise the costs and consequences of not supporting people given the high level of mental health needs among care populations.

Van Breda et al. (2020) discuss practices like those described here as 'extended care' and argue that this concept is gaining increasing interest although it needs further conceptualisation and differentiation from 'aftercare' internationally. Extended care has been a theme driven by many advocates for change and highlighted by INTRAC in 2003 (Van Breda et al. 2020). Extended care 'allows eligible groups of care-leavers to voluntarily opt to remain in their care placement under certain conditions, until a later age, often 21'. (Van Breda et al, 2020, 2). However, as argued by Van Breda et al (2020), 'the conceptualisation and operationalisation of extended care (and its differentiation from aftercare) appears lacking in many countries' (ibid). The authors identify ten examples of where extended care arrangements are in place and provided detailed outlines of what this involves and how it is funded and organised. These include Canada, England, Ireland, Israel, Netherlands, Norway, Romania, South Africa and Switzerland. While many challenges exist regarding definitional ambiguity, diversity of practice, balance of formal and informal arrangements, financial issues and lack of research, Van Breda et al. (2020) demonstrate the value of considering 'extended care' as part of the path to transition to 'aftercare'. The authors show that the practice has become established in many contexts, although it is not sufficiently defined or applied as yet.

There are three main 'pathways' to leaving care discussed in the literature: reunification, adoption, and 'aging out', which can involve a range of options (Courtney and Thoburn 2009). Developing the transitional concept of 'extended care' adds to this set of options for young people especially in residential care who do not have the option of family reunification. Reflecting on the overall principle of family-oriented approaches and the focus on reunification, the unsuitability or desirability of this option for some young people (for example, those who came into care due to family violence and abuse) requires a range of other clear pathways to 'age out' in a way that promotes stability, security, identity, a sense of belonging and connection. This reinforces the need for an eco-system lens to capture the many factors and to ensure respect for and attention to each person's unique biography, characteristics and abilities. There is a need for greater leadership in approaches that focus on supporting a young person to achieve their dreams and ambitions. A focus on the psychological as well as the social impact of transition from care is essential (Dima and Skehill 2011).

So far, the focus has been on general trends and developments in residential care in selected countries, which have a direct impact on decisions to use residential care, showing the distinction in particular between low-, medium- and high-usage engagement. We have also discussed relevant issues regarding leaving care. The following section looks in more detail at the use of residential care for specific identified purposes to give further depth of insight into when, how and why residential care services are used in different contexts.

Use of Residential Care for Specific Identified Purposes and Needs

It is well established that out-of-home care placements are varied and usually consist of intensive support services for children whose needs have been identified as requiring higher level intervention/treatment. Many pragmatic reasons affect decisions relating to the 'need' for ongoing use of residential care even when in principle it is viewed as a 'last resort' or final option within a planned welfare system. In Ireland, for example, Gilligan (2022) attributes some usage of residential care to difficulties recruiting foster carers and providing care for children with complex needs including mental health and behavioural needs. He argues that residential care placements are still relevant for some children in conjunction with a vision to expand formal kinship care. To provide high-quality residential care for those children, the system needs a skilled workforce to serve those high needs. Staff need to be provided with a range of evidence-based practices and policies. There should also be ongoing development of earlier intervention and prevention approaches.

While the general trend has been to reduce use of residential care in many countries, it has actually increased because of changing demands and needs for out-of-home care. For example, in Finland, alternative care has increased steadily over the last ten years particularly in emergency placements of teenagers, despite the strong prevention-focused child welfare system and universal social welfare services (Statistics Report 2021; Timonen-Kallio 2022). Likewise, in Italy, a similar trend of increasing usage of residential care is seen, particularly for unaccompanied minor migrants who represent 40% of the total number placed in specialised units in 2022 (Palareti et al. 2022). This is also the case in France, where the number of children in care has generally increased over the last 20 years due to increased social problems in families as well as demands for accommodation of unaccompanied minors (Tillard and Join-Lambert 2022). A major challenge for residential care services in Germany (James et al. 2022) also relates to the high numbers of unaccompanied minor refugees who require specialised supports. Likewise, in Spain, for example, over half of all young people in residential care (55%) are from a migrant background and 88% of those are unaccompanied migrant children, predominantly boys (Martín et al. 2020).

In other countries, residential care is used mostly for therapeutic purposes. 'Therapeutic residential care' while comprising a range of approaches, philosophies and practices, is a specialised model of care, although its principles are applicable across the spectrum of residential care services (Whittaker et al. 2015, 2016, 2022a). For example, in Germany, non-public organisations run over 95% of residential care programmes, which are guided by specific pedagogical concepts with an emphasis on learning through a 'life-space' perspective focusing on participatory and relationship-based approaches (Grietens 2015). In Spain, legal changes in 2015 led to specific centres for adolescents who had behavioural problems and needed more intensive Therapeutic Residential Care (TRC) (Bravo et al. 2022, see also Observatorio de la Infancia 2020). Residential care is the US is generally considered a restrictive placement intended only for treatment purposes, and is closely regulated (Lee and Bellonci 2022). Child welfare agencies can only receive maintenance payments if care is provided in certain types of care institutions such as a Qualified Residential Treatment Programme (QRTP), which is a stricter form of residential care.

In reviewing the range of developments in residential care in recent years (e.g. in Whittaker et al. 2022a), a common recurring theme is the fact that many young people in residential care services – especially in countries where it is used selectively and for specialist purposes – have significant 'behavioural problems', 'challenging behaviour' or 'problematic behaviour' caused by many factors including trauma, developmental delays, mental and physical health needs, and personal and family reasons. These challenges can result in young people not being placed at the optimal level of care from the outset (Chor 2013). For example, Henriksen's (2022) research with young people found that most of them were aware of how their behaviour impacted their cases and understood that contesting the rules could result in more restrictive measures being imposed while good behaviour could increase their voice in decision-making regarding future care plans. Case managers were aware that over-focus on behaviour management represented a non-developmental approach and instead wanted to be facilitators of change not controllers, whereby young people should be motivated to change rather than be governed by threats of restrictive measures.

Common across most systems, as argued by Ward (2022, xix), are the complexities of psychological need for many children and young people in residential care, with many 'struggling with the consequences of childhood trauma'. Specific trauma-informed residential care services have been developed in countries including Scotland, Canada and the USA (e.g. trauma-informed CARE model, Holden et al. 2022). As research in this field develops, emphasis is put on the importance of a trauma-informed approach which refocuses attention away from 'what is wrong' (e.g. behaviour) to 'what happened' (e.g. childhood trauma). This is informed by the significant advancement of research on the impact of adverse childhood experiences (ACEs) and their correlation with trauma (Spratt and Kennedy 2021). A trauma-informed or trauma-aware approach (see Spratt and Kennedy 2021) in working with children in care refocuses attention away from what can be seen as a deficit emphasis on 'problem behaviour' towards an emphasis on the experiences of children and young people who have had adversity leading to the need for care, and the impact of this adversity. Strong arguments are made for the importance of greater critical focus on practice developments with a mind to ACEs, their potentially traumatic impact and how this affects relationships and engagement at organisational levels (e.g. Spratt et al. 2019).

Children who have been born into and grow up coping with developmental trauma can appear to be self-sufficient or independent but could have poor ability to emotionally self-regulate and may resort to communicating through actions instead of words. Mental health professionals can have difficulty diagnosing the child's behaviours and often state that they have no mental disorder or might offer various diagnoses such as post-traumatic stress disorder, attention deficit hyperactivity disorder, depression or autistic spectrum disorder. On the other hand, parents, social workers, teachers and social care staff may not realise the presence of underlying developmental and mental health problems (Brown 2016). Emphasis on trauma-informed care that integrates research around neurobiology, trauma, resilience and attachment features in many current system developments regarding foster and residential services. With regard to Ireland, Lotty et al. (2021) examined the experiences, beliefs and perspectives of foster carers, foster care trainers and practitioners working with foster carers on factors informing the implementation of TIC (Trauma Informed Care) for foster carers. Findings revealed there was a need for TIC training so that foster carers could be fully equipped and prepared to provide adequate care. Similar considerations are important for residential care settings.

In terms of considering other 'specialist' needs for support where residential care is used, it is important to take a critical view from an ecological perspective, to ensure that individual or family issues (micro–meso) are not over-emphasised with under-recognition of the many wider factors that were more influential in children being in residential care (exo–macro). Acknowledged factors that influence use of residential care include: lack of support earlier on, limited support at home or in foster care, lack of sufficient resource investment and lack of continuity of support (Whittaker et al. 2022a; Courtney and Iwaniec 2009).

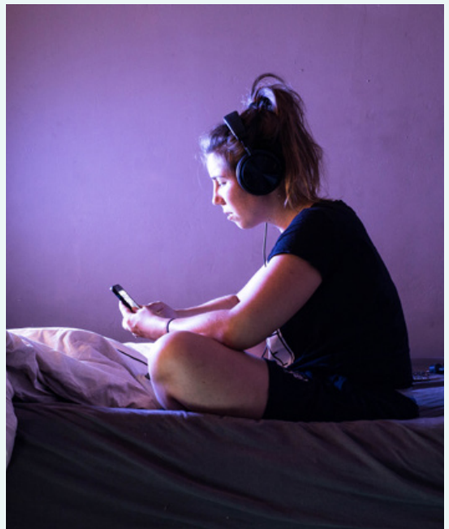
In much of the literature, the factors and issues arising are common whether the residential care placement is provided by a third sector/voluntary, statutory or private provider. But there are particular issues to note focused on private residential care, as discussed in the following section.

Specific Issues Relating to the Use of Private Residential Care

Already, some of the specific challenges of private care have been mentioned. A clear trend in many child welfare and protection systems in recent years has been a significant increase in the use of private, for-profit care services, although this varies between contexts. Some countries rely almost exclusively on private, for-profit care, such as Australia, Finland and the Netherlands. In others, it makes up a significant aspect of service delivery, such as in Ireland, the UK and Argentina. Other nations like Portugal, Israel, Spain and France have little or no private residential care and rely mainly on private charity or non-profit organisations and/or state provision (see also Bravo et al. 2022; Tillard and Join-Lambert 2022; Valencia, Lopez and Armenta 2021).

Like debates about residential care in general, it is clear that for any country, it is not a simple matter of arguing 'for' or 'against' such provision but more about how, when using this provision, it is delivered in line with core principles of the best interests of children, young people and their families. As Meagher et al. (2016) articulate in relation to the use of private care for children and young people in Sweden, the movement towards private care needs to be understood within the wider context of the emergence of New Public Management since the 1980s. Marketisation, neo-liberalism, the rolling back of 'welfare state' ideologies, regressive measures for the care and control of populations of children, youth and families, and the impact of the New Right are well-known factors that have affected many 'public' service sectors including child welfare and protection, and family support. For-profit care has been analysed in-depth in many sectors where it is normative, including healthcare (see Waitzkin et al. 2018), adult social care (see Bayliss and Gideon 2020) and early years provision (O'Sullivan and Sakr 2022). While well established for many decades in some contexts, a clear global trend in current chrono (time) conditions is the increased use of private for-profit services for a vast range of 'welfare' and 'care' services that historically and traditionally have been more associated with welfare systems, voluntary not-for-profits and charities. In this expansion, the importance of social leadership and responsibility in relation to for-profit services are emphasised across sectors (e.g. O'Sullivan Sakr 2022).

Private residential care facilities range from small-scale family-owned and run services to increasingly large businesses running many services across a region or nationally. Private care organisations can often be more flexible than state services and have greater capacity to be responsive regarding delivery of certain types of supports needed in individual cases. In some instances, private residential services are specialised, employ a wide range of different professionals and may offer specific therapeutic models of care. But the provision of private residential care brings with it particular challenges too. The issue of regulation of private contractors comes up in many contexts. For example, in Finland, 80% of residential services are provided by the private sector, which has led to competitiveness without sufficient quality monitoring as well as a variety of competing programmes (Porko et al. 2018). Barillas (2011), referring to the US,



argues that for privatisation to be successful governments must have the necessary fiscal and institutional resources, or state capacity, to properly select and monitor private contracts.

The author also notes however that, like many other countries, one of the reasons for privatisation is to address the limited capacity of governments to achieve positive results in child welfare and protection systems. While regulatory systems have become more robust, this remains a major area for development in many jurisdictions.

How decisions are made regarding use of private care is also a matter of concern. For example, in the review Financial Stability, Cost Charge And Value For Money In The Children's Residential Care Market commissioned by the English Department of Education, concern was expressed that there was 'a hierarchy of placement provision that assumed in-house fostering was first choice through to private external residential care at the end of the chain' (Institute of Public Care 2015, 74). They also expressed concern 'at the suggestion that some providers seemed to turn down children with complex problems or move them on, because of anxiety about forthcoming inspections' (ibid). They argued that '(f)ailing to be clear about who residential care is for when and why means inevitably you end up with a reactive, last resort, service which is often seen as [a] failure by social workers and children alike. Such a system automatically starts by being seen as low value. Obviously these are issues that should concern the regulator as much as commissioners' (ibid).

An Irish review of costs of private residential care by Brannigan and Madden (2020, 35) described residential care as a 'key cost pressure' for the child welfare and protection services. They showed how private services accounted for the greatest increase on costs for residential services from 2016-2019. Between 2016 and 2019, the spend on private residential care, as a proportion of overall spend on residential care services, increased from 46% to 57% of total costs. In reviewing the three main delivery mechanisms for residential care services in Ireland (statutory, voluntary and private), most of the cost increase for provision between 2016 and 2019 was in the private sector. The Spending review went onto consider how the increased reliance on private residential care was impacting on overall cost and capacity to deliver residential care services. While not in a position to make specific recommendations regarding 'cost containment' based on the data available, a number of suggestions for further analysis were made by the Spending review. These included a review of the 'costs, benefits and risks associated with each of the existing delivery mechanisms: Tusla-owned, voluntary and private services)' (2020, 82). Analysis of the effectiveness of different deliver methods and the benefits of alternative prevention methods such as Creative Community Alternatives was also recommended. Attention to the increased number of overall children in residential care during the time period in question and the governance structures for placements was also proposed.

Meagher et al. observe how in Sweden 'a regionally coordinated, public social service system was transformed into a thin, but highly profitable, national spot market in which large corporations have a growing presence' (2016, 8180). In the UK, with the exception of Northern Ireland, the Competition and Markets Authority (CMA) studied the children's residential and foster care market, where over 83% of the residential care market was owned by the private sector and within that most homes were owned by a few large providers (CMA 2022). They expressed similar concerns about the emphasis on profit-making. Their report highlighted the rising profits being made by private residential children's home providers and stated this is due to high demand for placement from local authorities, poor planning, and low wages. They believe for-profit sector growth to be concerning, given the quality of care being provided (Holmes et al. 2022). Mulkeen (2016, 15) states that 'the international evidence points to serious shortcomings in for-profit provision of care, with rising costs, varying quality of care and an inability to meet policy goals for children in state care'. Her examination of the literature on the marketisation of children's residential care shows that in the UK there are related deficiencies in information about quality, greater use of out-of-area placements, increasing demand for specialist services and concentration of ownership (see also Kirkpatrick et al. 2001; Department for Education 2012).

Canadian research also shows that the financial interests of private providers of children's residential care often took precedence over the needs of children (Gharabaghi 2009). Indeed, in this work, there was concern over 'practices of filling the beds and allowing minimum time for children to adapt to the departure of a peer or to prepare for the arrival of a new child' (2009, 171).

In the literature, other challenges to the use of private contracted care in the children's residential care system include: the impact of withdrawal of private contractors from the market; the quality of care provided; the relative cost of provision; challenges with integration of services and achievement of minimum standards; and ensuring the care needs of children and young people are met. Other critical findings regarding use of private care, for example in Finland, include concerns about competitiveness, insufficient quality monitoring and competition between programmes and providers (Porko et al. 2018).

Overall, the research evidence clearly indicates the need to maintain a balance of provision between the non-profit, for-profit and public sectors. According to Mulkeen, this ensures a range of provision is available to meet children's needs at sustainable cost levels (2016, 19). The evidence discussed above indicates many challenges to consider that can negatively affect provision of quality care when delivered in the for-profit context. It also indicates the benefits of private services; they can be more flexible, diverse and responsive. The ecological context of the use of Private Residential Care (PRC) brings in additional macro factors of markets, competition and international investment. But, as Meagher et al. (2016) suggest, in many ways, the specific challenges of the private care sector are 'predictable, significant and well-documented' (2016, 805). While the situation is complex, Meagher et al. suggest a few core actions that could be significant: increased audit and regulation of quality of care, legal restrictions on the levels of profit allowed and how surplus funds can be used when providing 'care for-profit' services, and ensuring it is evidenced that the service achieves its overall aim, which 'must be to fulfil the needs of the end users – vulnerable children in need of care' (2016, 819).

The brief overview of themes within the literature relating to specific issues for use of private care highlights the important considerations in decision-making at an exo (organisational) and macro (policy) level regarding whether PRC is used, and if so, under what conditions and for what purposes.

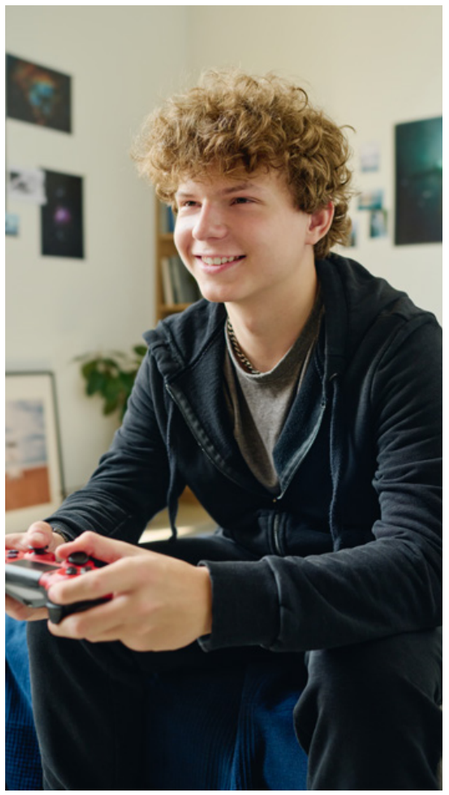
In the discussion, we will return to strategic decision-making concerns arising from the use of PRC that impact on processes and outcomes for children and young people. Other issues will relate to the use of residential care generally. Likewise, in the next section, some of the issues pertain to decision-making more generally and others may be more pertinent specifically to use of private care.

Section 2

Decision-Making Processes and Practices to Support Permanency and Stability for Children in Residential Care

This section considers the literature and research under two main headings:

- Decision-making processes for and with children and young people in relation to residential care
- Participation of young people in decision-making.



Decision-Making Processes For and With Children and Young People in Relation to Residential Care

Section 1 has considered many of the challenges associated with many aspects of decision making such as finding the correct type of out-of-home placement regarding use of residential care generally and private care specifically. Decision making in this context refers to making choices about the best response to offer solutions for what are often complex needs of a young person and/or their family. The nature of provision, types, purpose and availability of service all influence decision-making about placements. For example, at macro level, decision-making depends on trends in and usage of residential care. At exo level, it includes organisational factors such as staff capacity; heavy caseloads; unavailability of less restrictive settings (non-residential); availability of prevention, early intervention and specialist support services; and issues of integration and coordination between various aspects of the child protection and welfare system, areas or teams.

Then at the micro and meso levels there are multiple considerations with regard to the individual needs of the young person, their relationships with family and with support workers, and the specific experiences that have led them to need alternative care placement in the first instance. In this section, we focus specifically on processes and guidance relating to decision-making processes and frameworks including a focused discussion on the nature and complexity of decision-making.

It is evident that factors affecting decision-making within and across different contexts in residential care are manifold (see Whittaker et al. 2022a). It is also established that decision-making must involve a combination of data-informed practices and reflective and relational practices. Decision-making should take place in partnership with young people and their families. The historical and current trends for institutional care significantly influence decision-making about use of this form of care and about which children and young people it should be provided for.

Thoburn (2022) suggests four themes that can be compared to understand decision-making regarding out-of-home care in different contexts: economics, political economy, societal values and predominant understandings of child development (2022, 17). Whittaker et al. (2022a, b) demonstrate the different emphasis across systems on individualised and system-led decision-making. They highlight the importance of context to understanding the complex set of factors that influence how decisions are made in relation to the pathway towards and decision-making during periods of residential care. Following our consideration of some of these complex factors in Section 1, we focus here on specific literature informing decision-making for placements of young people in residential, especially private, placements. These are presented under four headings:

- Decision-making to achieve stability and permanence
- Complexity of decision-making tools and approaches – towards a systems approach
- Examples of specific decision-making practices within residential care
- Involvement of young people in decision-making.

Decision-Making to Achieve Stability and Permanence

The achievement of permanent and stable (i.e. for as long as is needed before reintegration or reunification) alternative care for children and young people is the overarching goal of decision-making within any care system. The broad range of factors impacting on permanence and stability are well established in the literature. For example, Devaney et al. (2019), reporting on research by Moran et al. (2017a), highlighted both intrinsic and extrinsic factors; many have been referred to earlier specifically regarding residential care. Intrinsic factors include mental health and wellbeing, behavioural and emotional development, levels of confidence and positive self-identity, pre-care experience and age of entry to care. Extrinsic factors include family relations, number of moves, quality of support and relationships with carers and social workers (Devaney et al. 2019).

Figure 2: Moran et al (2017) Socio-ecological Framework relating to Permanence and Stability for Children and Young People in Long Term care.

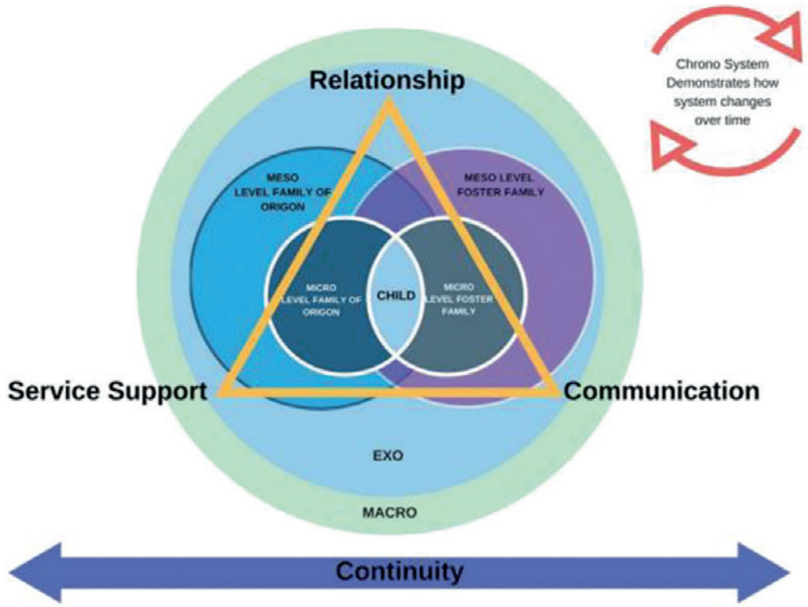


Figure 2 (b): Developed Socio-ecological framework

While interconnected, the difference between permanence and stability is important to note, especially when considering residential care. Stability in a residential care context is associated with 'feelings of family and belonging, more commonly associated with permanence in family placements, when close relationships with staff and continuity of care into early adulthood are available' (Thoburn 2016, 27). 'Stability' within one setting might be over a short or longer period of time. Even when the planned placement may be short term, all children in alternative care require a 'permanence plan' towards achieving and maintaining stability (see Woodall et al. 2023). In such planning, residential care placement may be a part of a permanence plan involving a period of transition from home, from a foster placement or towards a return to home or community, or it may be the permanent, stable home for a child or young person for a longer period of time through to adulthood. Permanence and stability are complex involving both objective (a stable place to live, to put down roots and be connected) and subjective (a feeling of identity, security, safety) elements (see Moran et al. 2017; Woodall et al. 2023).

As shown in Figure 2, from Moran et al. (2017a), three interconnected features are central to achieving stability and permanence for children and young people in care. These are Relationships, Communication and Support. These need to be underpinned throughout the ecological system with a focus on continuity. Specifically for residential care, the quality and consistency of relationships between child welfare personnel, children and parents are key. For example, research by Cahill et al. (2016), with reference to Ireland, demonstrates the importance of building positive, supportive relationships with young people. Care workers highlighted as significant the importance of time spent, the residential centre's environment, and professionals' skills, knowledge, personalities and levels of genuineness. But there can be many challenges for young people to engage in partnership and to build relationships, including difficulties trusting staff, staff turnover and sense of lack of voice in relation to decision-making. Child and youth participation is discussed more later where the theme of the importance of relationships continues to resonate.

There are also many factors affecting parental participation in decision-making towards stability and permanence including issues they may be dealing with themselves (such as difficulties relating to substance use or mental health), complex relationships with the system especially in cases of abuse and neglect, past experiences of engagement with services, and quality of relationships with their child and with those working with them. Issues of contact and access can be contested and challenging (Sen and Broadhurst 2011; Bullen et al. 2016; Roe and O Brien 2019). Distance from placements, lack of regular access and lack of involvement in care planning and decision-making, especially where children are on Care Orders, are further barriers to parental participation and relationship building. As Tillard and Join-Lambert (2002) explain, some residential centres are developing practices that allow parents to take part in the upbringing of their children even if reunification is not a realistic option. For example, in France, even though most out-of-home measures (82%) are court ordered due to parents' reluctance to accept protection services and their mistrust of practitioners (Kertudo et al. 2015), when children/young people are in care, involving parents and maintaining family ties is viewed as paramount in decision-making.

In Denmark, socio-pedagogical homes are provided where staff and families live together at the care facility (Palsson et al. 2022). Greater attention to parental participation is noted in the literature but remains uneven and varies greatly (James et al. 2022). Taplin et al. (2021) also noted that there is relatively limited research with parents, suggesting this is 'partly because they are challenging to directly engage in research and partly because of limited engagement and outreach strategies used by researchers' (2021, 2).

As discussed further in the following sections, relationships also need to be considered within the wider ecological context. For example, Devaney et al. (2019) argued:

> it is important to focus on the interactions and dynamic interplay between the levels of a child's eco system at any one time (chrono), seeing it as a moving and evolving space. Because children in care have moved at least once in their lives, and often more frequently during their care experience, special effort is required to help them to build, sustain, rebuild and develop continuities in their social system, which effectively becomes their social network as they age out of care and into adulthood (2019, 645).

Likewise, Woodall et al. (2023), building on the adaptation of Bronfenbrenner's ecological model in Moran et al. (2017), states that young people's outcomes emerge through the continuous interplay between factors that are close to the child in their immediate systems, and contexts that work at the wider systems, which shape young people's and families' everyday lives. This insight can help professionals recognise young people's individual experiences and relationships within their wider socio-ecological networks and contexts and address them at multiple levels (787–788).

The ecological model has similarities to a relational model of practice which also emphasises the importance of relational networking towards networking and societal practices (see Folgheraiter 2004). Discussing the relational model of practice in Scotland, the emphasis is on building safe and trusting relationships delivered through 'pockets of' (rather than comprehensive) high-quality residential care (Johnson & Steckley 2022, 65; see also Scottish Government 2022). Overall, connecting with the theme of continuity and support, the research is clear regarding the importance of relationships that promote continuity of care and provision of support with the 'whole system' in mind and the interests and wellbeing of the young person at the centre. However, as discussed in the next section, by the very nature of this need for a holistic systemic perspective, decision-making is a complex matter no matter how many guides or frameworks are available.

Complexity of Decision-Making

The complexity of decision-making processes in child welfare is well established (e.g. Taylor 2012; Benbenishty et al. 2015). It includes use of decision-making tools and threshold frameworks (see for example Platt & Turney 2014; Devaney 2019; Munro 2011). Complex algorithms and detailed risk assessment tools have been developed to improve the 'science' of risk assessment (Keddell 2019). No matter what amount of guidance is provided, discretion, professional judgement and individual/team practices play an important role (Taylor 2017). McCormack et al. (2020) summarise a number of decision-making approaches that balance 'intuitive and analytical decision-making models' (p. 149). Devaney et al. (2020), with reference to Hammond (1996), argue that rather than seeing these as two opposite approaches, they represent 'the two poles of a continuum of approaches to decision-making' (2020, 13) between the practice-experienced model and the empirical decision-making model (ibid). Heuristic decision-making (Taylor 2017) takes into account the number of factors that need to be considered and the role of the decision-maker in that process. Moving from a dualistic to a cyclical and dynamic frame, a systems approach (e.g. Munro 2005) is particularly influential as it ensures holistic consideration of the range of elements. For example, in Irish research on decision-making,

McCormack et al. (2020) demonstrated how a systems approach informed by an ecological model has relevant use in a range of decision-making contexts (Bronfenbrenner 1979; Benbenishty et al. 2015; Helm and Roesch-Marsh 2017; Dickens et al. 2017). McCormack et al. (2020) focused on decision-making at the referral point to the child welfare system. They found that it was organisational factors such as decision-making tools and guidance and organisational processes which were most influential. Devaney et al. (2020) consider the decision-making ecology model (Baumann et al. 2011), which also promotes a holistic approach in order to capture the complex interplay of systemic factors that influence how child protection and welfare decisions are made.

While 'best practice' is well established with regard to the factors that can enhance stability and security in care placements, a myriad of other factors, often at exo and macro level, negatively impact achievement of better outcomes. Decision-making processes or outcomes can be influenced by many other issues. For example, the negative impact of distant relationships between residential care workers and decision-makers in Irish residential care was highlighted by Brown et al. (2018). Reference is made, for example, to this leading to 'a lot of pointing fingers as to who's to blame for a decision made' (p. 661). Fear connected with the 'legacy' of residential care in Ireland was shown to have a big impact (Brown et al. 2018). Lack of availability of permanent and stable placement also impacts decision-making and outcomes significantly. As Woodall (2023) puts it: 'although young people's experiences of early adversity contribute to poorer outcome, their experiences within care can exacerbate issues and even cause new ones, especially due to lack of permanency' (2023, 772). Many of these factors have already been discussed regarding issues about availability, supply and type of care support within residential care. The particular challenges of monitoring, governance and access to decision-making with private providers were also highlighted. Echoed across research studies (many of which include the views and experiences of young people themselves and their own care experiences) is evidence strongly reinforcing the need for a 'cross-system' approach, from ground-level practice to macro legal decision-making in order to prioritise achievement of stability for young people in care. In the following section, some examples of further specific decision-making practices relating to residential care are discussed.

Examples of Specific Decision-Making Practices Within Residential Care

As with decision-making across child welfare and protection systems, decision-making processes for placing a child in residential care often involves use of an algorithm such as risk–need–responsivity assessments specifically to inform the treatment model developed (Andrews et al. 2010). Chor et al. (2022) developed a predictive risk model using administrative data collected by child welfare agencies and predictors of residential care placement informed by the literature. They argued that this model of predicting placement using historical data could directly inform decision-making on placing young people in residential care and alternative care settings. This preventative approach of mapping existing practice of residential care placement could potentially inform caseworkers' decisions around placement planning. Another study, by Forkby and Höjer (2011), analysed the decision-making processes involving the institutional placement of teenagers, focusing particularly on factors affecting the choice of residential centre. Finding the right combination of residential centre factors and the needs of the young person being placed in that centre were key aspects in successful placements.

So too was a focus on security, continuity and permanency, which, as discussed earlier, needs to begin at a much earlier stage for the young person at early stages of entry to care. However, even though the many factors affecting placement are well established, there can be a tendency to focus on the problems with the child or young person, rather than the wider system issues. For example, Brown (2016), focusing on admission of children to a secure setting in the UK, is critical of an over-emphasis on a young person's behaviour as the reason for the need for the placement: 'As if all would be well if only young people would just behave themselves' (p. 102). Too often professionals respond to risk and disturbing behaviour without thinking about what caused the behaviour. The author goes on to state that only when those behaviours are understood by adults to be the young person's way of communicating worries, memories and feelings that they cannot put into words, will any lasting type of stability be achieved. Trauma-informed approaches are increasingly being introduced in residential care programmes in order to inform decision-making and to meet the needs of young people who have experienced trauma (e.g. Gahleitner 2012). This reinforces findings regarding the need to shift from behaviour-focused to trauma-focused assessments, as discussed earlier (see also Whittaker et al. 2022; Courtney and Iwaniec 2009).

Better Care Network (2015) outline how an effective gatekeeping system is essential to improve decision-making to ensure children in care receive the most appropriate support, while respecting their rights. As indicated in some examples discussed earlier, each jurisdiction usually has a complex interplay of factors affecting their gatekeeping processes that informs decision-making about how a child or young person is placed and supported through residential care. As part of this gatekeeping process, various efforts have been made to develop risk–need–responsivity models to support decision-making processes for children with multiple needs and risks in order to improve the system (Chor et al. 2012; Leloux-Opmeer et al. 2017).

The importance of attention to behavioural issues and complex needs for support in decision-making in residential care resonates through much of the literature already discussed (see also Leloux-Opmeer et al. 2017; Johnson and Steckley 2022). The decision for placement can often be determined by issues relating to availability rather than specific needs analysis. One of the major consequences of this is young people being placed far from their home. While there are often specific reasons for this, such as complex needs of the young person or for safeguarding, this is acknowledged in some systems as a necessity because of lack of alternatives (Clarke et al, 2019). When children are placed outside of their local areas in an effort to ensure their immediate safety, other fundamental rights can be neglected such as their right to education, health care, and a stable home (MacAlister 2022).

In order to understand the barriers, enablers, successes and challenges experienced by decision-makers implementing a trauma-informed model in residential care in Australia, Galvin et al. (2021) interviewed nine executive and upper management staff members from a centre in Victoria, Western Australia. Enablers of implementation included leadership and organisational drivers, which were the foundation of successful, sustainable practice and organisational change. One of the major challenges of the residential care system in Australia is the over-representation of indigenous children and young people, which McNamara and Wall (2022) state could be improved by privileging family, community and country connections together with an increase in indigenous staff and intensive training around cultural safety.

Throughout the literature, as detailed in the section to follow, the particular theme of participation of young people in decision-making warrants particular and separate attention. A focus on participation of young people as central to any decision-making framework is especially important given the known complex factors affecting decision-making across eco-systems, many of them out of the young person's control and unrelated to their specific needs or family contexts.

Participation of Young People in Decision-Making

The UNCRC states all children should have a say in matters affecting their lives and this right to participate is central to many child welfare service systems globally (UNCRC 1989). Models of participation (e.g. Lundy 2007) are well embedded in many systems, including in Ireland (e.g. Brady et al. 2018). Munro et al. (2011) consider how the Convention contributes specifically to supporting young people making the transition from care to adulthood. They highlight the low level of focus on transitions and argue that this governance framework is not simply a 'top-down' influence. There are many good examples of how participation in line with Article 12 of the Convention is implemented internationally, although there is also evidence that the requirement to ensure participation is not always enforced. Also, there is ongoing evidence to show that providing a space for young people to participate and shape their assessments and decisions is an area of practice that needs more attention (Brady et al. 2018; Kennan et al. 2018). Low levels of participation have been highlighted in particular for children with complex needs who are eligible for residential care or a secure placement (Kloppenborg and Lausten 2020).

Henriksen (2022) found in her analysis of Danish children's participation in decisions surrounding their placement in secure care that there were multiple barriers affecting such participation. Barriers included frequent change of case managers and care workers, which significantly affected trust and continuity. Other barriers included the exclusion of children's voices in order to protect them, as well as their being viewed as biased or untrustworthy. In addition, the young people involved had a limited understanding of the decision-making process and were kept uninformed by their case managers. The author suggests use of an advocate to assist young people in understanding the decision-making process and provide them with a safe space to share their views with an impartial adult. This finding resonates through other studies and contexts such as Kennan et al. (2018). The effectiveness of other participatory processes reviewed by Kennan et al. (2018), such as young people attending assessment, planning or review meetings, or family welfare conferences, and the recording of their views in writing, was found to be more mixed. Other important factors noted were: how young people were listened to and facilitated to express a view, how their views were acted upon, and the level of preparation the young person had for participating. Also, 'the formality of the decision-making meeting and whether the child had an input into its planning; the professional's communication skills; and support for the participation principle by professionals and parents' (2018, 1998). Whatever the approach to facilitating participation, the importance of a trusting relationship between the young person and their case worker in particular was emphasised, as is reflected throughout much of the evidence and discussion here.

As discussed earlier, young people in residential care have typically experienced significant trauma and/or neglect in the care of parents/caregivers whom they trusted, and have often been excluded from decision-making, resulting in difficulty trusting people and decision-making processes. Once placed in a residential care setting, they then face a number of life decisions about their future relationships, education and plans. As such, their participation in decisions around their lives is crucial. McPherson et al. (2021) identified five themes in their research on young people's participation in decision-making in residential care:

- genuine participation in 'everyday life' decisions but little or no say in 'major life' decisions;
- bureaucratisation and formal processes impact participation;
- professionals' attitudes and beliefs about young people and participation influence their behaviour;
- organisational culture facilitates or constrains young people's participation; and
- relationships and relational practice have a central role in facilitating young people's participation.

They recommended organisations to challenge professional attitudes that hindered practices towards including young people in decisions affecting their lives. Furthermore, they highlighted the need for residential care staff and social workers to provide young people with information as well as safe places, to support them to form their own views, which must be taken seriously. Jackson et al. (2020), in their focus on collective decision-making for young people in care, show the importance of recognising the important contribution young people with direct experience can make to informing policy and practice beyond their own experiences, to improve outcomes for all in similar situations.

As mentioned, the Lundy model (Lundy 2007) is widely used to implement Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) in relation to child and youth participation. However, as Kennan et al. (2019) argue, it is more difficult to find detailed examples of how the specific concepts of the model – space, voice, audience and influence – are operationalised. Kennan et al. (2019) provide a number of examples from practitioners to inform practice in how best to engage young people, which resonate with much of the existing literature. They emphasise the importance of 'a range of options available to children and options that accommodate their individual preferences and abilities at each stage of responding to a child welfare or child protection concern' (Kennan et al. 2019, 216).

The question of who holds the power in relation to decision-making about a child/young person in care is important. As McGregor et al. (2021) show, parents, foster parents and young people all identified unequal power relations and the impact of power not being used well as important factors affecting stability and permanence in foster care. Reflecting specifically on residential care, placing a young person in residential care is usually the result of decisions made outside of the control of the young person. This lack of control can intensify as the residential placement continues, as decisions being made for and about them accumulate. Decisions range from everyday routines (such as when to eat, wash, go to bed) to case planning (having a voice in care-planning meetings, when to have contact with family members)

(Gharabaghi 2019). Franklin and Goff (2019) highlighted additional considerations especially relating to children with disabilities in residential settings. They found this included an extra risk of isolation for the children, lack of independent scrutiny by social workers and visitors, as well as gaps in services needed to support the care of the young people. They also identified some examples of best practice, including: skilled approaches and attentive relationships with children with disabilities, multi-disciplinary supports, use of creative methods for communication such as communication passports, symbols, photos and technology.

Because admission to residential care can often be a 'crisis' (Brown 2016) for the child/young person and their family, wherein they present with significant needs, decision-making needs particular consideration and care. Clarity about who makes decisions about a young person's future at the point of admission is crucial, in order to ensure it is constructive rather than a cause of further harm (Brown 2016). In her research, Henriksen (2022) described young people having 'multiple experiences of professionals meeting to talk about their life, with or without their presence … often linked to a vague understanding of how the systems works and who decides' (p. 791). There can be lack of clarity about who made the decision and why; for example, parents and children may have different information about this, which can lead to a diversion of responsibility and confusion (Henriksen 2022).

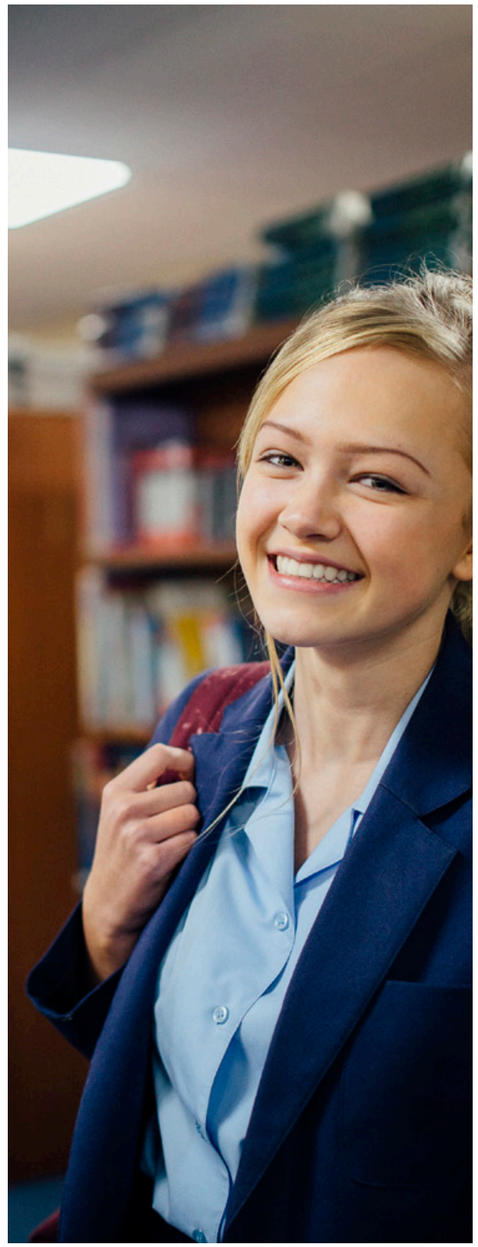
Overall, emphasis on a child-centred approach, informed by the UNCRC, is expected to underpin the ongoing development and implementation of decision-making processes, with family, child and youth participation central to this. As demonstrated in practices in different jurisdictions, it is clear that the scope, potential and limits of such an approach are affected by historical and current trends and developments in child welfare system orientations, resources and approaches. Many of the organisational and pragmatic factors affecting use of residential care may seem like a barrier to effective participation of young people in decision-making about wider exo and macro factors. For this reason, an emphasis on collective as well as individual participation of young people is essential (Jackson et al. 2020) so that young people are in a position to influence their own pathways as well as inform wider policy and practice developments.

Conclusion

There is considerable agreement in the literature on the ingredients that contribute to best practice in residential care service provision – a family-oriented, preventative approach; developmentally appropriate care; emphasis on services to address behavioural, mental health and trauma-related issues; participatory approaches and addressing of diversity. But 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. When it comes to decision-making, it is well established that this must balance broader algorithms and data with relational practice. But it is also far more complex and must be understood as such – affected by historical legacy, resources and commitments, integration or lack of it within systems, availability of alternatives, philosophies, commitment to participation, legal frameworks and policy imperatives. Specifically focusing on private residential care, further complexities arise regarding:

- market imperatives,
- chrono-level factors affecting trends across welfare systems in privatisation and marketisation of care,
- balancing meeting need with profit/viability, and
- achieving appropriate governance and service delivery arrangements across statutory, voluntary and privately run services.

Furthermore, residential care, private and otherwise, needs to be critically considered in its own right but also within the wider context of alternative care policies and provision. Throughout these considerations, the interests, safety, rights and needs of the young person are central. A balance must be struck between recognising the 'factors' and 'indicators' that lead to decisions to place in residential care (like trauma, behaviour), and not unfairly labelling young people or their families for 'individualised' 'problems' when in fact the factors are more related to external issues around lack of support, supply issues, and insufficient earlier services. The research also highlights the importance of awareness of power and power relations in decision-making and the imperative for those leading and practising in the system to continue to work towards breaking down power barriers, challenging paternalism, and enhancing the power and autonomy of young people as far as possible.



References

Ainsworth, F., and Thoburn, J. (2014). An exploration of the differential usage of residential childcare across national boundaries. *International Journal of Social Welfare*, 23(1), 16–24.

AKJ (2018). 20 Jahre KomDat Jugendhilfe. *Kommentierte Daten der Kinder- & Jugendhilfe*, 1, 1–36. https://www.forschungsverbund.tu-dortmund.de/fileadmin/user_upload/AKJStat/Komdat/2018_Heft1_KomDat.pdf

Allen, G. (2011a). *Early intervention: the next steps, an independent report to Her Majesty's government by Graham Allen MP*. London: The Stationery Office.

Andrews, D.A., Bonta, J., and Wormith, J.S. (2011). The Risk-Need-Responsivity (RNR) Model: does adding the good lives model contribute to effective crime prevention? Criminal Justice and Behavior, 38(7), 735–755. https://journals.sagepub.com/doi/abs/10.1177/0093854811406356

Assim, U.M. (2013). *Understanding kinship care of children in Africa: a family environment or an alternative care option* (doctoral dissertation). South Africa: Faculty of Law at the University of the Western Cape.

Australian Institute of Health and Welfare (AIHW) (2021). Child protection Australia 2019–2020. Child Welfare Services Series no. 74, cat. No. CWS78. AIHW.

Baker, N. (2021). Tusla, chief says level of private residential companies for children is a worry. *Irish Examiner*, 27 September. Available: https://www.irishexaminer.com/news/arid-40706966.html [Accessed 21 March 2023].

Barbosa-Ducharne, M.A., and Soares, J. (2022). Residential care for children and youth in Portugal: a change as necessary as urgent. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 256–272.

Barillas, K.H. (2011). State capacity: the missing piece in child welfare privatization. *Child Welfare*, 90(3), 111–127.

Baumann, D.J., Dalgleish L., Fluke J., et al. (2011). *The decision-making ecology*. Washington, DC: American Humane Association.

Bayliss, K., and Gideon, J., (2020). *The privatisation and financialisation of social care in the UK, SOAS Department of Economics Working Paper No. 238*. London: SOAS University of London.

Beard, L., Ismayilova, L., Claypool, E., Heidorn, E., and Guliyeva, N. (2022). From child institutions to family reunification: challenges and opportunities in building family-centred care. *The Lancet*, 10(1). https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(22)00160-7.pdf

Bell, M. (1999). Working in partnership in child protection: the conflicts. British Journal of Social Work, 29, 437–455.

Benbenishty, R., Davidson-Arad, B., López, M., Devaney, J., Spratt, T., Koopmans, C., Hayes, D. (2015). Decision-making in child protection: an international comparative study on maltreatment substantiation, risk assessment and interventions recommendations, and the role of professionals' child welfare attitudes. *Child Abuse and Neglect*, 49, 63–75.

Bennett, D.L., Webb, C.J.R., Mason, K.E., Schlüter, D.K., Fahy, K., Alexiou, A., et al. (2021). (Under review). Funding for preventative Children's Services and rates of children becoming looked after: a natural experiment using longitudinal area-level data in England.

Berrick, J.D., Gilbert, N., and Skivenes, M. (2022). *International handbook of child protection systems*. New York: Oxford University Press

Better Care Network https://bettercarenetwork.org/sites/default/files/Making%20Decisions%20for%20the%20Better%20Care%20of%20Children.pdf.

BMFSFJ (Federal Ministry for Family Affairs, Senior Citizens, Women and Youth) (2020). *16. Kinder und Jugendbericht* [16th Child and Youth Report]. Berlin, Germany: BMFSFJ.

Brady, B., Kennan, D., Forkan, C., Tierney, E., Jackson, R., and Holloway, R. (2019). The participation of children and young people in care: insights from an analysis of national inspection reports in the Republic of Ireland. *Child Care in Practice*, 25(1), 22–36.

Brady B., Forkan, C., and Moran L. (2018). Spaces of connection and belonging: young people's perspectives on the role of youth cafés in their lives. *Child Care in Practice*, 24(4), 390–401.

Branigan, R., and Madden, C. (2020). *Spending Review 2020 Tusla Residential Care Costs*. Dublin: DCYA. Available: https://www.gov.ie/en/publication/b4b2e-spending-review-2020-tusla-residential-care-costs/ [Accessed 18 March 2023].

Bravo, A. et al. (2022). The changing character of residential care for children and youth in Spain. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 179–192.

Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*, Cambridge: Harvard University Press.

Bronfenbrenner, U., and Ceci, S.J. (1994). Nature–nurture reconceptualized in developmental perspective: a bioecological model. Psychological Review, 101, 568.

Bronfenbrenner, U., and Morris, P.A. (1998). The ecology of developmental processes. In W. Damon and R.M. Lerner eds., Handbook of child psychology, Vol. 1: theoretical models of human development, 5th ed. New York: Wiley, 993–1023.

Bronfenbrenner, U., and Morris, P.A. (2006). The bioecological model of human development. In W. Damon and R.M. Lerner eds., Handbook of child psychology, Vol. 1: theoretical models of human development, 6th ed. New York: Wiley, 793–828.

Brown, G. (2016). Finding a future beyond the crisis: looked after children in secure care. In M. Richardson et al. eds., *Fostering good relationships: partnership work in therapy with looked after and adopted children*. London: Karnac Books Ltd, 101–116.

Brown, T., Winter, K., and Carr, N. (2018). Residential child care workers: relationship based practice in a culture of fear. *Child & Family Social Work*, 23, 657–665.

Buckley, H. (2012). Using intelligence to shape reforms in child protection. *Irish Journal of Applied Social Studies*, 12(1), Article 6.

Buckley, H., and O'Nolan, C. (2013). *An Examination of Recommendations from Inquiries into Events in Families and their Interactions with State Services, and their Impact on Policy and Practice*. Dublin: Department of Children and Youth Affairs.

Bullen, T., Taplin, S., McArthur, M., Humphreys, C., and Kertesz M. (2017). Interventions to improve supervised contact visits between children in out of home care and their parents: a systematic review. *Child & Family Social Work*, 22(2), 822–833.

Cahill, O., Holt, S., and Kirwan, G. (2016). Keyworking in residential child care: lessons from research. *Children and Youth Services Review*, 65, 216–223.

Cameron, C., Hollingworth, K., Schoon, I., van Santen, E., Schröer, W., Ristikari, T., Heino, T., and Pekka-rinen, E. (2018). Care leavers in early adulthood: how do they fare in Britain, Finland and Germany? *Children and Youth Services Review*, 87, 163–172. https://www.sciencedirect.com/science/article/abs/pii/S019074091730868X?via%3Dihub.

Canavan, J., Devaney, C., McGregor, C., and Shaw, A. (2021). *Understanding system change in child protection and welfare*. London: Routledge.

Carter, R. (2005). *Family matters: a study of institutional childcare in central and eastern Europe and the former soviet union*. London, United Kingdom: Every Child. https://resourcecentre.savethechildren.net/document/family-matters-study-institutional-childcare-central-and-eastern-europe-and-former-soviet/

Child Care Act (1991). Government Publications.

Child Welfare Information Gateway (n.d.). *Foster Care*. Available: https://www.childwelfare.gov/topics/outofhome/foster-care/ [Accessed 3 April 2020].

Children's Commissioner (2019). *Pass the parcel: children posted around the care system*, London: Children's Commissioner for England. https://www.childrenscommissioner.gov.uk/resource/pass-the-parcel-children-posted-around-the-care-system/

Chor, K.H.B. (2013). Overview of out-of-home placements and placement decision-making in child welfare. *Journal of Public Child Welfare*, 7(3), 298–328.

Chor, K.H.B., McClelland, G.M., Weiner, D.A., Jordan, N., and Lyons, J.S. (2012). Predicting outcomes of children in residential treatment: a comparison of a decision support algorithm and a multidisciplinary team decision model. *Children and Youth Services Review*, 34(12), 2345–2352. https://www.sciencedirect.com/science/article/abs/pii/S0190740912003404?via%3Dihub

Chor, K.H.B., McClelland, G.M., Weiner, D.A., Jordan, N., and Lyons, J.S. (2013). Patterns of out-of-home placement decision-making in child welfare. *Child Abuse & Neglect*, 37(10), 871–882. http://dx.doi.org/10.1016/j.chiabu.2013.04.016.

Clarke, T., Chowdry, H., and Gilhooly, R. (2019) Trends in *Childhood Vulnerability: Vulnerability Technical Report*, Children's Commissioner's Office, UK, available: https://assets.childrenscommissioner.gov.uk/wpuploads/2019/07/cco-vulnerability-2019-tech-report-1.pdf

Competition and Markets Authority (2022). Children's social care market study. Available: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1027863/Interim_report_221021_.pdf [Accessed 08 Dec 2022].

Courtney, M., and Iwaniec D. (2009). *Residential care of children: comparative perspectives*. Oxford: Oxford University Press.

Courtney, M., and Thoburn, J. (2009, ebook 2016). *Children in state care*. London: Routledge.

Courtney, M., Dolev, T., and Gilligan, R. (2009). Looking backward to see forward clearly. In M. Courtney, and D. Iwaniec eds., *Residential care of children: comparative perspectives*. Oxford: Oxford University Press, 191–208.

Crea, T.M. (2010). Balanced decision-making in child welfare: structured processes informed by multiple perspectives. *Administration in Social Work*, 34(2), 196–212. doi: 10.1080/03643101003609529.

Davidson-Arad, B., Englechin-Segal, D., Wozner, Y., and Arieli, R. (2006). Social workers' decisions on removal: predictions from their initial perceptions of the child's features, parents' features, and child's quality of life. *Journal of Social Service Research*, 31(7), 1–23.

Delgado, P., Pinto, V.S., and Carvalho, J.M.S. (2017). Attitudes and decision-making in the child protection system: a comparison of students and professionals. *Kriminologija & Socijalna Integracija*, 25(2), 2–14.

Department for Education (2012). *Reform of children's residential care. Report of the Expert Group on the Quality of Children's Homes*. Available: https://basw.co.uk/sites/default/files/resources/basw_34122-7_0.pdf

Department of Children and Youth Affairs (2019). *Policy Information: Special Care Units*. Available: https://www.gov.ie/en/policy-information/118b86-special-care-units/ [Accessed 3 April 2020].

Devaney, C., and Rooney, C. (2018). *The feasibility of conducting a longitudinal study on children in care or children leaving care within the Irish context*. Galway: UNESCO Child and Family Research Centre, National University of Ireland Galway.

Devaney, C., and McGregor, C. (2017). Child protection and family support practice in Ireland: a contribution to present debates from a historical perspective. *Child and Family Social Work*, 22, 1255–1263.

Devaney C., McGregor C., and Moran. L. (2019). Outcomes for permanence and stability for children in care in Ireland: implications for practice. *British Journal of Social Work*, 49(3), 633–652. https://doi.org/10.1093/bjsw/bcy078.

Devaney, C., and McGregor, C. (2022). Protective support and supportive protection: critical reflections on safe practice and safety in supervision. *Social Sciences*, 11, 312. https://doi.org/10.3390/socsci11070312.

Devaney, C., Canavan J., and McGregor, C. (2024, forthcoming). A critical analysis of early intervention in the Irish child protection and welfare system. In The Routledge Handbook of Child and Family Social Work Research Knowledge-Building, Application, and Impact (Eds) Elizabeth Fernandez, Penelope Welbourne, Bethany Lee, Joyce L. C. Ma, Routledge. London.

Devaney, J. (2019). The trouble with thresholds: rationing as a rational choice in child and family social work. *Child & Family Social Work*, 24(4), 458–466.

Dickens, J., Berrick, J., Poso, T., and Skivenes, M. (2017). Social workers and independent experts in child protection decision-making: messages from an intercountry comparative study. *British Journal of Social Work*, 47, 1024–1042.

Dima, G., and Skehill, C. (2011). Making sense of leaving care: the contribution of Bridges Model of Transition to understanding the psycho-social process. *Children and Youth Services Review*, 33(12), 2532–2539.

Duggan K. (2022). Foreword. In *Strategic Plan for Residential Care Services for Children and Young People 2022–25*. Dublin: Tusla.

EPIC (2021). EPIC, Empowering People in Care Pre-Budget 2022 Submission August 2021. Dublin: EPIC. Available: https://www.epiconline.ie/wp-content/uploads/2021/09/EPIC-Budget-2022-Submission_August-2021_-FINAL.pdf [Accessed 18 March 2023].

Eurochild (2010). *Children in Alternative Care: National Surveys*, 2nd edn. Available: https://eurochild.org/resource/national-surveys-on-children-in-alternative-care-2nd-edition/ [Accessed 3 April 2020].

Fahlberg, V. (1991). A child's journey through placement. BAAF, Adoption and Fostering.

Fisher, P.A., and Gilliam, K.S. (2012). Multidimensional treatment foster care: an alternative to residential treatment for high risk children and adolescents. *Interv Psicosoc*, 21(2), 195–203.

Folgheraiter, F. (2004). *Relational Social Work toward Networking and Societal Practices*. London, Jessica Kingsley.

Forkby, T., and Höjer, S. (2011). Navigations between regulations and gut instinct: the unveiling of collective memory in decision-making processes where teenagers are placed in residential care. *Child & Family Social Work*, 16(2), 159–168.

Franklin, A., and Goff, S. (2019) Listening and facilitating all forms of communication: disabled children and young people in residential care in England, *Child Care in Practice*, 25:1, 99-111, DOI: 10.1080/13575279.2018.1521383

Fuentes, M.J., Bernedo, I.M., Salas M.D., and García-Martín M.A. (2019). What do foster families and social workers think about children's contact with birth parents? A focus group analysis. *International Social Work*, 62(5), 1416–1430.

Furey, E., and Canavan, J. (2019). *A review on the availability and comparability of statistics on child protection and welfare, including children in care, collated by Tusla: Child and Family Agency with statistics published in other jurisdictions*. Galway: UNESCO Child and Family Research Centre, National University of Ireland Galway.

Gahleitner, S. (2012). *Traumapädagogik und psychosoziale Traumarbeit: Modeerscheinung oder Notwendigkeit?* [Trauma-informed practice and psychosocial trauma work in residential care for children and adolescents – passing fad or absolute imperative? Trauma & Gewalt, 6(3), 206–217.

Galvin, E ., O'Donnell, R., Breman, R., Avery, J., Mousa, A., Halfpenny, N., and Skouteris, H. (2021). Interventions and Practice Models for Improving Health and Psychosocial Outcomes for Children in Residential Out-of-Home Care: Systematic Review, *Australian Social Work*, 75:1, 33-47, https://doi.org/10.1080/0312407X.2020.1856394

Gharabaghi, K. (2009). Private service, public rights: the private children's residential group care sector in Ontario, Canada. *Residential Treatment for Children & Youth*, 26, 3.

Gharabaghi, K. (2019). *A hard place to call home: a Canadian perspective on residential care and treatment for children and youth*. Ontario: Canadian Scholars.

Gilbert, N., Parton, N., and Skivenes, M. (2011). *Child protection systems: international trends and orientations*. New York: Oxford University Press.

Gilligan, R. (2019). The family foster care system in Ireland – advances and challenges. *Children and Youth Services Review*, 100, 221–228.

Gilligan, R. (2022) Residential care for children and youth in Ireland. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 108–122.

Gloster, B. (2022). *Foster Care Issues and the Loss of Positive Care Services:* Engagement with Tusla. 22 May Dublin: Joint Committee on Children, Equality, Disability, Integration and Youth debate. Available: https://www.oireachtas.ie/en/debates/debate/joint_committee_on_children_equality_disability_integration_and_youth/2022-05-10/3/ [Accessed 18 March 2023].

Goldman, P.S., Bakermans-Kranenburg, M.J., Bradford, B., Christopoulos, A., Lim Ah Ken, P., Cuthbert, C., and Sonuga-Barke, E.J.S. (2020). Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors. *Lancet Child and Adolescent Health*. 4 (8), 606-633.

Grietens, H. (2015). A European perspective on the context and content for social pedagogy in therapeutic residential care. In J.K. Whittaker, J.F. Del Valle, and L. Holmes, eds. *Therapeutic residential care for children and youth. Developing evidence-based international practice*. London: Jessica Kingsley, 288–300.

Guidelines for the Alternative Care of Children (2010). United Nations A/RES/64/142.

Hammond, K.R. (1996). *Human judgment and social policy: irreducible uncertainty, inevitable error, unavoidable injustice*. New York: Oxford University Press.

Hammond, S.P., Young, J., and Duddy, C. (2020). Life story work for children and young people with care experience: a scoping review. *Developmental Child Welfare*, 2(4), 293–315. https://doi.org/10.1177/2516103220985872.

Helm, D., and Roesch-Marsh, A. (2017). The ecology of judgement: a model for understanding and improving social work judgements. *British Journal of Social Work*, 47, 1361–1376.

Henriksen, A.K. (2022). 'It's my life they are talking about' – On children's participation in decision-making for secure placement. *Qualitative Social Work*, 21(4), 783–799.

Hickey, G., McGilloway, S., Leckey, Y., and Stokes, A. (2018). A universal early parenting education intervention in community-based primary care settings: development and installation challenges. *Education Sciences*, 8(4), 178.

Höjer, S., and Forkby, T. (2011). Care for sale: the influence of new public management in child protection in Sweden. *British Journal of Social Work*, 41(1), 93–110.

Holden, M.J., Sellers, D.E, and Smith, E.g. . (2022). The CARE program model. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 139–153.

Holmes, L. et al. (2022). Residential care for children and youth in England. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 43–56.

Ie, J. (2023). The concept of family: perspectives of Spanish young people in foster care. *Child and Family Social Work*, 28(2) 503-514

Institute of Public Care (2015). *Financial stability, cost charge and value for money in the children's residential care market*. England: Dept of Education/Institute of Public Care.

Instituto de Seguranca Social (Institute of Social Security) (2021). *CASA 2020-Caracterizacao anual da situacao de acolhimento* [Annual report on out-of-home care]. Available: https://www.seg-social.pt/documents/10152/13200/CASA+2020.pdf/b7f02f58-2569-4165-a5ab-bed9efdb2653.

INTRAC (n.d.). *International Research Network on Transitions to Adulthood from Care* (globalintrac.com) Accessed 2023.

Irish Foster Care Association (n.d.). *What is foster care?* Available: https://www.ifca.ie/fostering/what-foster-care/ [Accessed 3 April 2020].

Jackson, R., Brady, B., Forkan C., Tierney, E., and Kennan, D. (2020). Influencing policy and practice for young people in foster care: learning from a model of collective participation. *Children and Youth Services Review*, 113, 104901.

James, S., Wilczek, L., Kilian, J., Timonen-Kallio, E., Bravo, A., del Valle, J.F., Formenti, L., Petrauskiene, A., Pivoriene, J., and Rigamonti, A. (2022). A comparative analysis of residential care: a five-country multiple case-design study. *Child & Youth Care Forum*, 51, 1031–1062.

Johnson, D., and Steckley, L. (2022). Residential care for children and youth in Scotland: keeping the promise? In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 57–74.

Kappler, S., Hornfeck, F., Pooch, M.T., Kindler, H., and Tremel, I. (2019). *Kinder und Jugendliche besser schützen. Der Anfang ist gemacht. Abschlussbericht des Monitorings zum Stand der Prävention sexualisierter Gewalt an Kindern und Jugendlichen in Deutschland (2015–2018)* [Protecting children and youth better. The beginning is made. Final monitoring report about the status of preventing the sexualized violence of children and youth in Germany (2015–2018)]. Munich, Germany: DJI.

Keddell, E. (2019). Algorithmic justice in child protection: statistical fairness, social justice and the implications for practice. *Social Sciences*, 8(10), 281.

Kelly, B, Van Breda A., Pinkerton J., Frimpng-Manso, K., Chereni, A., and Bukuluki, P. (2023). Youth in transition: exploring a life course perspective on leaving care in Africa. *Youth & Society*, 1–20. https://doi.org/10.1177/0044118X231193708

Kennan, D., Brady, B., and Forkan, C. (2018). Supporting children's participation in decision-making: a systematic literature review exploring the effectiveness of participatory processes. *British Journal of Social Work*, 48(7), 1985–2002.

Kennan, D., Brady, B., and Forkan, C. (2019). Space, voice, audience and influence: the Lundy Model of Participation (2007) in Child Welfare Practice. *Practice (Birmingham, England)*, 31(3), 205–218.

Kertudo, P., Sécher, R., and Tith, F. (2015). *L'invisibilité sociale, publics et mécanismes: l'entourage familial des enfants placés dans le cadre de la protection de l'enfance* [Social invisibility, populations and mechanisms: relatives of children in out-of-home placement]. *Recherche Sociale*, 216, 4–114.

Kirkpatrick, I., Kitchener, M., and Whipp, R. (2001). 'Out of sight, out of mind': assessing the impact of markets for children's residential care. *Public Administration*, 79(1), 49–71.

Kloppenborg, H.S., and Lausten, M. (2020). *Udsatte unges inddragelse i kommunernes sagsbehandling*. Copenhagen: VIVE, The Danish Center for Social Science Research.

Knorth, E.J., and Harder, T. (2022). Residential care for children and youth in the Netherlands: high difficulties in low lands. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 193–208.

Lausten, M. (2022). Residential care for children and youth in Denmark. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 225–238.

Lee, B.R., and Bellonci, C. (2022). Residential care for children and youth in the United States. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 91–107.

Leloux-Opmeer, H,Kuiper, C.H.Z,, Swaab, H. T. and Scholte, E.M.. (2017) Children referred to foster care, family-style group care, and residential care: (how) do they differ? *Children and Youth Services Review*, 77, 1–9.

Lerch, V., and Nordenmark Severinsson, A. (2019). Target Group Discussion Paper on Children in Alternative Care, *Feasibility Study for a Child Guarantee (FSCG)*. Brussels: European Commission.

Lotty, M., Bantry-White, E., and Dunn-Galvin, A. (2021). A qualitative study in Ireland: foster carers and practitioners perspectives on developing a Trauma-Informed Care Psychoeducation Programme. *Child Care in Practice*. doi: 10.1080/13575279.2021.1925632.

Lundy, L. (2007). Voice is not enough: conceptualising Article 12 of the United Nations Convention on the rights of the child. British Educational Research Journal, 33(6), 927–942.

MacAlister, J. (2022). *The independent review of children's social care: final report*. https://www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report

Martín, E., González-García, C., del Valle, J.F., and Bravo, A. (2020). Detection of behavioural and emotional disorders in residential child care: using a multi-informant approach. *Children and Youth Services Review*, 108, 1–6.

McCafferty P and Taylor B (2020) Risk, Decision making and Assessment in child welfare. *Child Care in Practice*, 26:2 107-110

McCormack, C. Gibbons, M., and McGregor, C. (2020). An ecological framework for understanding and improving decision-making in child protection and welfare intake (duty) practices in the Republic of Ireland. *Child Care in Practice: Northern Ireland Journal of Multi-disciplinary Child Care Practice*, 26(2), 146–162.

McGregor, C., and Dolan, P. (2021). *Support and protection across the lifecourse: a practical approach to social work*. Bristol: Policy Press.

McGregor, C., and Devaney, C. (2020a). Protective support and supportive protection for families 'in the middle': learning from the Irish context. Child & Family Social Work, 25, 277–285.

McGregor, C., and Devaney, C. (2020b). Protective support and supportive protection: critical reflections on safe practice and safety in supervision. *Social Sciences*, 9(4), 43. https://doi.org/10.3390/socsci9040043.

McGregor, C., Devaney C,, and Moran, L. (2021). A critical overview of the significance of power and power relations in practice with children in foster care: evidence from an Irish study. Child Care in Practice: *Northern Ireland Journal of Multi-disciplinary Child Care Practice*, 27(1), 4–18.

McGregor, C., Canavan, J., and O'Connor, P. (2019). *Public Awareness Work Package Final Report: Tusla's Programme for Prevention, Partnership and Family Suppor*t. Galway: UNESCO Child and Family Research Centre.

McGregor, C., Canavan, J., and Nic Gabhainn, S. (2020). A critical consideration of the relationship between professional and public understandings of family support: towards greater public awareness and discursive coherence in concept and delivery. *Children and Youth Services Review*, 113. doi:https://doi.org/10.1016/j.childyouth.2020.104952.

McGregor, C., Devaney C., and Buckley, S.A. (2023). Language, terminology and representation relating to Ireland's institutions historically known as 'Mother and Baby Homes', 'County Homes' and related institutions. Galway: UNESCO Child and Family Research Centre, University of Galway.

McNamara, P., and Wall, S. (2022). Australian residential care: creating opportunities for hope and healing. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 339–355.

McPherson, L, Vosz, M., Gatwiri K., Parmenter, N., Macnamara, N., Mitchell, J., and Tucci J. (2021). What does research tell us about young people's participation in decision-making in residential care? A systematic scoping review. *Children and Youth Services Review*, 122, 105899.

Meagher, G., Lundström, T., Sallnäs, M., and Wiklund S. (2016). Big business in a thin market: understanding the privatization of residential care for children and youth in Sweden. *Social Policy & Administration* 50(7), 805–823.

Mendes, P., and Snow, P. (2016). *Young people transitioning from out-of-home care: international research, policy and practice*. London: Palgrave Macmillan.

Mendes, P., and McCurdy, S. (2020). Policy and practice supports for young people transitioning from out-of-home care: an analysis of six recent inquiries in Australia. *Journal of Social Work* JSW, 20.5, 599–619.

Merkel-Holguin, L., Fluke, J.D., and Krugman, R.D. eds. (2019). *National systems of child protection: understanding the international variability and context for developing policy and practice*. New York: Springer.

Monson, T. A. (2020) Risk Attitudes within 'Complex Youth' Assessment and Decision Making: Professional Perspectives, *Child Care in Practice*, 26:2, 210-222, DOI: 10.1080/13575279.2019.1685462

Moran, L., McGregor C., and Devaney C. (2017a). *Outcomes for permanence and stability for children in long-term care*. Galway: UNESCO Child and Family Research Centre.

Moran L., McGregor, C., and Devaney, C. (2017b). *Outcomes for permanence and stability for children in long-term care: practice guidance.* Galway: UNESCO Child and Family Research Centre.

Moran, L., Devaney, C., McGregor, C., and Reddy, J. (2016). *Scoping review of international and Irish literature on outcomes for permanence and stability for children in care.* Galway: UNESCO Child and Family Research Centre.

Mulcahy, M., and Trocmé, N. (2010). *Children and youth in out-of-home care in Canada (Information Sheet #78). Center of Excellence for Child Welfare. Montreal,* QC: Centre for Research on Children and Families, McGill University.

Mulkeen, M. (2016). Going to market! An exploration of markets in social care. *Administration*, 64(2), 33–59.

Munn, Z., Peters, M.D.J., Stern, C. et al. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol,* 18, 143.

Munro, E. (2002). *Effective child protection*. London: Sage Publications.

Munro, E. (2005). Improving practice: child protection as a systems problem. *Children and Youth Services Review*, 27, 375–391. doi: 10.1016/j.childyouth.2004.11.006.

Munro, E. (2011). *Munro review of child protection: final report – a child-centred system – Publications* – GOV.UK. [online] https://www.gov.uk/government/publications/munro-review-of-child-protection-final-report-a-child-centred-system

Munro, E.R., Pinkerton, J., Mendes P., Hyde-Dryden, G., Herczog, M., and Benbenishty, R. (2011). The contribution of the United Nations Convention on the Rights of the Child to understanding and promoting the interests of young people making the transition from care to adulthood. *Children and Youth Services Review*, 33(12), 2417–2423.

Munro, E. (2005). Improving practice: child protection as a systems problem. Children and Youth Services Review, 27, 375–391.

National Council for the Child (2019). *Children in Israel: statistical abstract*. NCC.

O'Brien, V. (2012). The challenges and benefits of kinship care. *Child Care in Practice*, 18(2), 127–146.

O'Brien, V., and Cregan, M. (2015). Fostering the future: a change agenda in the provision of alternative care. In Christie, A., Featherstone, B., Quin, S., and Walsh, T. eds., *Social work in Ireland: changes and continuities*. London: Palgrave Macmillan.

O' Sullivan, A., and Sakr, M. (2022). *Social leadership in early childhood education and care*. London: Bloomsbury.

Observatorio de la Infancia (2020). *Boletín de datos estadísticos de medidas de protección a la infancia* [Bulletin of Basic Statistics of Child Protection Measures] Vol. 22. Ministerio de Derechos Sociales y Agenda 2030. Available: https://observatoriodelainfancia.mdsocialesa2030.gob.es/productos/pdf/BOLETIN_22_final.pdf

Ofsted (2021). Transparency data – Largest national providers of voluntary and social care (March 2021). Largest national providers of private and voluntary social care (March 2021) Avaialble: https://www.gov.uk/government/publications/inspection-outcomes-of-the-largest-childrens-social-care-providers/largest-national-providers-of-private-and-voluntary-social-care-march-2021

Opening Doors for Europe's Children (2017). Strengthening families – Ending institutional care. (http://www.openingdoors.eu)

Palareti, L. et al. (2022). Residential care for children and youth in Italy: an evolving system. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 239–255.

Palsson, D., Backe-Hansen, E., Kallíomaa-Puha, E., Lausten, M., and Poso, T. (2022). License to care: licensing terms of for-profit residential care for children in four Nordic countries. *Nordic Welfare Research*, 7(1), 23–35.

Parton, N. (2017). Comparing child protection systems toward a global perspective. In Dolan, P., and Frost, N. eds., The Routledge Handbook of Global Child Welfare. Oxon: Routledge.

Petrowski, N., Cappa, C., and Gross, P. (2017). Estimating the number of children in formal alternative care: challenges and results. *Child Abuse & Neglect*, 70, 388–398.

Pinkerton, J. (2006). Leaving care: thinking systemically, thinking globally. *Children Australia* 31(3), 4–10.

Pinkerton, J. (2011). Constructing a global understanding of the social ecology of leaving out of home care. *Children and Youth Services Review* 33(12), 2412–2416.

Pinkerton, J. (2021). Exploring history in the social ecology of care leaving: Northern Ireland as illustration. *Child & Family Social Work*, 26(2), 270–279.

Platt, D., and Turney, D. (2014). Making threshold decisions in child protection: a conceptual analysis. *British Journal of Social Work*, 44 (6),1472–1490.

Porko, P., Heino, T., and Eriksson, P. (2018). *Selvitys yksityisista lastensuojelun yksikoista* [Survey on private RCC units]. THL – Tyopaperi 21/2018 4. Available: http://urn.fi/URN:ISBN:978_952_343_131_7.

Power, M., and Power, D. (2022). What future for voluntary children's residential providers in Ireland? *Scottish Journal of Residential Child Care*, 21(1), 74–91.

Roby, J.L. (2011). *Children in Informal Alternative Care: Discussion Paper UNICEF*. Available: https://bettercarenetwork.org/sites/default/files/Children%20in%20Informal%20Alternative%20Care%20-%20A%20Discussion%20Paper_0.pdf

Roe, C., and O'Brien, V. (2019). *Supporting the participation of parents of children in care to enhance the experience of access & contact. A collaborative study between TUSLA Mid-West Area, Clarecare, Limerick Social Service Council*. Silver Arch Family Resource Centre & UCD.

Russ, E., Lonne, B., and Lynch, D. (2020). Increasing child protection workforce retention through promoting a relational–reflective framework for resilience. *Child Abuse & Neglect* 110 (3)3: 104245, 1–1.

Ryan (2009). Report of the Commission to Inquire into Child Abuse. Dublin: Department of Children and Youth Affairs.

Saltiel, D. (2016). Observing front line decision-making in child protection. *British Journal of Social Work*, 46, 2104–2119. doi: 10.1093/bjsw/bcv112.

Scottish Government (2022). Children's social work statistics: 2020 to 2021. Available: https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/

Sen, R., and Broadhurst K. (2011). Contact between children in out-of-home placements and their family and friends networks: a research review. *Child and Family Social Work*, 16 (3), 298–309.

Spratt, T. (2000). Decision-making by senior social workers at point of first referral. British Journal of Social Work, 30, 597–618. doi: 10.1093/bjsw/30.5.597.

Spratt, T., and Kennedy M. (2021). Adverse childhood experiences: developments in trauma and resilience aware services. *British Journal of Social Work*, 51(3), 999–1017.

Spratt, T., Devaney, J., and Frederick, J. (2019) Adverse childhood experiences: beyond signs of safety; reimagining the organisation and practice of social work with children and families. *Journal of Deaf Studies and Deaf Education*, 49(8), 2042–2058.

Skehill, C. (2004). The nature of social work in Ireland. New York: Edwin Mellen.

Statistics Report (2021). *Official statistics of Finland. National Institute of health and Welfare*. Available: https://urn.fi/URN:NBN:fi-fe2021060734321.

Stein, M. (2008). Transitions from care to adulthood, messages from research and policy. In Stein, M., and Munro, E. eds., *Young people's transitions from care to adulthood*. London: Jessica Kingsley, 289–306.

Stein, M. (2019). Supporting young people from care to adulthood: international practice. *Child & Family Social Work*, 24(3), 400–405.

Stein, M., and Munro, E. (2008). *Young people's transitions from care to adulthood*. London, Jessica Kingsley.

Taplin, S., Lucas, N., Suomi, A., Humphreys, C., Kertesz, M., and McArthur, M. (2021). Parents' supervised contact visits with their children in care: factors associated with cancellations. *Children and Youth Services Review,* 127, 106127.

Taylor B.J. (2012). Models for professional judgement in social work. *European Journal of Social Work*, 15(4), 546–562.

Taylor B.J. (2017). Heuristics in professional judgement: a psycho-social rationality model. *British Journal of Social Work*, 47(4), 1043–1060.

Tillard, B., and Join-Lambert, H. (2022). Residential care for children and youth in France: a solid system facing major challenges. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 288–304.

Timonen-Kallio, E. (2022). Residential care for children and youth in Finland. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. Oxford: Oxford University Press, 273–287.

Thoburn, J. (2010). Achieving safety, stability and belonging for children in out-of-home care. The search for 'what works' across national boundaries. *International Journal of Child and Family Welfare*, 12(1–2), 34–48.

Thoburn, J. (2016). Residential care as a permanence option for young people needing longer-term care. *Children and Youth Services Review*, 69, 19–28.

Thoburn, J. (2022). Residential care across jurisdictions: understanding context and comparing data. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, 16–24.

Tillard, B., and Mosca, S. (2019). Les travailleurs sociaux et le placement de l'enfant chez un proche [Social workers in kinship care]. *Recherches Familiales*, 16, 25–36.

United Nations General Assembly (2010). *Guidelines for the alternative care of children.* New York: Unga.

Valencia Corral, N., Lopez Lopez, M., and Armenta, M. (2022), 'Children in residential care in Mexico: Understanding profiles, trajectories and outcomes', *Child and Family Social Work*, vol. 27, no. 2, pp. 152-162. https://doi.org/10.1111/cfs.12862

Van Breda, A.D., Munro, E.R., Gilligan, R., Anghel, R., Harder, A., Incarnato, M., Mann-Feder, V., Refaeli, T., Stohler, R., and Storø, J. (2020). Extended care: global dialogue on policy, practice and research. *Children and Youth Services Review*, 119.

Van Ijzendoorn, M.H. v., Bakermans-Kranenburg, M.J., Duschinsky, R., Fox, N.A., Goldman, P.S., Gunnar, M.R., and Sonuga-Barke, E.J.S. (2020). Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *Lancet Psychiatry*, online (June 23).

Waitzkin H., and the Working Group on Health Beyond Capitalism eds. (2018). *Health care under the knife: moving beyond capitalism for our health*. New York: Monthly Review Press.

Ward H. (2022). Foreword. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges*. New York: Oxford University Press, xi–xv.

Webb, C.J., Bennett, D.L., and Bywaters, P. (2021). Austerity, poverty, and children's services quality in England: consequences for child welfare and public services. *Social Policy and Society*, ISSN 1474–7464.

Webb, C., Bywaters, P., Scourfield, J., McCartan, C., Bunting, L., Davidson, G., and Morris, K. (2020). Untangling child welfare inequalities and the 'inverse intervention law' in England. *Children and Youth Services Review*, 111, 104849.

Whittaker, K., Holmes, L., Del Valle, J.F., and James, S. eds. (2022a). *Revitalizing residential care for children and youth: cross-national trends and challenges.* Oxford: Oxford University Press.

Whittaker, K., Holmes, L., Del Valle, J.F., and James, S. (2022b). Future prospects and challenges for residential care for children and youth: seeking direction from a cross-national analysis. In Whittaker, K., Holmes, L., Del Valle, J.F., and James, S. eds. (2022a). *Revitalizing residential care for children and youth: cross-national trends and challenges*. Oxford: Oxford University Press, 429–442.

Whittaker, J.K., Del Valle, J.F., and Holmes L. eds. (2015). *Therapeutic residential care for children and youth: developing evidence-based international practice*. London: Jessica Kingsley.

Woodall, T., Browne, K.D., Green, K., and Majumder, P. (2023). An exploration of young people's experiences relating to stability and permanence throughout their care journey. Qualitative Social Work, 22(4), 771–794. https://doi-org.nuigalway.idm.oclc.org/10.1177/14733250221096749.

Wu, Q., and Snyder, M.S. (2019). Factors associated with the decision-making process in kinship diversion. *Journal of Family Social Work*, 22(2), 161–186.

Zeira, A., and Grupper, E. (2022). Residential child and youth care in Israel: trends and directions. In Whittaker et al. eds., *Revitalizing residential care for children and youth: cross-national trends and challenges.* New York: Oxford University Press, 356–370.

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